



HIBISCUS
WOMEN'S CENTER

NEW PREGNANCY Information Packet



321-724-2229

Melbourne Office:
330 E. Hibiscus Blvd.
Melbourne, FL 32901

Viera Office:
1765 Berglund Ln, Unit 102
Viera, FL 32940

We're blooming with excitement for your pregnancy

Congratulations and thank you for inviting the Hibiscus Women's Center team to be part of this amazing journey with you. We will do everything we can to make your pregnancy and birth experience positive, healthy, and memorable.

You may have many questions—especially if this is your first baby. We encourage you to take some quiet time to read through this packet, which includes important information about the journey ahead. Remember, every pregnancy is unique, so please don't hesitate to reach out with any questions or concerns. We're here to support you every step of the way.

Since no two pregnancies are the same, however, ask us your questions and talk to us about anything that concerns you. We recommend writing your questions down so you don't forget them at the appointment.

Most of the changes you will experience over the next nine months are normal, and this packet will help you navigate them. It also includes information to help you decide if something isn't going right, and when to call us. For your convenience, a summary of the things you should call us about is on the next page. More information about each of those things is included later in the packet.

Congratulations again to you and your family! Thank you for trusting us to be part of your pregnancy and birth experience.



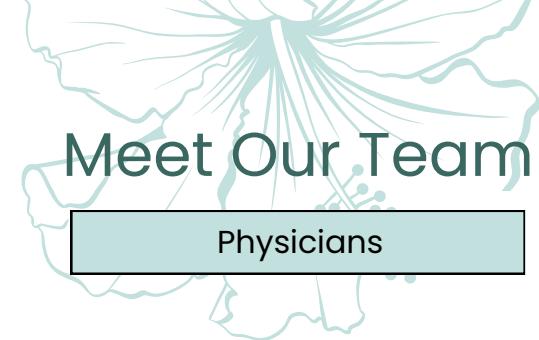
Warning Signs

Contact Hibiscus Women's Center if you experience any of the following at any time during your pregnancy

321 - 724 - 2229



- Moderate to heavy **vaginal** bleeding or passage of tissue
- Any amount of **vaginal** bleeding accompanied by pain, cramping, fever, or chills
- Time-able, regular contractions unrelieved by rest and fluids
- A gush or a trickle: The amount of fluid you release can vary greatly, from a large gush that feels like you're peeing uncontrollably to a slow, steady leak.
- A severe, persistent headache, especially with dizziness, faintness, nausea, vomiting, visual disturbance, or pain on the upper right side on your abdomen, just under your ribs.
- Moderate or severe pelvic pain
- Pain with fever or bleeding
- Vomiting with pain or fever
- Chills or fever (100.4 degrees or higher)



Meet Our Team

Physicians



Dr. Mary Lynn Perry, DO, FACOG



Dr. Jennifer Escobar, MD, FACOG



Dr. Sara Elhusein, DO, FACOG



Dr. Heather Lopez, MD, FACOG



Dr. Lauren Lynch, MD

Meet Our Team

Certified Nurse Midwives



Anette Sandoval
MSN, APRN, CNM



Roxanna Cueto-Alvarez
MSN, APRN, CNM



Ingrid Simonson
MSN, APRN, CNM



Whitney Miranda
MSN, APRN, CNM



Allison Pierron
MSN, APRN, CNM



Amber Chambers
MSN, APRN, CNM



Debbie Smith
DNP, APRN, CNM



Anne Desir
MSN, APRN, CNM



Elose Ambeau
MSN, APRN, CNM

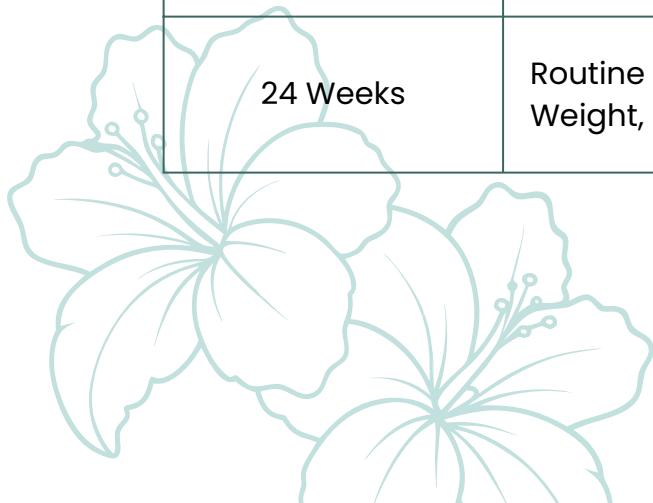
Nurse Practitioner



Antoinette Ferry
MSN, APRN, FNP

OB Appointments

Weeks Gestation	Appointments
5 to 6 Weeks	Confirmation of pregnancy visit Urine pregnancy test
8 to 10 Weeks	Transvaginal ultrasound to confirm due date and viability Appointment with a provider to review medical history, order OB labs, and discuss optional screening tests. OB labs: Complete Blood Count, Urine Culture, Blood Type and Rh Factor, Rubella, Varicella, Hemoglobinopathy, Antibody Screen, Pap Smear (if indicated), Gonorrhea, Chlamydia, Syphilis, Hepatitis B, Hepatitis C, HIV, Urine Drug Screening Optional OB Labs: Cell Free Fetal DNA & Carrier Screening
12 Weeks	Routine appointment with provider Weight, blood pressure and fetal heart tones
16 Weeks	Routine appointment with provider Weight, blood pressure and fetal heart tones Alpha-Fetoprotein (AFP) lab
20 Weeks	Routine ultrasound to check anatomy (if not having ultrasound at MFM) Routine appointment with provider Weight and blood pressure
24 Weeks	Routine appointment with provider Weight, blood pressure and fetal heart tones



OB Appointments

Weeks Gestation	Appointments
28 Weeks	<p>Routine appointment with provider Weight, blood pressure and fetal heart tones Receive information about cord blood banking, hospital registration, and fetal kick counts</p> <p>Labs: One-hour Glucose Tolerance Test (non fasting), Hemoglobin, Hematocrit, Platelet count, HIV, Syphilis</p> <ul style="list-style-type: none">TDaP VaccineNote: Rh negative patients with a negative antibody screen receive a RhoGAM injection
30 Weeks	<p>Routine appointment with provider Weight, blood pressure and fetal heart tones</p>
32 Weeks	<p>Routine appointment with provider Weight, blood pressure and fetal heart tones</p>
34 Weeks	<p>Routine appointment with provider Weight, blood pressure and fetal heart tones</p>
36 Weeks	<p>Ultrasound to check fetal position and fluid (if indicated) Routine appointment with provider Group B Strep vaginal swab collected Cervical exam (if desired) Weight, blood pressure and fetal heart tones</p>
37 Weeks to 40 Weeks	<p>Routine weekly appointment with provider Cervical exam (if desired) Weight, blood pressure and fetal heart tones</p>

BMI and Weight Gain

BMI	Total Weight Gain
< 18.5	28 to 40 lbs
18.5 - 24.9	25 to 35 lbs
25.0 - 29.9	15 to 25 lbs
> 30.0	11 to 20 lbs

Gaining more than the recommended amount during pregnancy increase your risk for cesarean section, diabetes and a large baby. Also, it may be more difficult to lose the weight after your baby is born.

These excess pounds increase your lifelong health risks.



Prenatal Vitamin



Prenatal vitamins are supplements made for pregnant women to give their bodies the vitamins and minerals needed for a healthy pregnancy.

We suggest you take them when you begin to plan for pregnancy, as well as while you're pregnant and postpartum.

Make sure to pick one that includes:

- 300 mg DHA
- 1,000 IU D3
- 17 mg Iron
- 1 mg Folic Acid



Medications

Over-The-Counter Medications Instructions

- The following over-the-counter medications and home remedies have no known harmful effects during pregnancy when taken according to package directions.
- **Please note that no drug can be considered 100 percent safe to use during pregnancy.**
- If you want to know about the safety of medications not listed here, please contact one of the providers at Hibiscus Women's Center.

FOLLOW ADULT RECOMMENDED DOSING ON MEDICATION



Approved Medications

NONPRESCRIPTION MEDICATIONS FOR PREGNANCY DISCOMFORTS DURING LOW-RISK PREGNANCY (Examples of brand names are given; not every brand is listed)

Symptom/discomfort	Medication	Cautions
Acne	Benzoyl peroxide	
Backache	Acetaminophen* (Tylenol) Ben-Gay, Icy-Hot, etc	*Excessive doses can damage liver
Congestion	Saline spray Chlorpheniramine(ChlorTrimeton) Clemastine (Tavist, Dayhist-1) Diphenhydramine(Benedryl)* Pseudoephedrine (Sudafed)**	*avoid high doses and use in preterm labor (18); stillbirth has been reported when used with the benzodiazepine Restoril) (18) **may increase blood pressure Loratadine (Claritin) and cetaminop (Zyrtec) are acceptable if first generation drugs are not tolerated (13), Fexofenadine (Allegra) should be avoided (18)
Constipation	Stool softeners (Colace) Fiber (CitraceL, Metamucil, etc) Laxatives (Milk of Magnesia)	Avoid harsh stimulants
Cough	Guaifensin Dextromethorphan* lozenges	*Birth defects in chick embryos given massive doses (19) but no known effects in humans (20)
Diarrhea	Imodium Kaopectate	Contact physician if prolonged or severe; Avoid Pepto-Bismol
Fever	Acetaminophen*(Tylenol)	*Excessive doses can damage liver
Gas	Simethicone (Gas-X)	Not absorbed
Headache	Acetaminophen*(Tylenol)	*Excessive doses can damage liver
Heartburn	Antacids (Tums, Maalox, etc)* Famotidine (Pepcid) Proton pump inhibitors (such as Prevacid, Protonix, Aciphex) may be used in select cases.	*may block iron use Limited pregnancy data exists for esomeprazole (Nexium), so other proton pump inhibitors (such as Prevacid and Protonix) are considered preferable if needed. (13); Avoid Pepto-Bismol
Hemorrhoids	Topical steroids (Anusol) Preparation H, Witch Hazel	Avoid constipation, straining
Insomnia	Doxylamine (Unisom) Diphenhydramine + Acetaminophen (Tylenol PM)	May cause excess drowsiness
Nausea/vomiting	Emetrol B-6 25 mg 3 times per day Doxylamine (Unisom) Ginger capsules* (22, 23)	*max 1000 mg per day Avoid Pepto-Bismol
Rash	Topical steroids (Cortaid) Benedryl cream, Calamine lotion Diphenhydramine (Benedryl)*	*Avoid high doses and use in preterm labor (18), risk of stillbirth when used with benzodiazepine Restoril (18+)
Yeast vaginitis	Monistat, Gynelotrimin	Use applicator cautiously

Important Information

Alcohol

The harmful effects of alcohol consumption during pregnancy are well-known and include physical defects, learning disabilities, and emotional problems in children. Experts haven't yet defined a safe level of alcohol for women who are pregnant, nor do they know whether or how babies differ in their sensitivity or reaction to alcohol. Although you shouldn't worry about alcohol you drank before you found out you were pregnant, you should abstain from any further consumption and avoid all alcoholic beverages. Let your health care provider know if you are finding it difficult to stop drinking alcohol.

Tobacco

When you smoke, the placenta is deprived of nutrients and oxygen, which means that less of these get to the developing fetus. Babies born to mothers who smoke are more likely to be low birth weight and have health problems such as poor lung function. Smoking can also lead to pre-term labor and an increased risk of placenta previa, or when the placenta covers the opening to the uterus. If you need assistance with quitting smoking, please let your health care provider know. Nicotine replacement patches and medications such as Wellbutrin are approved to use during pregnancy and are preferable to smoking.

Recreational Drugs

Using drugs such as marijuana, heroin, cocaine, and meth during pregnancy has adverse effects on the developing fetus and newborn. These drugs cross the placenta and enter the fetal blood stream. Use of these drugs can affect central nervous system functioning and can lead to premature delivery, growth retardation, withdrawal symptoms in the newborn, behavioral problems, or even stillbirth. If you use recreational drugs, please notify your health care provider so that we may help you.



Important Information

Diet

If you were eating a well-balanced diet before pregnancy, chances are you will not need to make big changes. Make sure that you are getting food from the five healthy food groups: grains, protein, fruits, vegetables, and milk products. Emphasize whole wheat bread products and brown rice in place of simple/refined carbohydrates, such as white bread, white rice, refined cereal, cookies, etc. In addition, try to limit extra sugar and fat. Drink plenty of water, 6- 8 glasses a day. It is also recommended that you continue to take your prenatal vitamin daily throughout pregnancy and breastfeeding. **Foods to avoid in pregnancy are raw eggs, unpasteurized dairy products, and undercooked meat. Certain types of fish should not be eaten more than once a week, including canned tuna, mahi mahi, halibut, pollack, and cod. Tuna steaks, shark, swordfish, tile fish, and sea bass should not be consumed. All other cooked types of seafood are safe to eat.**

Exercise

Exercise is encouraged during pregnancy. Most types of exercise are safe, but you should avoid activities that increase your risk of falls or injury. Walking, swimming, and yoga are great forms of exercise during pregnancy. After the first five months, it is best to avoid lying flat on your back, as the baby's weight can interfere with blood circulation. Make sure to stay well-hydrated and stop exercising if you notice shortness of breath, dizziness, blurry vision, chest pain, or severe abdominal or pelvic pain.

Caffeine

Most researchers agree that, although caffeine does cross the placenta, moderate amounts (about 200 mg a day) will not hurt your baby. This represents about two 8-ounce cups of coffee, two shots of espresso, three 8-ounce cups of black tea, or two caffeinated sodas daily. Keep in mind the serving size of your mug or cup (typically around 12-16 oz)!

Important Information

Intercourse

In most cases, intercourse throughout the pregnancy is fine. Intercourse will not cause a miscarriage. Miscarriages that occur commonly do so as a result of a chromosomal abnormality or other problem with the developing fetus, not from anything you do or don't do. Intercourse will not harm the fetus. It is well protected by the abdomen, amniotic fluid, and cervical mucous plug, which prevents semen and bacteria from entering the uterus. Orgasms can cause contractions. However, most research indicates that if you have a normal pregnancy, orgasm, with or without intercourse, does not lead to premature labor or birth. If certain problems are present, your provider may ask you to stop having intercourse. If you have a new sexual partner or are worried about sexually transmitted infections, please use condoms.

Safety

Always wear a seatbelt when driving or riding in a vehicle. Avoid activities that may cause injury or falls. Avoid completely immersing yourself in hot tubs. Seek other medical or dental care when needed, but make sure providers know you are pregnant.

Abuse may start or get worse during pregnancy. **If you don't feel safe at home with your partner, please let your health care provider know immediately so that we may be of assistance.** Remember, you and your children have the right to live safe from violence and fear.

Toxoplasmosis

Don't clean your cat's pan or change its kitty litter. If you must change it, wear disposable gloves and wash your hands thoroughly with soap and warm water. Always wear gloves when gardening. Avoid contact with mice, rats, hamsters, guinea pigs, stray cats, or kittens. Their feces can cause toxoplasmosis.

First Trimester Symptoms

Weeks 1-13

Constipation

Constipation affects at least half of all pregnant women and is caused by an increase in progesterone, which slows the digestive process.

Try to eat on a regular schedule, drink plenty of fluids, get some exercise daily, eat high-fiber fruits, vegetables, and grains, try fiber supplements (Metamucil, Citrucel) or a mild laxative (such as milk of magnesia).

Fatigue

Caused by demands on the circulatory system and increased progesterone, which makes you sleepy.

Take naps during the day or go to sleep earlier, avoid taking on extra responsibilities, ask for support when you need it, exercise regularly, eat foods rich in iron and protein, avoid excess caffeine.

Heartburn

Caused by hormonal changes relaxing the digestive tract muscles, sluggish digestion and the expansion of the uterus.

Eat several small meals a day instead of three large ones, avoid triggers (fried foods, chocolate, peppermint, garlic, onion), drink plenty of fluids, and stay up for 2-3 hours after your evening meal. Antacids (Tums, Mylanta, Maalox) are fine to take for relief.

Nausea

This can occur at any time of day and may come in the form of aversion to certain foods. It generally improves by the 13th or 14th week of pregnancy but can continue into the 2nd trimester.

Munch a few crackers before getting up in the morning, eat several small meals a day so that your stomach is never empty, drink plenty of liquids, try wearing a motion sickness band or ginger soda, tea, or capsules.



First Trimester Symptoms

Weeks 1-13

Dizziness

Pregnancy causes dilation of blood vessels, resulting in lower blood pressure. Dizziness may also be caused by low blood sugar or anemia. We will do lab work to rule these conditions out.

Get up slowly from lying or sitting down, walk at a slower pace, avoid prolonged standing, guard against over-heating (hot tubs, saunas), stay physically active, drink plenty of fluids, eat protein and iron-rich foods (beans, red meat, green leafy vegetables, dried fruits).

Headaches

Headaches are one of the most common discomforts experienced during pregnancy. During the first trimester your body experiences a surge of hormones and an increase in blood volume. Stress, low blood sugar, lack of sleep, dehydration, caffeine withdraw can also be the cause.

Apply cold compress to base of neck, maintain your blood sugar eating smaller more frequent meals, get plenty of sleep, rest in a dark room, having small amount of caffeine, taking Acetaminophen, avoiding Ibuprofen unless instructed by your physician.

Vaginal Discharge and Vaginal Infections

An increase in vaginal discharge is common in pregnancy due to increase in the turnover of vaginal lining cells. It will likely be present throughout the pregnancy.

Let someone know if discharge becomes odorous, irritating, itchy, or discolored, or if you are having pain with urination.

Second and Third Trimester Symptoms

Second Trimester: Weeks 14-27

Third Trimester: Weeks 28-40

Leg Cramps

Leg cramps typically occur at night and usually in the calves. Flex your toes up towards your leg if this happens and massage the calf until it resolves. May take magnesium 400mg per day to avoid leg cramps.

Frequent Urination

Extra pressure on your bladder may cause you to urinate more often or leak urine, especially with laughing or coughing. Notify us if you have signs of a bladder infection, such as burning with urination, fever, or blood in your urine.

Braxton Hicks

Painless, random contractions of the lower abdomen and groin, often a tightening feeling of the uterus. These are "warm-ups" to labor contractions and may occur during the 2nd and 3rd trimester. On the other hand, if you experience timeable, and/or regular contractions, try to lay down and drink fluids, and call if they do not decrease or resolve with these measures.

Constipation

Constipation affects at least half of all pregnant women and is caused by an increase in progesterone, which slows the digestive process. Try to eat on a regular schedule, drink plenty of fluids, get some exercise daily, eat high-fiber fruits, vegetables, and grains, try fiber supplements (Metamucil, Citrucel), a stool softener (Colace), or a mild laxative (milk of magnesia).

Heartburn

Caused by hormonal changes relaxing the digestive tract muscles, sluggish digestion and the expansion of the uterus. Eat several small meals a day instead of three large ones, avoid triggers (fried foods, chocolate, peppermint, garlic, onion), drink plenty of fluids, and stay up for 2-3 hours after your evening meal. Antacids (Tums, Mylanta, Maalox) are fine to take for relief.

Second and Third Trimester Symptoms

Second Trimester: Weeks 14-27

Third Trimester: Weeks 28-40

Hip Pain and Backaches

As pregnancy advances, the baby gains weight and puts more pressure on your back, while hormones relax the joints between your pelvic bones. Sit in chairs with good back support, use a pregnancy belt, and apply heat and/or ice to painful areas. Contact Hibiscus Women's Center if the pain does not go away or is accompanied by other symptoms.

Round Ligament Pain

The round ligaments support your uterus in your pelvis. As your uterus grows, the ligaments stretch and thicken to accommodate and support it. These changes can cause pain on one or both sides of the pelvis. Pain may start deep within the groin and move upward and outward towards the hips. It may also present as a dull ache after an active day. To help relieve discomfort, you may try a pregnancy belt, warm baths, flexing your knees toward your abdomen, or lying on your side with a pillow under your belly. Minimize twisting motions and quick movements.

Mucus Plug

A mucus plug is a thick, jelly-like substance that forms in the cervix during pregnancy. It acts as a protective barrier, preventing bacteria and other infections from entering the uterus and harming the developing fetus. Losing the mucus plug does not mean that you will go into labor soon.

Swelling

Blood return from your veins is compromised during pregnancy and fluid retention may be evident in your feet, ankles, face, and hands. Drink plenty of fluids and elevate your feet at night. You might also try compression hose or socks.

Nausea

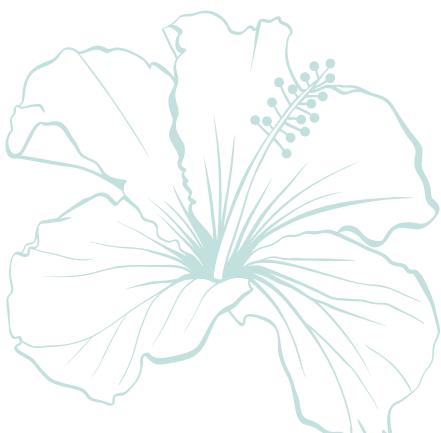
Strategies for Coping with Nausea

- Eat small frequent meals.
- Consume snacks high in protein, low-fat, bland and dry (protein bars and saltines).
- Eat protein/carb before you get out of bed in the morning. Try keeping peanut butter crackers on the nightstand. Getting food in your stomach before you start moving around can help.
- Avoid plain water. Drink cold water mixed with lemon, cucumbers, gatorade, or juice, etc.
- If you can't tolerate your prenatal vitamin, you can substitute two (2) Flintstone vitamins. Take one in the morning and one at night.
- Snacks containing ginger, lemon or peppermint may help
- May try ginger supplements (250mg every 6 hrs), sour candy, or sea bands.
- Try 50 mg of Vitamin B6 twice a day in addition to your prenatal vitamin.
- You can take a Unisom tablet at night. Unisom is an over the counter sleeping preparation that is safe to use during pregnancy and can help with nausea. Make sure the active ingredient is Doxylamine Succinate.
- Emetrol is a non-prescription medicine for nausea that can be purchased at the pharmacy

Dehydration

Dehydration can also cause nausea, vomiting and stomach cramps. You should urinate at least 3-4 times per day. Less means you might be dehydrated. Go to the Emergency Room if you are unable to keep down liquids for 24 hours or unable to urinate.

If you must choose between solid foods and liquids, choose liquids to avoid dehydration. Your body has resources to protect the baby during early pregnancy nausea and vomiting.



Mental Health in Pregnancy & Postpartum

Pregnancy can cause a lot of new emotions and it can be hard to determine what is "normal" versus what is depression or anxiety. Even though this is supposed to be a happy time for moms, one in seven pregnant or postpartum women will experience depression, anxiety, or scary thoughts. These feelings and thoughts can impair a mother's ability to function in her relationships, at work, or even at home. Women may constantly feel worried, have racing thoughts, and even worry that something very bad will happen. They may experience physical symptoms such as trembling, racing heart, tense muscles, sweating, and nausea. Women may also feel sad or lose interest in daily activities. They may feel hopeless, worthless, lose motivation, and think about wanting to die or hurt themselves. Women may also struggle with irritability, trouble sleeping, and poor concentration.

Treating mental health conditions is important to insure you have a healthier pregnancy and improve the long-term health of you and your child. Seeking treatment for depression or anxiety while you're pregnant can prevent problems that might arise if you don't get treatment. Improving your mental health may lower risk of preterm birth, having a baby with low birth weight, or experiencing poor mother-baby bonding. Treatment for anxiety and depression can involve medication and therapy. Medications have been proven to be safe and effective when taken while pregnant and breastfeeding. In our practice we screen regularly for mental health concerns since it has such a negative impact on pregnancy and families. **If you are struggling with any mental health symptoms that last longer than 2 weeks and affect your ability to be your best self, please call the office to schedule an appoint with one of our providers.**

If you are currently on a medication for your mental health DO NOT STOP the medication until speaking with one of our providers. Most medications are safe in pregnancy and the risk of relapse and negative outcomes due to untreated mental health far outweighs any potential medication risk to mom and baby.

Fetal Kick Counts

How to Count Your Baby's Kicks

Starting at 28 weeks

1. Choose an active time

You may know when your baby tends to move around, or try counting kicks after you eat a meal.

2. Relax

Put your mind at ease to help yourself concentrate—close your eyes or breathe deeply.

3. Lie on your left side

It's easier to feel movements in this position.

4. Set a timer

Or, write down the time you start.

5. Start counting

Note how many movements you feel within 1 hour or how long it takes to count 10 movements.

6. Contact your healthcare provider

If instructed, let your provider know if movements become inconsistent daily or you don't feel 10 movements within 2 hours.

Sources: American College of Obstetricians and Gynecologists, Mayo Clinic



Labor?

How will I be able to tell the difference between “false” labor and “true” labor?

- Usually, “false” contractions (Braxton Hicks) are less regular and not as strong as “true” labor. Time your contractions and note whether they continue when you are resting and drinking water. If rest and hydration make the contractions go away, they are not true labor contractions.
- Below is a summary of some differences between true labor and false labor. But sometimes the only way to tell the difference is by having a vaginal exam to find changes in your cervix that signal the start of labor.
 - Timing and frequency of contractions:
 - True labor contractions come at regular intervals. They have a pattern. As time goes on, they get closer together.
 - Change with movement:
 - True labor contractions continue even when you rest or move around.
 - Strength of contractions:
 - True labor contractions steadily get stronger.
 - Location of pain:
 - Pain from true labor contractions usually starts in the back and moves to the front.

While you are **preterm** (before 37 weeks) go to the hospital to be evaluated if you start having contractions every 10 minutes for 2 hours, that are not improved by hydration and emptying your bladder.

When you are **term** (37+ weeks) go to the hospital to be evaluated if you are having contractions every 5 minutes for 2 hours, that are increasing in intensity.

Go to the hospital immediately if your bag of water breaks, you have vaginal bleeding, or your baby is not moving like normal.



Important Information

Listeria

- Listeria is a kind of bacteria that when eaten causes a foodborne illness called listeriosis.
- Listeriosis can cause mild, flu-like symptoms such as fever, chills, muscle aches, and diarrhea or upset stomach. You also may have a stiff neck, headache, confusion, or loss of balance. Symptoms may appear as late as 2 months after you have eaten something with Listeria. Many pregnant women do not have any symptoms. Even
 - if you do not feel sick, you can pass the infection to your baby.
- Pregnant women are 10 times more likely to get listeriosis than the general population. Vomiting and diarrhea can cause dehydration which can be dangerous for your baby.
- Babies born with listeriosis may have serious infections of the blood or brain. Listeriosis can cause lifelong health problems for your baby. It also can cause death in newborns.
- If you think you have eaten food contaminated with Listeria or if you have any of the symptoms of listeriosis, contact us right away. Remember that it can take 2 months for symptoms to appear.
- Cooking and pasteurization are the only ways to kill Listeria.
- To help prevent listeriosis, avoid eating the following foods while you are pregnant:
 - Unpasteurized milk and foods made with unpasteurized milk, including soft cheeses
 - Hot dogs and luncheon meats, unless they are heated until steaming hot just before serving
 - Refrigerated pâté and meat spreads
 - Refrigerated smoked seafood
 - Unwashed raw produce such as fruits and vegetables
 - Raw and undercooked seafood, eggs, meat, and poultry
 - Sushi made with raw fish (cooked sushi is safe if made in a clean space)



Seafood Consumption



Seafood is low in fat, rich in Omega 3 fatty acids, and good for your heart. However, its health benefits need to be balanced with concerns about contaminants such as mercury and PCBs.

Seafood safe to eat 2-3 times a week:

Anchovies, butterfish (silver pomfret), catfish, clams, cod (Pacific, Atlantic), crab (blue, king, snow, US, Canada, Russia), crayfish, flounder/sole, herring, oysters, Pollock/fish sticks, salmon (fresh, canned-chinook, chum, coho, farmed Atlantic, pink, sockeye), sardines, scallops, shrimp (US, imported), squid/calamari, tilapia, trout, tuna (canned light)

Seafood safe to eat once a week:

Black sea bass, Chilean sea bass, Chinook salmon (Puget Sound), croaker (white, Pacific), halibut (Pacific, Atlantic) lobster (US, Canada), mahi-mahi, monkfish, rockfish/red snapper (trawl caught), sablefish, tuna (canned white Albacore)

Women who are pregnant or planning to become pregnant and nursing mothers should NOT eat the following fish:

KING MACKEREL, SHARK, SWORDFISH, TILEFISH, TUNA STEAK (AHI)

Serving Size

A meal appropriate for your body size is roughly the size and thickness of your hand, or about 8 ounces uncooked (based on 160-pound adult). To personalize a meal size, add or subtract 1 ounce per 20-pound difference in body weight.

Healthy Hints

- Remove visible fat before cooking
- Don't eat the skin
- Thoroughly grill, broil or bake the fish
- Let the fat drip off during cooking
- Don't use fat for gravy or sauces
- Eat a variety of fish
- Consume younger, smaller fish
- If you eat more than the recommended amount one month, eat less the next month

Sleep Habits During Pregnancy



General Information

Drink up

- Drink plenty of fluids during the day but cut down in the evening before bedtime to minimize getting up at night

Keep moving

- Exercise regularly to stay fit and improve circulation and reduce nighttime leg cramps

Get into a routine

- If you establish a soothing and comforting evening routine, you'll be able to relax and get to sleep more easily. Try a cup of caffeine-free tea or hot milk, reading, or taking a warm shower.

Keep heartburn at bay

- To prevent heartburn, don't recline until 1-2 hours after a meal. If heartburn is a problem, sleep with your head elevated on pillows. Avoid spicy, acidic (such as tomato products), and fried foods as they may worsen symptoms. Safe over-the-counter medications include Tums, Mylanta, and Pepcid.

Nap during the day

- If you're not getting enough rest at night, take a nap to reduce fatigue. Find a quiet spot and relax, even if only for a half-hour.

Support your body

- Use a special pregnancy pillow or regular pillows to support your body. Try placing a pillow under your upper back or hips, or between your knees.

Watch your diet

- Completely eliminate caffeine if insomnia is a problem for you. If nausea is a problem, eat bland snacks throughout the day. Keeping your stomach slightly full helps keep nausea at bay. Eating a well-balanced diet, not only helps you and your baby's health, but makes you less prone to nighttime snack attacks that contribute to restlessness and insomnia.

Sleep Habits During Pregnancy

FAQs

Is it safe to sleep on my back during pregnancy?

Early in the pregnancy, sleeping on your back is safe. In the third trimester (starting around 28 weeks), it is not recommended that you lie flat on your back for a prolonged period of time because the weight of your uterus presses on the major vein in your back. When you are sleeping, it is hard to control your position. If you wake up on your back, you probably awakened because your body was telling you to shift position. Some women wake up feeling dizzy, short of breath, or with heart palpitations. These symptoms should resolve quickly if you shift to either side. As your pregnancy progresses, try to sleep on one side or the other, or use a pregnancy wedge to ensure that you are not completely flat on your back to avoid nighttime awakenings and ensure proper blood flow to your baby.

Is it safe to sleep on my stomach during pregnancy?

There is no problem with sleeping on your stomach in early pregnancy, as the uterus is protected by your pubic bone. As the pregnancy progresses, sleeping on your stomach will become uncomfortable, which is the cue to stop.

Is it safe to use sleeping medications during pregnancy?

Some prescription sleep aids can be used in pregnancy but should be discussed with your OB provider before starting. These medications can be habit forming, and in general, are used sparingly in pregnancy. There are over-the-counter sleep aids that are safe to use during pregnancy and are not habit forming, including Benadryl, Tylenol PM, and Unisom. These medications should be taken according to the directions on the package.

Is it safe to sleep under an electric blanket during pregnancy?

Electric blankets are safe to use in pregnancy if the temperature setting is not too high. In general, this means high enough to keep you warm, but not so high as to burn you or elevate your temperature. If you are concerned, you can take your temperature to make sure it is in normal range, under 100 degrees.





Genetic Screening



Discover more about
your growing family

Horizon™
Advanced carrier screening

Panorama™
Next-generation NIPT



Two types of genetic tests
are commonly offered

1 Carrier screening is a blood or saliva test performed before or during pregnancy that determines the chances of **passing on an inherited genetic condition** to your child.

Why get carrier screening?

- All of us are carriers of at least one genetic condition.¹ Most carriers are healthy, with no family history, but they are at risk of passing on a genetic condition to their child.
- Carrier screening can help you make informed decisions that could impact your child's health. It tests for genetic conditions that can benefit from early medical care and treatment.

2 Noninvasive prenatal testing (NIPT) is a blood test performed during pregnancy that identifies whether **your baby has a higher chance of having certain chromosomal conditions**, such as Down syndrome.

Why choose NIPT?

- NIPT is a safe, noninvasive way to screen your baby for chromosomal conditions as early as nine weeks into your pregnancy.
- NIPT provides substantially fewer incorrect results than maternal serum screening.²⁻¹⁵

Maternal Age Related Risk for Chromosome Abnormalities

Risk of Down Syndrome and Other Chromosome Abnormalities in Live Births by Maternal Age

MATERNAL AGE (AT TERM)	RISK		MATERNAL AGE (AT TERM)	RISK		MATERNAL AGE (AT TERM)	RISK	
	DOWN SYNDROME	TOTAL CHROMOSOME ABNORMALITY		DOWN SYNDROME	TOTAL CHROMOSOME ABNORMALITY		DOWN SYNDROME	TOTAL CHROMOSOME ABNORMALITY
25	1 in 1,250	1 in 476	32	1 in 637	1 in 323	39	1 in 125	1 in 81
26	1 in 1,190	1 in 476	33	1 in 535	1 in 286	40	1 in 94	1 in 63
27	1 in 1,111	1 in 455	34	1 in 441	1 in 224	41	1 in 70	1 in 49
28	1 in 1,031	1 in 435	35	1 in 356	1 in 179	42	1 in 52	1 in 39
29	1 in 935	1 in 417	36	1 in 281	1 in 149	43	1 in 40	1 in 31
30	1 in 840	1 in 385	37	1 in 217	1 in 123	44	1 in 30	1 in 21
31	1 in 741	1 in 385	38	1 in 166	1 in 105	≥45	≥1 in 24	≥1 in 19

Source: Hecht CA and Hook EB. 1996

Genetic Screening

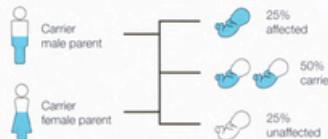
Horizon™

Advanced carrier screening

What does Horizon™ screen for?

Autosomal Recessive Conditions

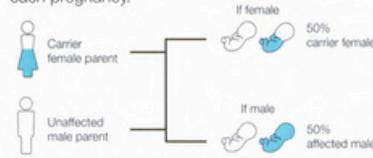
- We carry two copies of most of our genes, one inherited from each of our biological parents. Autosomal recessive conditions occur when both copies of the gene pair have a change. A person is a carrier if only one copy of the gene has a change.
- Couples who are carriers of the same genetic condition have a **25% (1 in 4)** chance of having an affected child with each pregnancy.



Example: Cystic fibrosis and spinal muscular atrophy

X-Linked Conditions

- X-linked conditions occur when the female parent is a carrier.
- A carrier female parent has a **50% (1 in 2)** chance of having an affected male child or carrier female child with each pregnancy.



Example: Duchenne muscular dystrophy

Panorama™

Next-generation NIPT

What does Panorama™ screen for?

Condition	PPV*
Trisomy 21 (Down syndrome)	95% ¹⁷
Trisomy 18 (Edwards syndrome)	91% ¹⁷
Trisomy 13 (Patau syndrome)	68% ¹⁷
Monosomy X (Turner syndrome)**	78% ¹⁷
Sex chromosome trisomies**	86% ¹⁸
22q11.2 deletion syndrome (optional)**	53% ¹⁹
Four additional microdeletions (optional)†	5–17% ²⁰
Triploidy†	11% ²¹

*Positive Predictive Value (PPV) is the chance that a high risk result means your baby actually has a genetic condition. PPVs apply to singleton, egg donor, gestational carrier, and identical twin pregnancies. For performance for nonidentical twin pregnancies, go to natera.com/panorama-tests/test-specs

**Not available for egg donor, gestational carrier, and nonidentical twin pregnancies.

†For singleton pregnancies only.

Panorama™ NIPT can also identify your baby's sex (optional). To learn more about these conditions, go to natera.com/panorama-conditions

What if I get a positive screen or high risk result?

Horizon™ carrier screen and Panorama™ NIPT are **screening tests**, which means that these tests do not make a final diagnosis. A positive screen or a high risk result means that your pregnancy could have a greater chance of having a specific genetic condition. However, you cannot know for sure if your baby has that condition based on screening results alone.

All medical decisions should be made after a discussion with your healthcare provider (HCP) regarding diagnostic testing during the pregnancy, like chorionic villus sampling (CVS) or amniocentesis, or testing the baby after birth.

If you receive a positive Horizon™ carrier screen result, speak with your HCP about whether your partner should also be tested before planning next steps. If you receive a positive Horizon™ carrier screen result or high risk Panorama™ NIPT result, speak with your HCP to determine next steps, such as genetic counseling, detailed ultrasound, and the option of diagnostic testing.



Text **COMBO** to **636363** to watch a short informational video about Horizon™ carrier screening and Panorama™ NIPT

Florida Woman Care
LABORATORY

To reach the Florida Woman Care Benefits Verification Line, call **(561) 463-8876**

Why choose Horizon™ and Panorama™?

Advanced technology

Horizon™ and Panorama™ are the most widely used carrier screen and NIPT.²² Just one blood draw is required for both tests. Horizon™ provides comprehensive carrier screening using the latest technology, including next-generation sequencing.

Panorama™ is the only NIPT that can tell the difference between your and your baby's DNA.²⁻¹⁵ This helps avoid some sources of incorrect results.²³ Panorama™ NIPT also has zero fetal sex errors in published clinical validations.²⁻¹⁵

Informed Consent of Pregnancy

The obstetricians and certified nurse midwives at Hibiscus Women's Center welcome you to our practice. We value open communication, mutual respect, and cooperation to support a healthy mother and baby.

Understanding Pregnancy and Risk

- Pregnancy is a normal process, but complications can occur despite best efforts.
- Patients should be informed of potential—though rare—risks.
- Healthy lifestyle choices (nutrition, exercise, no smoking/alcohol/drugs) are essential.
- About 3–4% of babies are born with birth defects; causes can include genetics, infections, or unknown factors.
- Stillbirth is rare and often without an identifiable cause.

Common Early Pregnancy Concerns

- Nausea/Vomiting: Common; may require hospitalization if severe.
- Miscarriage: Occurs in ~20% of pregnancies, often unavoidable.
- Ectopic Pregnancy: May cause abdominal or shoulder pain and vaginal bleeding—requires immediate evaluation and possible medication or surgery.

Medical Conditions Affecting Pregnancy

- Pre-existing conditions (diabetes, hypertension, heart disease, herpes) require special care.
- Infections (urinary, kidney, uterine) can occur and should be promptly treated.
- Work with your care team to optimize health before and during pregnancy.

Pregnancy Complications

- Preeclampsia: High blood pressure, swelling, headaches; may require medication or early delivery.
- Eclampsia: Severe progression with seizures; requires urgent hospitalization.
- Placental Issues: Can cause heavy bleeding or preterm birth.
- Other Risks: Poor fetal growth, blood incompatibility, varicose veins, and blood clots.



Informed Consent of Pregnancy

Labor and Delivery

- Cesarean Section: Major surgery that may be necessary for various reasons; carries risks of infection or injury.
- Assisted Delivery: Forceps/vacuum may be used when needed; risks are minimal but possible.
- Postpartum Complications: Heavy bleeding, infection, incontinence, or rare need for hysterectomy or transfusion.
- Newborn Injury: Rare, usually temporary (e.g., clavicle fracture).

Anesthesia and Medications

- All anesthesia carries risks, including allergic reactions or pneumonia.
- Blood transfusions are given only when necessary and carry small risks of reactions or infection.

Preventable Complications

- Rh Disease: Prevented with Rhogam for Rh-negative mothers; required for care continuation.
- Gestational Diabetes: Must agree to glucose testing or monitoring; refusal may result in transfer of care.
- Group B Strep: CDC-recommended screening and antibiotics during labor are required; refusal requires transfer of care.
- Pitocin After Delivery: After childbirth, most patients receive Pitocin (oxytocin) to help the uterus contract. These contractions are important because they prevent heavy bleeding, which can be dangerous.

Newborn Care

- Vitamin K Injection: Prevents serious bleeding disorders; oral alternatives are not effective. Refusal not recommended.
- Immunizations: Vaccines (flu, pertussis) are encouraged for maternal and fetal protection. Reliable sources: CDC and ACOG.

Genetic and Carrier Screening

- Offered to all patients regardless of age or family history.
- Screening tests may have false positives/negatives.
- Educational video available at www.sema4.com before or during your confirmation visit.

Informed Consent of Pregnancy

Patient Conduct and Care Policy

At our practice, we are committed to providing evidence-based care and interventions that are proven to improve health outcomes for both mother and fetus.

Refusal of Medical Recommendations

- If a patient declines necessary medical recommendations that may endanger the fetus or mother, transfer of care may be requested.

Behavioral Expectations

- We maintain a zero-tolerance policy for any form of verbal abuse, harassment, or violence. The patient-practice relationship may be terminated immediately if a patient, family member, or third-party caregiver:
 - Uses rude, demeaning, or harassing language
 - Exhibits violent, irrational, or threatening behavior
 - Endangers the safety or wellbeing of staff, other patients, or themselves
 - The patient-practice relationship may also be ended if the patient provides written notice of termination



Postpartum Pitocin

Many people have questions about the use of Pitocin (oxytocin) after childbirth. Pitocin is a medicine that helps your uterus contract after your baby is born. These contractions are important because they help prevent heavy bleeding, which can be very dangerous. **The use of Pitocin after delivery is recommended by medical experts worldwide and is a standard part of care for all deliveries to keep you safe, regardless of whether Pitocin was used during labor.**

Pitocin is usually given as a small dose through an IV or as a shot right after the placenta is delivered. This helps your uterus stay firm and reduces the risk of postpartum hemorrhage (heavy bleeding), which can be life threatening.

Most people do not have serious side effects from Pitocin when it is used after delivery. Rarely, some may experience nausea, vomiting or a drop in blood pressure. Serious complications are under 1% when Pitocin is given at the recommended dose and with proper monitoring.

It is understandable to want to avoid unnecessary medicine. However, waiting until heavy bleeding starts before using Pitocin is not recommended. Medical studies show that giving Pitocin right after delivery is much more effective at preventing dangerous bleeding than waiting to treat it after it begins. Once heavy bleeding starts, it can be very difficult to control and may require emergency treatments such as blood transfusions, surgery or hysterectomy (removal of the uterus). Excessive blood loss is also associated with reduced milk supply. Preventing bleeding before it starts is the safest approach and is why experts like the American College of Obstetrics and Gynecologists recommend routine Pitocin after delivery.

For most patients, the benefits of Pitocin far outweigh the risk. If you have specific medical conditions or concerns, please discuss them with your healthcare team so we can make the best plan for your care.

If you have questions or would like to talk more about Pitocin or your delivery plan, please let us know. Your safety and well-being are our top priority.



Protecting You and Your Baby

Vaccines Recommended in Pregnancy



Did you know?

Vaccines are well studied in pregnancy and not shown to increase risks for the developing baby.

Flu Shot

The **flu** during pregnancy increases your chance of getting very sick. This can lead to pregnancy problems, hospitalization, and even death.

GET VACCINATED with the flu shot every year, in any trimester of pregnancy.

COVID-19 Vaccine

COVID-19 infection in pregnancy increases your chances of pregnancy problems, being hospitalized, needing a ventilator, and death.

GET VACCINATED with the updated COVID-19 vaccine every year, in any trimester of pregnancy.

RSV Vaccine

RSV (respiratory syncytial virus) can cause severe illness in babies. Getting the vaccine in pregnancy protects the baby from RSV after delivery.

GET VACCINATED with the Abrysvo® RSV vaccine in weeks 32-36 of pregnancy between September and January. (RSV season may differ in some areas. Check with your healthcare provider.)

Tdap

Pertussis (whooping cough) can be serious and even life threatening for young babies. Getting the Tdap vaccine in each pregnancy protects the baby from pertussis after delivery.

GET VACCINATED with Tdap in the third trimester (27-36 weeks) of every pregnancy.



Did you know?

Studies show that antibodies you make after getting vaccinated in pregnancy pass to your baby and can protect them for months after they are born.



For more information about vaccines or other exposures in pregnancy or lactation, **call 866-626-6847, text 855-999-3525**, or visit <https://mothertobaby.org/> to live chat or email and access fact sheets, baby blogs, podcasts and more!

Hospital Bag Checklist

For Mom:

- Photo ID & insurance card
- Comfortable robe or gown (if you prefer your own over the hospital's)
- Lip balm (hospital air is very dry)
- Hair ties/headband
- Phone & charger (extra-long cord recommended)
- Music or relaxation tools (playlist, massage tools, essential oils)
- Stroller fan
- Toiletries
- Nursing bras or tanks
- Going-home outfit (loose-fitting, weather-appropriate)
- Pillow from home (with a colored pillowcase so it doesn't get mixed up)

The hospital can provide breast pads, abdominal binder, pads, mesh underwear, dermaplast spray, which hazel pads, and a peri bottle

For Baby

- Car seat (properly installed in your car)
- Going-home outfit
- Pediatrician contact info

Diapers, wipes, baby shampoo, and baby formula (if needed) are provided by the hospital.

For Partner or Support Person

- Change of clothes
- Toiletries
- Phone & charger
- Snacks & drinks
- Camera or device for photos

Tips

Pack around week 36–37 of pregnancy.

Have the bag by the door or in the car just in case.



Financial FAQs

You're not alone if the cost of having your baby is top of mind! We've put together the following information to help answer the most common questions we hear. However, no two insurance companies are the same, and ultimately, your specific policy will determine your out-of-pocket costs.

How does my insurance company find out I'm pregnant?

It's a good idea to let your insurance company know that you're pregnant. We recommend you call the member services number that can be found on your insurance card. They will probably ask you for the following information: your estimated delivery date, your provider's name, the hospital where you plan to deliver, and if you are planning a vaginal or cesarean delivery. This is a great time for you to ask questions about your maternity benefit as well as where you stand with your deductible for the year.

I've heard the term "global fee". What is that?

A bit of good news is most of the maternity care provided by Hibiscus is billed as a "global fee". It simply means that after your first visit, your office visits, the delivery of your baby, and your Hibiscus post delivery visit are billed to your insurance company as one fee after you welcome your new baby. Depending on your policy, you may be responsible for a portion of the "global fee".

How do I know what my out-of-pocket costs will be?

We wish there was an easy answer to this one! The best way to avoid a surprise down the road is to contact your insurance company now so they can explain your pregnancy benefit and help you estimate any out-of-pocket costs. Your costs will likely fall into two categories: your co-insurance and your deductible.

If you are responsible for a portion of the global fee, also called co-insurance, you will pay this amount to Hibiscus before your delivery. Like most of us, you probably have an annual deductible to meet as well. If this is the case, there will be additional charges that will be your responsibility. While you won't know the exact amount until all your claims have been processed by your insurance company, your remaining deductible can be estimated. And since deductibles have gone up dramatically in recent years, we can include this amount, along with your co-insurance, in a payment plan you can follow during your pregnancy. The benefit is you will pay your out-of-pocket expenses over 9 months and avoid a surprise bill after your baby arrives.

Financial FAQs

Are there any charges besides the global fee?

Lab tests, other than routine urine screens, ultrasounds, non stress tests, and injections are examples of additional services you may need or want to have done during your pregnancy. Since these services aren't included in the global fee, we will bill your insurance company if we provide the service. If there is an unpaid balance, you are financially responsible, and payment is due at your next visit.

What if I need FMLA paperwork filled out for my employer?

We're happy to complete your FMLA or disability paperwork. Please allow 2 weeks for us to complete and notify you the forms are ready for pickup.

Will there be bills from providers other than Hibiscus?

Yes, you will have bills from the hospital. These bills will include your care and your baby's care. In addition, they will likely include bills from other provider's involved in delivering your baby such as anesthesiology. Although we're not involved in these bills, they should count towards your deductible. You should talk with the hospital before your delivery about their charges and what to expect.

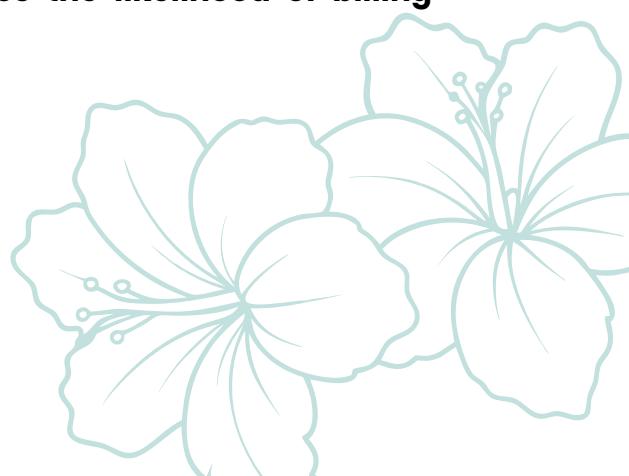
I'm worried about a big bill after I deliver!

We want your pregnancy and birth experience to be positive, healthy, and memorable. A payment plan is a great way to avoid an unpleasant surprise. We can set up a pre-payment plan to cover your co-insurance or other known out-of-pocket costs.

What if I must transfer my care or my insurance changes before my delivery?

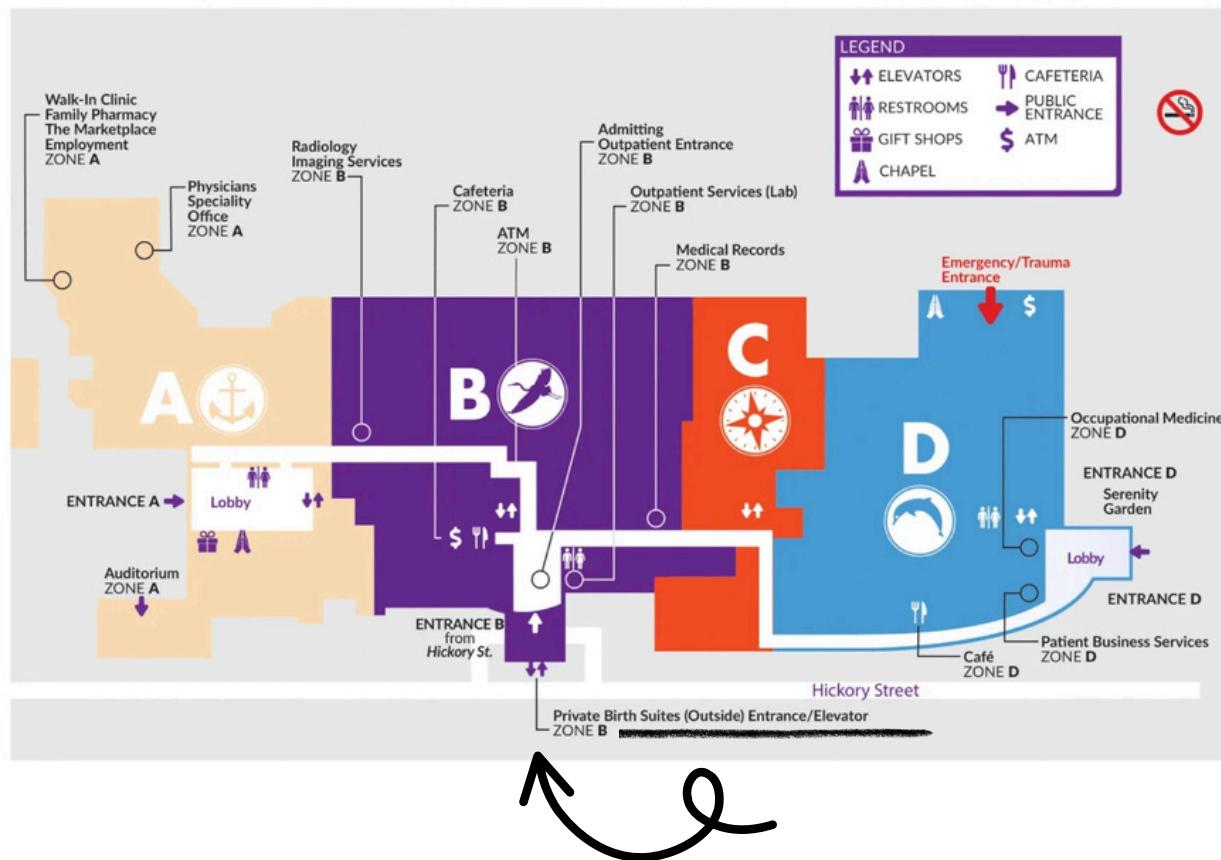
If for some reason, you need to transfer your care during your pregnancy, we will bill your insurance company for the services provided prior to the transfer. Any balance not paid by insurance remains your responsibility.

Let us know as soon as possible if your insurance changes. Having the correct insurance information helps us both and reduces the likelihood of billing issues after your delivery.



Holmes Regional Medical Center

Map | First floor



1350 Hickory St, Melbourne, FL 32901

As the only state-accredited Level II trauma center in Brevard and Indian River Counties, Holmes Regional Medical Center offers 24/7 trauma care and rapid patient transport via First Flight, Health First's air ambulance. Additionally, The Birth Suites Mother/Baby Unit offers Brevard's first Level II Neonatal ICU for our tiniest patients.

Holmes Regional Medical Center has 24 hour Neonatology, OB Hospitalist, and Anesthesia. There is also a birth certificate clerk, hearing screener, postpartum photographer, social worker, and lactation consultant.

A Hibiscus Women's Center midwife is available at Holmes Regional Medical Center 24 hours.

Important Web Links

Hibiscus Women's Center: www.hibiscuswc.com

Breastfeeding Support:

- Breastfeeding and Bottle-Feeding Support: fedisbest.org
- International Lactation Consultants: ILCA.org
- Latched On Brevard: latchedonbrevard.com
- Space Coast Lactation: spacecoastlactation.com
- WomensHealth.gov Breastfeeding: womenshealth.gov/breastfeeding

Health & Safety Resources:

- ACOG Pregnancy Information: acog.com/womens-health/pregnancy
- ACOG Nutrition: acog.org/womens-health/faqs/nutrition-during-pregnancy
- Car seat safety advice: NHTSA.gov/equipment/car-seats
- Cord blood: parentsguidecordblood.org
- OASH Pregnancy Information: womenshealth.gov/pregnancy
- USDA healthy eating: MyPlate.gov
- USDA Nutrient Database: fdc.nal.usda.gov
- NIH Safe Sleep: safetosleep.nichd.nih.gov

Substance Abuse and Addiction

- Alcoholics Anonymous: aa.org
- Narcotics Anonymous: na.org
- SAMHSA 24-hour Referral Line: samhsa.gov
- Stop Smoking support: Smokefree.gov

Travel & Pregnancy

- Internat'l Medical Assistance to Travelers: iamat.org
- CDC Travel Risks (COVID, zika, food safety): cdc.gov/travel

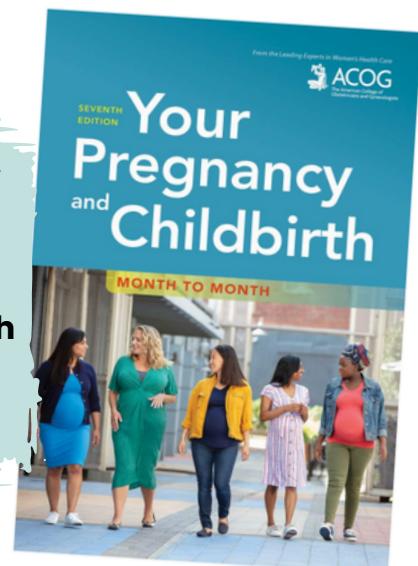
Workplace Safety:

osha.gov and cdc.gov/niosh

Looking for a good pregnancy book?

**ACOG's
Your Pregnancy and Childbirth
Month to Month**

Available on Amazon



Questions?



We love questions so ask us anything! In addition to your appointments, the patient portal is a great way to communicate with us. If you don't have an account yet, you can set one up on our website.

For urgent matters, after hours, please call our office number to be transferred to the answering service, who will send a message to the midwife on call. The midwife will then return your call. A midwife is available 24hrs a day.

Website:
HibiscusWC.com

Phone Number:
321-724-2229

We want your experience at Hibiscus to be exceptional. We love your pregnancy stories and appreciate feedback on how we're doing.