

Answers to Frequently Asked Questions During Your Pregnancy

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Pediatricians in Manatee County

Your Pregnancy and Insurance Coverage

The Physicians and staff at Premier OB/GYN Associates, PLLC want to help you to have a safe, healthy, and rewarding pregnancy. We provide comprehensive obstetrical care as well as an orientation visit with our Educational Specialist upon confirmation of your pregnancy. She too will answer many of your questions and provide you with further resources. Our Educational Specialist will review information regarding nutrition, exercise, testing, frequently asked questions, and our routine prenatal care policies and procedures. And if you have an insurance plan that covers your pregnancy under a global package she will also explain what is typically covered under a maternity global package.

Global Packages

Most insurance companies cover pregnancy care and delivery under what is called a maternity “global” package*. This package begins at twelve weeks of pregnancy, which is based on the first day of your last menstrual period, and includes NORMAL, routine prenatal visits, vaginal or cesarean delivery, as well as post-partum hospital and follow-up office visit.

Non-Global Services

Maternity global packages only cover NORMAL obstetric care. Any office visits and/or tests that are not part of normal routine obstetric care will be billed outside of this global package. It may, however, be covered under your regular health plan as non-obstetrical services. Copays and deductibles may apply depending on your specific coverage and balances are expected to be paid within 30 days. You should contact your insurance provider and discuss their interpretation of global obstetric coverage.

The following are examples of services that are not covered under a maternity global package:

- Initial office visit to confirm pregnancy
 - We typically see a new obstetric patient between eight and ten weeks of pregnancy. This is calculated from the first day of her last menstrual period. During that first visit, the pregnancy is confirmed, a physician visit where problems/concerns are discussed, followed by an orientation visit with our educational specialist.
- Maternal-fetal consultations/services
 - Amniocentesis
 - Genetic counseling
 - High risk consults
- Hospitalization prior to delivery

- Ultrasounds
 - On your first visit you will be scheduled for an ultrasound in our office to verify size and date.
 - At approximately eighteen weeks you will be referred to a maternal-fetal specialist for your second trimester ultrasound.
 - Other ultrasounds may be recommended by the physician due to any concerns and/or complications during the pregnancy.
- Non-stress tests
 - In-office non-stress tests are not part of routine obstetrical care and are not covered under a global package.
- Laboratory services including but not limited to:
 - In-house urine tests
 - Urine cultures
 - Hemoglobins
 - Triple test or AFP
 - Prenatal blood profile
 - Glucose tolerance test
- Pathology services including but not limited to:
 - Pap smear
 - Biopsies
- Problem visits not part of normal obstetrical care
 - Examples include vaginal itching, spotting, sore throat, headaches, etc.
- RhoGam Injections

Questions regarding your coverage for additional services such as hospitalization and anesthesiology should be directed to your insurance company.

Please note that you or family members are responsible, however, for hospital pre-registration and notification to your insurance company at the time of your admission. At your orientation this will be discussed as well as providing helpful registration forms, phone numbers and websites for your convenience.

- ***SELF PAY PATIENTS: If you are a self-pay patient, we have already discussed and agreed upon our fees and payment schedule for our practice's self-pay global package. The contract with you and the agreed upon payment schedule applies to the above description of a NORMAL global package and what is covered under this package.***

We hope this information will help you to prepare and plan for your obstetrical care with our practice. Please remember that we are here to assist you in any way possible.

MEDICATION GUIDELINES

One of the most common questions from our new obstetric patients is “What medications can I safely take while pregnant?” We have compiled a list of some common problems and medications that have been medically accepted to be safe during pregnancy. Be sure to let your physician know if you are taking any over-the-counter drugs since he will want to closely monitor and advise you during your pregnancy.

****NOTE**Do not take any of the following medications if you are allergic to or have had an allergic reaction to them.**

- Colds, allergies and congestion
 - Benedryl (plain)
 - Sudafed (plain)
 - Saline nasal spray

- Cough
 - Robitussin (plain, the one with no letters after the name)

- Fevers, aches, pain
 - Tylenol

- Insomnia
 - Tylenol PM

- Upset stomach, heartburn, acid reflux
 - TUMS

- Diarrhea
 - No medication
 - Keep hydrated by drinking fluids

- Constipation
 - Fibercon

- Vitamins
 - Take only the vitamins recommended by your physician

****NOTE**Take only the vitamins recommended by your physician. If any of the above symptoms persist, contact physician or proceed to emergency room.**

MEDICATIONS TO AVOID

If you are pregnant or trying to become pregnant, please seek the advice and adhere to the guidelines suggested by your obstetrician. Please check with him before taking **any prescriptions or over-the-counter medications.**

The following list of medications should be avoided:

- Acitretin (Soritane)
- Androgens and Testosterone (Danazol, Danocrine)
- Angiotensin Converting Enzymes (Ace Inhibitors) – (EnlApril, Vasotec, Captopril, Capoten)
- Anticoagulants (Warfarin, Coumadin)
- Antithyroid Drugs (Propylthiouricil, Iodide, Methimazole, Tapazole)
- Azathioprine
- Bexarotene (Targretin)
- Chemotherapeutic Drugs (Methotrexate, Aminopterin)
- Chloramphenicol
- Clarithromycin
- Cocaine
- Colchicine
- Cyclophosphamide
- Cyclosporin
- Diethylstilbestrol (DES)
- Finasteride (Propecia)
- Fluorouracil (Fluoroplex, Efudex)
- Flutamide
- Griseofulvin (Grifulvin V, Fulvicin, Gris-Ped, Grisactin)
- Hydroxyurea
- Isotretinoin (Accutane)
- Lead
- Lithium
- Mechlorethamine
- Norgestimate/Ethinyl Estrodial (Ortho-Tricyclen)
- Organic Mercury
- Birth Control Pills or Hormones
- Penicillamine
- Seizure Medications (Discuss with your doctor immediately prior to discontinuing)
- Podophyllin/Podophyllum (Podocon-25)
- Potassium Iodide
- Rifampin
- Selenium Sulfide
- Stanozolol (Winstrol)
- Streptomycin, Kanamycin
- Tazarotene (Tazorac)
- Tetracycline
- Thalidomide
- Trimethadione, Tridione, Paramethadione, Paradione
- Valporic Acid, Depakene, Depakote
- Vitamin A in large doses greater than 10,000 units a day or Vitamin A derivatives
- Non-Steroidal Anti-Inflammatory drugs (NSAIDs- Ibuprofen, Naproxen, Mobic, etc.)
- Aspirin (ASA)

*****IMPORTANT NOTE** ALWAYS CHECK WITH YOU PHYSICIAN BEFORE TAKING ANY PRESCRIPTION OR OVER-THE-COUNTER DRUGS.***

SUGGESTIONS TO EASE NAUSEA & VOMITING

“Morning sickness” often occurs during the first trimester (approximately three months or twelve weeks) of pregnancy. It is caused by the hormone surges that are taking place in your body. Not everyone experiences “morning sickness,” but if you do, here are a few suggestions that may improve your symptoms:

- ❖ Eat small frequent meals throughout the day.
- ❖ Try eating your meals dry and then drink your fluids between meals.
- ❖ Avoid greasy and highly seasoned foods.
- ❖ Nibble on crackers or dry toast (Melba) when arising in the mornings.
- ❖ Sip or drink Coke or Pepsi as often as necessary; they help to improve nausea.
- ❖ Avoid odors that will stimulate nausea.
- ❖ Food or drinks with containing ginger helps (e.g. ginger snap cookies, ginger tea, ginger ale).
- ❖ Drink peach or apricot nectar juices.
- ❖ If you are vomiting, sports drinks help replenish fluids and necessary electrolytes.

****NOTE** If you are unable to keep any fluids or food down for longer than 24 hours or if your nausea and vomiting are accompanied by persistent abdominal pain, contact our office immediately. If the office is closed, proceed to the emergency room.**

OB ULTRASOUND/LAB SCHEDULE

FIRST TRIMESTER

8-10 Weeks pregnant

Initial “Rule out Pregnancy” Gynecological Office Visit

- **Confirm pregnancy.** Discuss with physician
- **Consult with Educational Specialist**
 - **OB notebook reviewed**
 - Questions answered
 - Diet discussed
 - Exercise discussed
 - Healthy Start forms filled out and submitted
 - WIC forms filled out if requested
 - Vitamin samples provided
 - NICA forms
 - HIV consent form discussed/offered
 - Second trimester ultrasound requested submitted
 - First trimester education
 - Hospital selection/registration
 - Educational classes available through both hospitals

12 Weeks Pregnancy

First Obstetrical Care Visit (ACOG obstetrical forms begin)

- **Prenatal Profile:** Blood count, blood type, blood antibody screen, Hep B, Rubella and Syphilis
- **Human Immunodeficiency Virus screening**
- **Thyroid Screen:** TSH with reflex T4
- **Other tests as indicated by medical history**

Initial OB Exam: Done in Office

- **Pap Smear:** Screens for cervical cancer
- **Cultures:** Screens for gonorrhea and chlamydia infections
- **Urine cultures and urine analysis**

SECOND TRIMESTER

16-18 Weeks Pregnant

- **Quad Screen:** This is an elective blood test to screen for Down's Syndrome or gross neurological defects of the fetus. The lab will need to know the number of weeks pregnant, your weight, if your estimated due date (EDD) was determined by ultrasound or your last menstrual period (LMP), your race, if you are diabetic, and if you have a history of having children with neural tube defects.)
*Positive tests require confirmation with ultrasound and amniocentesis.
*Negative tests do not guarantee that there is no problem.

18-22 Weeks Pregnant

- **Obstetrical ultrasound:** This evaluates fetal anatomy as well as confirming your due date. An appointment will be scheduled for you at a recommended Maternal Fetal Specialist covered by your insurance.

26-28 Weeks Pregnant

- **One-hour Glucose Tolerance Test (GTT):** This one-hour gluco screens for gestational diabetes
- **Hemoglobin:** Screens for anemia and platelets to screen for gestational thrombocytopenia.
- **Antibody Screen and Rhogam Injection:** Ordered for Rh negative blood type mothers.
- **Repeat HIV test**
- **RPR (Syphilis screen)**

36 Weeks Pregnant

- **Group B Strep:** Vaginal bacterial culture. (Group B Strep colonization is found in 15-20% of pregnant women and is only used to determine if antibiotics are necessary at the time of delivery to prevent infection of the newborn.)

SYMPTOMS TO REPORT

We would like you to watch during your pregnancy and report if any of the following symptoms should occur. Some of these symptoms may be normal during pregnancy, but to provide you with the utmost care, we would appreciate you letting us know if you experience any of the following:

- ❖ Vaginal bleeding or spotting
- ❖ Sharp or continuous abdominal pain
- ❖ New or persistent swelling of hands or face
- ❖ Persistent headaches or sudden visual changes (blurry vision or visual spots)
- ❖ Decreased fetal movement (after 22 weeks)
- ❖ Severe persistent nausea or vomiting
- ❖ Gushing or leakage of fluid from your vagina (increased mucous discharge is normal)
- ❖ Fever greater than 101 degrees
- ❖ Pain or burning when urinating

*****NOTE** If our office is not open or unavailable, proceed to the hospital emergency room.***

DENTAL GUIDELINES

- Necessary dental procedures and emergency treatment can be provided during pregnancy.
- Local anesthesia is preferred. Other anesthetics should only be used in emergencies.
- XRAYs: Only if necessary. Advise technician that you are pregnant and a double abdominal apron shielding must be used.
- **NO TETRACYCLINES OR FLUOROQUINOLONES SHOULD BE USED.**
- No consultation is necessary for use of the following medications as long as patient isn't allergic to any of them:
 - Penicillin or Penicillin derivatives/Cephalosporins
 - Erythromycin/Azithromycin
 - Tylenol, Codeine, or narcotic analgesics (short term use)
 - Sulfonamides (unless near term or family history of G6PD deficiency)

Aaron Sudbury, M.D.

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SIGNS OF PRETERM LABOR

Preterm or premature labor is defined as beginning labor three or more weeks before your due date. This is too early in the baby's development and your baby could be born too soon. These are some of the warning signs:

- Uterine contractions every 10 minutes or more frequent (Sometimes these are painless).
- Clear, pink or brownish fluid (water) leaking from your vagina.
- Increase or change in vaginal discharge – may be mucousy, watery, light or bloody (although there is a normal increase in mucous discharge as pregnancy progresses)
- Low, dull backache. It may be constant or just come and go. Although this is common in normal pregnancy, please do report this symptom to us.
- Cramps just above your pubic bone that feel like your period. These may be constant or may just come and go.
- Abdominal cramping with or without diarrhea

*****NOTE** If you should experience one or more of these warning signs, please notify us immediately. If you have any concerns and it is after office hours, proceed to the hospital's Labor and Delivery unit where they will evaluate your condition and contact your physician.***



Quick Reference to Florida's Newborn Screening Disorders

BIOTINIDASE DEFICIENCY

What is it? It is an enzyme deficiency.

How often does it occur? 1 in 60,000 newborns

What are the symptoms? Seizures, hearing loss, and death in severe cases

What is the treatment? Treatment is simple, daily doses of the vitamin biotin.

CONGENITAL ADRENAL HYPERPLASIA

What is it? It is caused by a lack of certain adrenal hormones.

How often does it occur? 1 in 15,000 newborns

What are the symptoms? Shock or death in newborns and newborn girls may be incorrectly identified as boys.

What is the treatment? Treatment is with steroids and special minerals.

CONGENITAL HYPOTHYROIDISM

What is it? It is caused by a lack of thyroid hormone.

How often does it occur? 1 in 3,500 newborns

What are the symptoms? Feeding problems, growth problems, breathing problems and mental retardation

What is the treatment? Treatment involves taking the missing thyroid hormone daily.

CYSTIC FIBROSIS (ANTICIPATED BEGINNING SCREENING JULY 1, 2006)

What is it? It is a genetic disease that causes thick, sticky mucus to build up in the lungs and digestive system and other organs of the body.

How often does it occur? 1 in 4,000 newborns, Caucasians are at increased risk.

What are the symptoms? Lung infections and difficulty digesting food and nutrients

What is the treatment? Treatments include enzyme supplements taken with every meal.

GALACTOSEMIA

What is it? It is a failure to metabolize the milk sugar galactose.

How often does it occur? 1 in 50,000 newborns

What are the symptoms? Poor weight gain, abnormal bleeding, poor feeding, vomiting, mood changes, loss of eye sight, seizures, mental retardation and death

What is the treatment? Treatment is elimination of galactose from the diet usually by substituting soy.

HEARING LOSS

What is it? It is a defect in the way a newborn hears.

How often does it occur? 1 in 400 newborns

What is the treatment? Treatment may involve the use of hearing aids or other listening devices and early intervention services.

HOMOCYSTINURIA

What is it? It is caused by a lack of an enzyme that blocks the metabolism of amino acids.

How often does it occur? 1 in 350,000 newborns

What are the symptoms? Mental retardation, osteoporosis, eye and circulation problems

What is the treatment? Treatment may involve dietary restrictions and medicine.

MAPLE SYRUP URINE DISEASE

What is it? It is a defect in the way the body metabolizes certain amino acids.

How often does it occur? 1 in 200,000 newborns, there is an increased risk in Mennonites.

What are the symptoms? Vomiting, diarrhea, unusual odor or color of urine, slow development or mental retardation

What is the treatment? Treatment is with dietary restrictions.

MEDIUM CHAIN ACYL-CoA DEHYDROGENASE (MCADD) DEFICIENCY

What is it? It is caused by a lack of an enzyme that breaks down fats into sugars.

How often does it occur? Approximately 1 in 15,000 newborns

What are the symptoms? Sudden death

What is the treatment? Treatment ensures regular food intake.


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