

 Celebration
Obstetrics & Gynecology

A Practice Dedicated to Women's Health

Congratulations
ON YOUR PREGNANCY

Celebration
410 Celebration Place, 208
Celebration, FL 34747

Davenport
112 Park Place Blvd, Suite A
Davenport, FL 33837

Winter Garden
1997 Daniels Road
Winter Garden, FL 34787

To schedule an appointment, call us at
407-566-2229 (BABY)

Se habla Español

www.celebrationobgyn.com



Meet Our Providers

 Celebration
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Office Hours: Monday - Thursday from 8:00am to 5:00pm
Friday from 8:00am to 3:00pm

Phone: 407-566-2229 (BABY) Se habla Español

After Hour Emergencies: 407-566-2229 (BABY)

Your Pregnancy Week by Week

YOUR PREGNANCY AT A GLANCE

Regular prenatal examinations are a priority during any pregnancy. Here's the visit schedule for a low-risk, term pregnancy. If you have a pre-existing medical condition, develop complications, or are a teen, you may require more frequent visits.

Weeks 6-8

- ✓ Confirm Pregnancy
- ✓ First Visit with your Provider
- ✓ Genetic Testing Options*
- ✓ Educational and Diet Information
- ✓ Physical Exam

Weeks 10-12

- ✓ Fetal Heart Tones
- ✓ Confirm Genetic Testing Decision
- ✓ Order Labs
- ✓ Influenza Vaccine
- ✓ Due Date Confirmation

Weeks 15-16

- ✓ Blood Screening Tests
- ✓ Schedule Ultrasound

Week 20

- ✓ Anatomy Ultrasound
- ✓ Discuss Ultrasound Results

Week 24

- ✓ Schedule Childbirth Class
- ✓ Diabetes



*see page 29

Week 28

- ✓ Learn to Count Fetal Kicks
- ✓ Schedule Hospital Tour
- ✓ Tdap/Td Vaccination
- ✓ RhoGAM if RH Negative
- ✓ Hospital Registration
- ✓ Find Pediatrician
- ✓ 4D Ultrasound Recommended

Week 32

- ✓ Discuss Cord Blood Banking
- ✓ Discuss Breastfeeding

Week 34

3 Routine Visit

Week 36

- ✓ Growth Ultrasound
- ✓ Group B Strep Test
- ✓ Confirm Baby's Position
- ✓ Discuss Signs and Symptoms of Labor and Preeclampsia

Week 37

- ✓ Weekly Routine Visit

Week 38

- ✓ Discuss Readiness for Labor and Delivery

Week 39

- ✓ Weekly Routine Visit

Weeks 40-41

- ✓ Discuss Postdate Plan
- ✓ Schedule Postpartum Visit

After Delivery: 4-6 Weeks

- ✓ Routine Postpartum Visit
- ✓ Physical Exam
- ✓ Discuss Birth Control, Feeding, Depression and return to work

SCHEDULE OF PRENATAL VISITS & ROUTINE TESTING DURING PREGNANCY

- After 1st appointment, every 4 weeks until 28 or 32 weeks, depending on risks
- After 32 weeks, every 2 weeks
- After 36 weeks, once a week until delivery

If your pregnancy is complicated, more visits may be necessary. It is highly recommended to make several appointments in advance. Please ensure to check out with staff after every visit. If you need to cancel an appointment, please call us at least 24 hours in advance.

10-20 weeks

Genetic Screening (Optional)

- See appendix, "Optional Genetic Testing"
- AFP – Cannot be done until after 15 weeks

Feeling Your Baby Move During Pregnancy

Mothers can start to feel their baby's movement anywhere from the 16th to 25th week of pregnancy. As the baby grows, this sensation becomes more pronounced. It is advisable to start counting fetal movement around 28 weeks. To do this, feel for at least 10 movements within an hour, preferably after meals. If there is a decrease in movement, it is essential to contact your medical provider.

20-21 weeks

The Importance of Ultrasound During Pregnancy

Ultrasounds are crucial during pregnancy to examine fetal anatomy, including the heart, brain, and spine. A recommended ultrasound is around 20-22 weeks, and additional ultrasounds will be performed as needed. The imaging procedure uses high-frequency sound waves to capture the baby's image and identify gender.

Don't forget to schedule a Quick Peek Optimal between 26 and 28 weeks.

24-28 weeks

Important Tests for Pregnant Patients

During the 24th to 28th weeks of pregnancy, all patients are required to take a one-hour glucose test. This screening is used to detect gestational diabetes. To prepare, avoid eating or drinking anything, except water, one hour prior to the test. The glucose test will take an hour to complete in the laboratory.

28-35 weeks

Cord Blood Banking, Rh Immunoglobulin Injection, Vaccinations, and Influenza Exploring Cord Blood Banking Options: Why Now Is the Right Time.

Parents should start researching cord blood banking options before birth, since cord blood is a rich source of stem cells for treating nearly 80 diseases. Over 30,000 transplants worldwide have been performed using stem cells from umbilical cord blood, and the opportunities to utilize preserved cord blood are steadily increasing. Thanks to the rapid advancements in stem cell technologies, preserving cord blood has become an increasingly viable option. Speak with your healthcare provider to learn more about your options.

Rh-negative individuals require a Rh Immunoglobulin injection.

Rh disease is a pregnancy complication in which your immune system attacks the baby's blood. If left untreated, this can result in a life-threatening situation for your baby. Fortunately, it can be prevented with an injection called Rhogam, which is given at 28 weeks or anytime vaginal bleeding occurs. If you are Rh negative, contact our office immediately if you develop bleeding or trauma to your belly.

Vaccination Recommendations During Pregnancy.

The Tdap vaccine protects against tetanus, diphtheria, and pertussis diseases in individuals aged between 11-64 years. It is recommended for all pregnant women in their 3rd trimester to protect their babies from whooping cough, which can be life-threatening to newborns. Other family members and caregivers should also be updated with their Tdap vaccine, as it is due every 10 years for non-pregnant adults.



The Importance of Influenza Vaccinations for Pregnant Women and Newborns.

The CDC recommends that pregnant women get the flu vaccine during flu season to protect themselves and their newborns from potential severe illness and death. Vaccinating mothers is the most effective way to safeguard newborns, as the vaccine is not authorized for use in infants below six months. It's an essential part of prenatal care that expecting mothers should not miss. Only the inactivated influenza vaccine is recommended during pregnancy.

35-36 weeks

Group B Strep Vaginal Culture and Test Results

Group B streptococcus (GBS) is a type of bacterial infection that can be found in a pregnant woman's vagina or rectum. Women who test positive for GBS are said to be colonized, and the mother can pass GBS to her baby during delivery. If you test positive, you will be given antibiotics at the time of delivery.

Notification Regarding Test Results. Please be informed that our staff is not authorized to release test results until they have been reviewed by one of our certified physicians. An OB Coordinator will contact you regarding the test results once they have been reviewed. Please note that laboratory tests usually take several days to process.





BABY'S DEVELOPMENT AT A GLANCE

Understanding the Three Trimesters of Pregnancy and Baby's Development

Pregnancy is divided into three trimesters, each representing a significant stage in your baby's development. It's important to note that a full-term pregnancy lasts 39 weeks, giving your little one ample time to grow and develop before they arrive.

The First Trimester:

A Timeline from Months 1-3 or Weeks 1-12.

If you're expecting a child, the first trimester is critical. Here's a breakdown of what to expect during this period:

- **Month 1:** Your baby's heart has started beating, and all the important organs are beginning to function.
- **Month 2:** Your baby is around the size of a grape, with all organs developed, and they can move their arms, legs, fingers, and toes.
- **Month 3:** At this stage, your baby weighs approximately one ounce and is about 4 inches long.

The Second Trimester: A Timeline from Months 4-6 or Weeks 13-27.

Tracking Your Baby's Development Month by Month:

- **Month 4:** At this stage, your baby is developing eyelashes and eyebrows and is constantly in motion - kicking, turning, and moving around. Although you cannot feel it yet, your baby weighs approximately 5 ounces and measures 6 to 7 inches long.
- **Month 5:** Your baby is growing rapidly, is now 12 inches long, and weighs between 1/2 and 1 pound. If you haven't felt your baby's first movements yet, you will soon.
- **Month 6:** At this stage, your baby weighs between 1 and 1 1/2 pounds and is approximately 14 inches long.

The Third Trimester: A Timeline from Months 7-9 or Weeks 28-40.

Tracking Your Baby's Development Month by Month:

- **Month 7:** Your baby starts to open and close his/her eyes. Your baby is very active and even sucks his/her thumb. Your baby weighs about 3 pounds now and is 15 inches long.
- **Month 8:** Your baby's organs are working well but are not ready to be born yet because the lungs are not ready to breathe independently. Your baby's movement may slow down because there is not much room! Nevertheless, please call your doctor if you do not feel the baby move as normal. Your baby weighs about 5 to 6 pounds and is about 18 inches long.
- **Month 9:** Time is getting closer, and the baby is getting ready to be born. Your baby saves energy for the big day and is ready to come any time. Your baby now weighs between 6 to 9 pounds and is 19 to 21 inches long.

What is Maternal Fetal Medicine

Maternal-Fetal Medicine (MFM) services provide specialized care for pregnancies that may need extra monitoring. Being referred to an MFM doctor doesn't mean something is wrong—it just means your healthcare team wants to ensure the best possible care for both you and your baby.

Some reasons for an MFM referral include expecting twins (or other multiples), being age 35 or older, or having a BMI of 35 or higher. These factors can sometimes increase the chances of things like gestational diabetes, high blood pressure, or other pregnancy-related concerns. An MFM specialist helps keep a close eye on these risks, offering expert guidance and personalized care to support a smooth and healthy pregnancy.

Think of them as an extra layer of support—offering specialized ultrasounds, detailed monitoring, and care tailored just for you. It's not about something being scary—it's all about making sure you and your baby are getting the best possible care every step of the way.





Celebration Maternal Fetal Medicine

Specializing In:

- **Detailed anatomy ultrasound**
 - Advanced Maternal Age
 - Obesity
- **Fetal echocardiogram**
 - Family history of anomalies
 - In vitro fertilization
 - Medication exposure
- **Genetic screening and invasive testing**
- **Preterm labor (current or history)**
- **Multiple gestation**
- **Maternal Medical Complications**
 - Hypertension
 - Diabetes
 - Preeclampsia
 - Prior poor obstetric history
- **Fetal complications**
 - Fetal anomalies
 - Poor fetal growth
 - Amniotic fluid abnormalities



Meet The Maternal Fetal Medicine Team

Dedicated to High-Risk Pregnancies



Connect With Us



**Daniel Kiefer, MD,
FACOG**



**Stephanie Alvarez, MSN,
APRN, FNP-C**

Important Names and Numbers

State Required Testing: HIV is required.

Anesthesia: Available at AdventHealth for Women.

Ultrasounds: 4HD ultrasounds are available in our offices.

Pre-Registration for Delivery Day: [AdventHealthforWomen.com/OB](https://www.adventhealthforwomen.com/ob)

Educational Courses:

Classes are available at Advent Health for Women Celebration:

- Baby Place: Alison Ginter, Birth Coordinator
- Birth Experience & Parent Education. Phone: 407-303-4284. Cel.birtheexperience@adventhealth.com
- Access to virtual or in-person tours of each campus at [BabyPlaceTour.com](https://www.babyplacetour.com).
- Online parent education via [BabyPlaceAcademyApp.com](https://www.babyplaceacademyapp.com). Classes currently are through a company called Birthly; they are live, interactive, virtual classes.

Hospital: AdventHealth for Women Celebration Campus: 400 Celebration Place, Celebration, Florida 34747. Phone 407-303-4000.

When you go to the hospital: You will go to triage on the fourth floor of AdventHealth for Women Celebration unless you have been told to go to Winnie Palmer.

Pediatricians: Please choose a pediatrician prior to delivery. If you have made prior arrangements with your pediatrician to care for your newborn, please inform the delivery OB Coordinator. If no arrangements have been made, the hospital will choose an on-call pediatrician.

Need FMLA or Work Accommodation Forms?

If you're planning to request maternity leave or a pregnancy-related work accommodation, please complete our FMLA Request Form. Forms are available on our website or in the office and can be submitted through the Patient Portal or via Kyruus—no need to bring them in person. A processing fee applies and must be paid through the portal before your request can be completed. Please ensure your portion of the form is filled out and signed prior to submission. Forms take approximately 10–14 days to process. Once finalized, they'll be sent directly to your employer or leave administrator, and a copy will be uploaded to your chart for your records.

Prioritizing Your Health

NUTRITION DURING PREGNANCY

Recommendations from the American College of Obstetricians and Gynecologists

When you are pregnant, it's essential to pay attention to your diet. Here are some guidelines from the American College of Obstetricians and Gynecologists to help you stay healthy during your pregnancy:

The Importance of Healthy Eating. If you want to adopt healthy eating habits, start by assessing your daily diet. Healthy snacks throughout the day can help you get the essential nutrients and extra calories you need. Pregnant women, in particular, require an additional 100-300 calories daily, which can easily be satisfied with a light snack, such as half of a peanut butter and jelly sandwich and a glass of low-fat milk.

Essential Prenatal Vitamin Guide. We highly recommend taking a daily prenatal vitamin to ensure adequate nutrition for you and your baby. Choose OTC or prescription, consider children's chewable vitamins, take them with a snack at night to avoid nausea, increase fiber intake, drink more fluids, and exercise more to avoid constipation. Over-the-counter stool softeners may be used if necessary.

During pregnancy, women need more folic acid and iron. Taking 400 micrograms of folic acid daily for at least a month before pregnancy and 600 micrograms daily during pregnancy can help prevent major birth defects in the baby's brain and spine. Getting the recommended amount of folic acid from food alone may be difficult, so it's recommended that all women who may become pregnant take a daily vitamin supplement that contains the right amount of folic acid.

During pregnancy, the body needs double the amount of iron to produce more blood for the baby's oxygen supply. The daily recommended dose of iron is 27 milligrams, which is obtainable through prenatal supplements and iron-rich foods like meat, fish, beans, cereals, and prune juice. Vitamin C-rich foods like citrus fruits and tomatoes can aid iron absorption.

Calcium is essential for building a baby's bones and teeth. Dairy products such as milk, cheese, and yogurt are the primary sources of calcium, but other options include broccoli, dark leafy greens, sardines, or calcium supplements for those who have trouble digesting dairy.

Vitamin D works with calcium to help develop the baby's bones and teeth. It is also essential for healthy skin and eyesight. Good sources include milk fortified with Vitamin D and fatty fish such as salmon. Exposure to sunlight also converts a chemical in the skin to Vitamin D.

The Role of Oils and Fats in Pregnancy. Fats are essential in providing energy and supporting the development of fetal organs and the placenta. It is recommended that most of your dietary fat intake comes from plant-based sources. Limit your intake of solid fats that are found in animal sources and processed foods.

Omega-3 fatty acids are a type of fat found naturally in many kinds of fish. These fatty acids may be important factors in your baby's brain development before and after birth. To get the most benefits from omega-3 fatty acids, women should eat at least two servings of fish or shellfish (about 8-12 ounces) per week while pregnant or breastfeeding.

Recommended Weight Gain During Pregnancy. According to the American College of Obstetricians and Gynecologists, maintaining a healthy weight during pregnancy is essential. Women with a normal weight before pregnancy should aim to gain between 25 to 35 pounds. However, women who were underweight before pregnancy should gain more weight, while those who were overweight or obese should aim to gain less weight.

Recommendations for weight gain during a single pregnancy are as follows:

- Underweight women (BMI less than 20): 30-40 lbs
- Normal weight women (BMI 20-25): 25-35 lbs
- Overweight women (BMI 26-29): 15-25 lbs
- Obese women (BMI > 29 lbs): up to 15 lbs



KEY NUTRIENTS DURING PREGNANCY

Nutrient (amount per day)	Reason for importance	Sources
Calcium (1,000 mg)	Helps build and maintain strong bones and teeth	Milk, cheese, yogurt, sardines
Iron (27mg)	Helps create the red blood cells that deliver oxygen to the baby and also prevents fatigue	Lean red meat, dried beans, peas, iron-fortified cereals
Vitamin A (770 mg)	Forms healthy skin, helps eyesight, helps with bone growth	Carrots, dark leafy greens, sweet potatoes
Vitamin B6	Helps form red blood cells, helps body use protein, fat and carbohydrates	Beef, liver, pork, ham, whole grain cereal, bananas
Vitamin B12 (2.6 mcg)	Maintains nervous system, needed to form red blood cells	Liver, meat, fish, poultry, milk (only found in animal foods; vegetarians should take a supplement)
Vitamin C (85 mg)	Promotes healthy gums, teeth and bones. Helps your body absorb iron	Orange, melon, strawberries
Vitamin D (600 IU)	Helps build and maintain strong bones and teeth	Liver, egg yolks, fortified cereal and milk
Folate (600 mcg)	Needed to produce blood and protein, helps some enzymes	Green leafy vegetables, liver, orange juice, legumes, and nuts
Protein (75 mg)	Helps with formation of enzymes, antibodies, muscle and collagen	Meat, eggs, cheese, whole grains

Special Dietary Concerns During Pregnancy

Vegetarian Diet: If you follow a vegetarian diet, consuming at least 75 grams of protein daily is crucial. You may also need to take iron, B12, and vitamin D supplements.

Lactose Intolerance: Pregnancy can alleviate symptoms of lactose intolerance. However, if you are still experiencing issues after consuming dairy products, consult us. Note that cheese, yogurt, sardines, specific types of salmon, spinach, and fortified orange juice are also excellent sources of calcium.

A GUIDE TO FOODS TO AVOID DURING PREGNANCY

To ensure the safety of both mother and baby, it's important to be mindful of what you eat during pregnancy. Here are some guidelines to keep in mind:

- **Caffeine:** Limit caffeine intake to 1 cup of coffee daily (200mg or less). Excessive caffeine intake may be associated with miscarriage, premature birth, low birth weight, and withdrawal symptoms in infants.
- **Fish with mercury:** Fish is highly nutritious for you and the baby, but it's important to be mindful of mercury content. Opt for 2 servings per week (12 oz.) of low-mercury fish such as salmon, catfish, or tilapia. Medium-mercury fish like tuna or halibut can be consumed, but no more than 6 oz per week. High-mercury fish like shark, swordfish, tilefish, and mackerel should be avoided.
- **Raw meat:** Avoid uncooked seafood and undercooked beef or poultry due to bacterial contamination, toxoplasmosis, and salmonella risks.
- **Prepared meats or meat spreads:** These should be avoided due to the risk of listeria (a bacterial illness), unless they are heated until steaming hot.
- **Raw shellfish:** Clams, oysters, and mussels can cause bacterial infections. Cooked shrimp is safe.
- **Smoked seafood:** Refrigerated, smoked seafood should be avoided due to risks of listeria contamination.
- **Soft cheeses:** Imported soft cheeses may contain listeria and should be avoided. Soft cheeses made with pasteurized milk are safe.
- **Unpasteurized milk:** May contain listeria, which can lead to miscarriage.
- **Unwashed vegetables:** The soil where vegetables are grown may be contaminated, so washing all vegetables well is essential to avoid exposure to toxoplasmosis.

Note that artificial sweeteners are okay, but limiting intake to 1-2 servings per day is recommended. If you have diabetes, artificial sweeteners are a better alternative to sugar to help manage your blood sugar levels.





NUTRITION DURING PREGNANCY

During pregnancy, it is recommended to exercise for 30 minutes, five days a week, with a combination of cardio and core strengthening exercises. Avoid high-impact activities and keep breathing and heart rate in an aerobic zone. Use an incline, exercise ball, or side positions after 20 weeks, and avoid lying flat on your back. Use light weights for weight lifting and stay hydrated.

Benefits of Exercise during Pregnancy

Exercise during pregnancy can bring numerous physical and mental benefits, such as reducing backaches, swelling, and gestational diabetes risk, improving energy, mood, posture, muscle tone, strength, and endurance, and promoting better sleep and labor readiness. Moreover, exercise can help keep you fit during pregnancy and facilitate postpartum recovery.

General Exercise Guidelines during Pregnancy

To ensure a safe and healthy exercise program, follow these general guidelines from the American College of Obstetricians and Gynecologists:

- After the first trimester, avoid doing any exercise flat on your back.
- If you haven't been regularly exercising, start slowly. Begin with as little as 5 minutes of exercise a day and add 5 minutes each week until you can stay active for 30 minutes a day.

- Avoid brisk exercise in hot, humid weather or when you have a fever.
- Wear comfortable clothing that will help you remain cool, and a supportive bra to protect your breasts.
- Drink plenty of water to avoid overheating and dehydration.
- Consume the daily extra calories you need during pregnancy.

Warning Signs that You Should Stop Exercising

- Vaginal bleeding
- Dizziness or feeling faint
- Increased shortness of breath
- Chest pain
- Headache
- Muscle weakness
- Calf pain or swelling
- Uterine contractions
- Decreased fetal movement
- Fluid leaking from the vagina



When You Are Not Feeling Like You

MANAGING PREGNANCY DISCOMFORTS: COMMON CHANGES AND HELPFUL TIPS

Pregnancy can be a challenging time, as so many aspects of your body undergo significant changes. To help you navigate this period, here is a list of common changes you may experience, including backaches, abdominal or pelvic pain due to the baby's growth, weight increase, and loosening of joints. However, good posture and resting with elevated feet can help alleviate these common discomforts.

Dealing with Braxton-Hicks Contractions/Cramping: If you experience Braxton-Hicks contractions or cramping while pregnant, it's common to empty your bladder, drink water, and rest. However, if the frequency of contractions exceeds six per hour and you're less than 36 weeks along, it's best to reach out to your healthcare provider's office for further guidance.

Dealing with Constipation: Causes, Remedies and Warning Signs: Constipation is a prevalent condition that may be caused by hormonal fluctuations, insufficient fluid intake, an excessive amount of iron in your supplements, or inadequate fiber in your diet. To alleviate the discomfort, try to consume plenty of water, whole grains, fresh fruits, and vegetables. Additionally, over-the-counter medications can be a safe option. If you experience hemorrhoids, try sitz baths three to four times a day, 10 to 15 minutes per session. However, if the pain persists, be sure to contact your healthcare provider.

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.

Dizziness: You may feel lightheaded or dizzy at any time during your pregnancy. If you feel dizzy, lie down on your left side and drink 1-2 glasses of water. If you faint or the symptoms persist, call the office.

Heartburn: Heartburn is a common issue throughout pregnancy, especially during the latter part when your baby is growing. Fortunately, there are ways to alleviate discomfort. Consider eating 5-6 smaller meals a day, avoid drinking fluids with meals and avoid lying down right after eating. Additionally, there are over-the-counter medications that are safe for use.

Leg Cramps: Leg and foot cramps are common issues that can be relieved by incorporating bananas, calcium-rich foods, and low-fat/nonfat milk in your diet. Stretching your leg with your foot flexed towards your body and applying a warm, moist towel or heat pad to the affected muscle can also help alleviate cramps.

Nausea and Vomiting: During pregnancy, nausea and vomiting are common during the first three months. Eating 5-6 smaller meals a day and consuming bland foods like plain crackers or toast can help. Drinking carbonated beverages, ginger ale, or 7-Up can also provide relief. Ginger and peppermint are natural remedies, and over-the-counter medications are usually safe. But if symptoms become severe, or fluids cannot be kept down for over 12 hours, contact the office.

Swelling: During pregnancy, edema or swelling due to increased production of blood and body fluids is normal but can be uncomfortable. To alleviate discomfort, try elevating your feet, wearing comfortable shoes, drinking fluids, and limiting sodium intake. Supportive stockings may also help. Contact a doctor immediately if swelling occurs suddenly or is accompanied by a headache or visual changes.

Urinary Frequency: Frequent urination is common and normal during pregnancy, but it's important to keep an eye out for any unusual symptoms. If you notice burning, lower back pain, blood, or an unpleasant odor, please give our office a call to schedule an appointment.



YOUR PREGNANCY AT A GLANCE

Pregnant women are more prone to illnesses such as colds, flu, and other conditions. However, not all medications are safe during pregnancy. The following medications are considered relatively safe but should be used sparingly, especially decongestants of any kind. If you are starting a new prescription, seek advice from us before doing so. It is important to take prescription medication exactly as directed. Dosages and directions should be followed as indicated on the labels. If you have any questions, do not hesitate to contact our office.

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

ACNE

Take: Benzol Peroxide • Clindamycin • Sali cyclic Acid • Topical Erythromycin

Avoid: Accutane • Minocycline • Retin-A • Tetracycline

ANTIBIOTICS

Take: Ceflor • Cephalosporins • E-mycins • Keflex • Macrobid/Macroclantin Penicillin • Zithromax

Avoid: Bactrim • Cipro • Levaquin • Minocycline • Tetracycline

COLDS/ALLERGIES

Take: Benadryl • Chlor-Trimeton • Claritin** • Dimetapp • Drixoral - Non-Drowsy Mucinex (Guaifenesin) • Robitussin DM (Sugar Free) • Vicks Vapor Rub • Zyrtec

Avoid: Claritin** if problems with blood pressure

CONSTIPATION

Take: Colace • Ducolax Suppository • Fibercon • Metamucil • Miralax • Senokot

COUGH

Take: Cough Drops • Phenergan w/Codeine if prescribed • Robitussin (plain & DM) • Robitussin DM Sugar Free

CRAB/LICE

Take: RID

Avoid: Kwell

DIARRHEA

Take: Imodium • BRAT diet • Rehydration

GAS

Take: Gas-X • Mylicon • Phazyme

HEADACHES

Take: Acetaminophen / Tylenol* (Regular or Extra Strength) • Cold Compress

**Safe with minimal use.

HEARTBURN

Take: Aciphex • Maalox • Milk of Magnesia • Mylanta • Pepcid • Prilosec • Rolaids • Tums (limit 4 per day) • Zantac

Avoid: Lying down for at least 1 hour after meals

HEMORRHOIDS

Take: Anusol/Anusol H.C. (Rx: Analpram 2.5%) • Hydrocortisone OTC • Preparation H • Tucks • Vaseline lotion applied to tissue • Witch-Hazel

HERPES

Take: Acyclovir • Famvir • Valtrex

NAUSEA

Take: Dramamine • Emetrol • Ginger Root (250mg, 4 times daily) • High Complex Carbs (at bedtime) • Sea Bands - Acupressure • Unisom (1/4 or 1/2 tablet at bedtime) • Vitamin B6 (25mg, 3 times daily) • Rx: Diclegis

NOSE BLEEDS

Take: Saline Nasal Spray

PAIN

Take: Darvocet** • Lortab** • Percocet** • Tramadol** • Tylenol* • Tylenol 3** • Ultram** • Vicodin**

**Narcotic medications should only be used when prescribed for a legitimate medical problem by a doctor for a short period of time.

**Safe with minimal use.

RASH

Take: Benadryl • 1% Hydrocortisone Cream

SLEEP AIDS

Take: Benadryl • Chamomile Tea • Tylenol PM • Unisom • Warm milk (add vanilla or sugar for flavor)

THROAT

Take: Cepacol • Cepastat • Salt Water (gargle w/ warm water) • Throat Lozenges

TOOTH PAIN

Take: Oragel

YEAST INFECTION

Take: Gyne-lotrimin • Monistat-3 • Terazol-3

Avoid: 1 Day Creams

WHAT TO AVOID DURING PREGNANCY

According to the American College of Obstetrics and Gynecology, there is no amount of alcohol during pregnancy that is safe. **Do not smoke, drink, or use illicit drugs.**

- Avoid the use of hot tubs, saunas, roller coasters, sky diving, skiing, scuba diving and motorcycle riding.
- Do not change cat litter boxes.
- Hair coloring and nail care should always be done in large, well-ventilated areas, after week 12.

Maintaining Dental Care During Pregnancy

During pregnancy, gum disease and gum bacteria can become more prevalent and have the potential to negatively impact your pregnancy. It's important to prioritize your dental care during this time. Be sure to have your teeth cleaned by your dentist every six months and delay routine X-rays until after giving birth.

Proper Seatbelt Use During Pregnancy

To ensure your safety while driving, it's important to wear a seatbelt throughout your pregnancy. Make sure that the shoulder belt is positioned between your breasts and that the lap belt is placed below your belly and over your hips.

Sex: Sex during pregnancy is safe unless you are having bleeding or preterm labor or have been otherwise specifically advised not to by our office.

Travel: Pregnant women can travel up to 36 weeks but should consult with a provider before doing so. Staying hydrated and stretching every 2 hours while traveling is important to avoid blood clots. Air travel is not recommended during pregnancy for those with medical or obstetric conditions that may be worsened by flight or require emergency care.

Balancing Pregnancy and Work/School Life

Typically, a woman can continue to work or attend school until she goes into labor. However, if there are pregnancy complications or job activities that may be risky, work restrictions may be necessary.

Important Names and Numbers

PREPARING FOR THE MAIN EVENT

Pre-register with the Hospital: To expedite hospital admission for delivery, registration must be done for each pregnancy. During labor, direct admission to the maternity floor is possible without going through the admitting office. Refer to the section on Important Names and Numbers for further details.

Attend Educational Courses: Educational courses on labor and delivery, breastfeeding, infant CPR, and baby care are available and should be considered, especially for first-time parents. Check the Important Names and Numbers section for more information.

Finalize Your Cord Blood Banking Enrollment: To store your baby's cord blood, complete the enrollment process with your chosen cord blood bank and take the collection kit to the hospital with you.

Obtain and Install a Car Seat: It is mandatory to install a federally approved, properly installed, crash-tested car seat in your vehicle before taking your baby home from the hospital. This is required by law to ensure the safety of children during every trip in the car. SafeKids offers a free car seat check.

Learn More About Breastfeeding: Breast milk is the ideal nutrition for babies, reducing infections and hospitalizations, and aiding in weight loss for mothers. Breastfeeding may also lower the risk of breast cancer. Lactation specialists and OB Coordinators are available to help new mothers learn how to breastfeed.

Choose a Pediatrician: Before delivery, choose a doctor for your baby from our website's list of pediatricians. Contact the doctor's office to ensure they accept your insurance and are accepting new patients. We recommend our sister company, Celebration Pediatrics, with two locations to serve you.
407-566-9700



Consider Circumcision: A circumcision is the removal of excess foreskin from the baby boy's penis. It may help reduce infections and penis cancer. Please let your pediatrician of choice know if you would like to schedule a circumcision.

REGISTERING FOR A SCHEDULED C-SECTION: WHAT TO KEEP IN MIND

If you and your healthcare provider have finalized a date for a C-section before labor, it is crucial to register at the hospital as soon as you can. During your next office visit, you will be given a date and time for your delivery, or the OB Coordinator will contact you with this information over the phone.

Rh negative, placenta previa and prior myomectomy patients may need to have their blood drawn a day before their C-Section in the hospital. Failure to do so may cause delays or cancellations. On the surgery day, refrain from eating or drinking anything for 8 hours and arrive at the L&D Triage Unit 2 hours before the scheduled surgery time.

THE BIG DAY!

Protocol for Arrival at Triage and Labor and Delivery

Hospital Address: AdventHealth for Women Celebration Campus:
400 Celebration Place, Celebration Florida 34747, phone 407-303-4000.

****When you arrive at Triage, make sure you mention that you are from Celebration Obstetrics and Gynecology. If you are banking your baby's cord blood, make sure you inform them in the Labor and Delivery department.****

When in labor, contact the on-call doctor to decide when to go to the hospital. After admission, the baby's heart rate and contractions will be monitored, and a heplock or IV will be administered. If contractions are weak or infrequent, Pitocin may be given, and pain medication is available. Patients may walk or shower if the baby's heart rate is stable.

What to Pack

As your due date approaches, it's a great idea to have your hospital bag ready! Pack essentials like your photo ID, insurance card, birth plan (if you have one), comfortable clothing, toiletries, nursing bras, phone charger, and snacks. Don't forget items for the baby, such as a going-home outfit, blanket, and car seat. Bringing a few comfort items—like your favorite pillow or robe—can help make your stay more relaxing.

You have several pain management options for labor and delivery in the hospital, ranging from medication-based relief to natural techniques. Here's an overview:

Medication-Based Options

- **Epidural Block** – One of the most common pain relief methods, an epidural numbs the lower half of your body while allowing you to stay awake and alert.
- **Spinal Block** – Similar to an epidural but typically used for cesarean deliveries, providing full pain relief for a shorter duration.
- **Opioids** – Administered through an IV or injection, opioids can help reduce pain but don't eliminate it completely.
- **Nitrous Oxide** – Also known as "laughing gas," this option allows you to inhale a gas that helps ease discomfort while keeping you in control.
- **Local Anesthetic** – Used for specific areas, such as numbing the perineum before an episiotomy or stitches.

Non-Medicated Pain Relief

- **Movement & Positioning** – Walking, swaying, or using a birthing ball can help manage pain.
- **Breathing Techniques** – Controlled breathing can help you stay focused and reduce discomfort.
- **Massage & Counterpressure** – Having a partner or doula apply pressure to your lower back or hips can ease tension.
- **Hypnobirthing & Meditation** – Mindfulness techniques can help you manage pain naturally.

Each hospital may have different options available, so it's a good idea to discuss your preferences with your healthcare provider ahead of time.

Post-Delivery Expectations: For a normal, uncomplicated labor, delivery, and postpartum period, patients are usually discharged from the hospital between 24-48 hours after delivery, depending on their insurance coverage. It is important to know the length of coverage provided by your insurance company. Complications may require a longer stay, which will be discussed with your physician. Cesarean-section patients typically stay in the hospital for 3-4 days.

Ensuring the Safe Arrival of Your Baby into the World

When it comes to childbirth, there are countless options available. Our primary objective is to prioritize safety and deliver your baby in the most secure way possible. After the baby has been born, don't forget to schedule your follow-up appointments.

Postpartum

RECOVERY & TIMELINE

After birth, most of the focus is on caring for your new baby. But new mothers must also take special care of themselves after giving birth and breastfeeding. This will help you regain your energy and strength. You can best care for and enjoy your baby when you care for yourself.

PHYSICAL

After the birth of your baby, your doctor will talk to you about these and other things you will experience as your body starts to recover:

- You will have a vaginal discharge called lochia. This is the tissue and blood that lined your uterus during pregnancy. It is heavy and bright red at first but will become lighter in flow and color until it disappears after a few weeks.
- You might also have swelling in your legs and feet. You can reduce swelling by keeping your feet elevated whenever possible.
- You might feel constipated. Try to drink plenty of water and eat fresh fruits and vegetables.

Your doctor will check your recovery at your postpartum visit approximately 2-6 weeks after birth. Ask about resuming normal activities and any eating/fitness plans to help you return to a healthy weight. Also, ask your doctor about having sex and birth control. If you do not breastfeed, your period could return in six to eight weeks. If you breastfeed, your period might not resume for many months.





EMOTIONAL

After childbirth, you may feel sad, weepy, and overwhelmed for a few days. Many new mothers have the “baby blues” after giving birth. Changing hormones, anxiety about caring for the baby, and lack of sleep affect your emotions. Be patient with yourself. These feelings are normal and usually go away quickly. But if sadness lasts more than two weeks, see your doctor immediately because you might have a severe but treatable condition called postpartum depression. Postpartum depression can happen at any time within the first year after birth.

Some women are uncomfortable sharing these symptoms or emotions because they feel embarrassed or guilty about having these feelings at a time when they think they should “be happy.” Don’t let this happen to you! Postpartum Depression is very common. Your provider is here to support and help you through various forms of therapy and medication. We will respect your wishes about medical care while understanding when medical interventions are necessary. We will always explain your treatment options and answer your questions as we help you through your postpartum journey.

AVAILABLE RESOURCES

Getmomstrong.com is an at home resource for diastasis recti exercises you can do on your own to strengthen your pelvic floor and abdominal muscles.

Additional Information

STAYING INFORMED DURING PREGNANCY: WHEN TO CONTACT YOUR PHYSICIAN OR OB COORDINATOR

We are happy to answer any questions you may have. We recommend waiting until your regular prenatal visits. However, if you have any pressing concerns, please call our office during business hours. Our nursing staff can provide answers to many of your questions, or they will communicate with our doctors to obtain the necessary information.

While regular check-ups are part of the pregnancy process, it's natural to have questions or concerns that arise between appointments. If you experience any of the following conditions outlined below, don't hesitate to reach out to your physician or OB Coordinator for assistance:

- You experience vaginal bleeding or any severe pain, persistent uterine cramping, backaches, or contractions of any frequency before 36 weeks (one month before your due date or earlier).
- You do not feel your baby move for several hours, or if you think there is a significant decrease in your baby's activity (less than 3 movements per hour or less than 10 movements in a day).
- You are having regular painful contractions every five minutes or less for one hour and are more than 36 weeks.
- Your water breaks, regardless of the presence/absence of contractions, causing repetitive leakage or a gush of fluid from the vagina.
- If you have a temperature greater than 100.4 degrees.
- You experience abdominal trauma or a car accident.

If you are experiencing an emergency, please inform our receptionist of the nature of your problem, and we will attend to it immediately. If you feel you are having a medical emergency, dial 911.



Stay Connected with Us!

Scan the QR code to sign up for our Patient Portal on Athena—your secure, convenient way to access your health records, view test results, message our team, and manage appointments anytime. Staying informed during your pregnancy has never been easier!

CONSIDERING GENETIC TESTING AS AN OPTION

Genetic testing is an effective way to determine a woman's chances of having a child with a genetic abnormality. Our healthcare providers work closely with patients during pregnancy and offer guidance to help them choose the best option for their family. Ultimately, the decision of whether to undergo genetic testing or not is left up to the patient. We rely on The American College of Obstetricians and Gynecologists FAQs as a source of information regarding genetic testing.

There are 3 different types of prenatal tests to address concerns about birth defects: Carrier tests, Screening tests, and Diagnostic tests.

1. Carrier Tests show if a person carries a gene for an inherited disorder. An inherited disorder is caused by defective genes. These disorders are passed down by parents to their children. Some inherited disorders are more common in certain races and ethnic groups, such as sickle cell disease (African American), cystic fibrosis (non-Hispanic white), and Tay-Sachs disease (Ashkenazi Jewish, Cajun, and French Canadian). Carrier tests can be done before or during pregnancy. Cystic fibrosis carrier screening is offered to all women of reproductive age because it is one of the most common genetic disorders.

2. Screening Tests assess the risk that a baby will have Down Syndrome or other chromosome problems, such as Trisomy 13, Trisomy 18, and neural tube defects. Screening tests show only whether you are at high or low risk of having a baby with a particular disorder. These tests do not tell whether the fetus has these disorders.

3. Diagnostic Tests provide information about whether the fetus has a genetic condition. The tests are done on cells obtained through amniocentesis, chorionic villus sampling, or fetal blood sampling. The cells can be analyzed using different techniques.

OB 3rd Trimester Checklist

☐ Pap (Done with Well Exam)

☐ OB Panel Blood work

Genetics

☐ NIPS

☐ Carrier Screen

☐ MSAFP

☐ Anatomy Ultrasound

☐ Glucose Tolerance Test

☐ RhoGam (if applicable)

☐ Tdap & RSV vaccines

☐ 3rd Trimester Blood work

☐ Pediatrician

☐ Hospital Pre-Registration

☐ Hospital Tour (if needed)

☐ Sign-up for Classes (if needed)

Discussions

☐ Fetal Kick Counts

☐ Labor Precautions

☐ Nitrous (Pain Relief in Hospital)

Consents Signed (if applicable)

☐ Tubal Ligation

☐ Trial of Labor after
Cesarean Section

☐ Repeat Cesarean Section
Scheduled (if applicable)

☐ 36 Week Scan

☐ GBS and Gonorrhea / Chlamydia

Post-Partum Checks

☐ Blood Pressure Check
(if needed)

2 Week

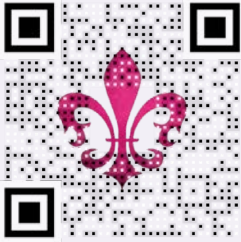
☐ Post-Partum Depression Scale

6 Week

☐ 2-hour Glucose Check
(if applicable)

☐ Birth Control

☐ Well Exam Scheduled



 Celebration
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The M Family Foundation hosts annual events including the Superhero Race Against Cancer, a family friendly 5K held every September in Downtown Celebration, FL.

We are always looking for volunteers, participants, donors and event sponsors. Scan the QR code for more details.



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