



www.NFLWC.com

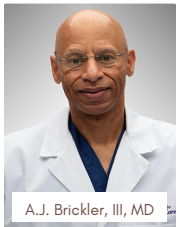
OB Patient Packet 1

- *Weeks 1-13* •

Meet Your Prenatal Care Team

North Florida Women's Care is honored to care for you during this exciting time! We provide you with a full team of collaborative healthcare professionals. The physician you select as your primary obstetrician leads your prenatal care team and monitors your pregnancy. Our other providers and support staff provide their services and expertise when needed. To familiarize you with your team, you may get to see a variety of providers for your routine prenatal visits. Your support person is always welcome to join. While a nurse practitioner or physician assistant may see you for a prenatal visit, an obstetrician will deliver your baby.

obstetricians



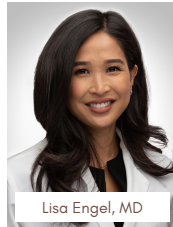
A.J. Brickler, III, MD



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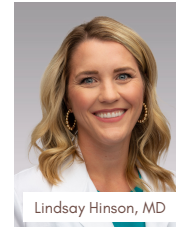
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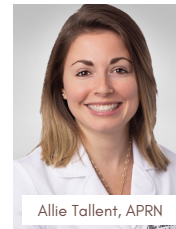
Kaylee Cofield, PA-C



Kendra Marciniowski, APRN



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Allie Tallent, APRN

A North Florida Women's Care physician is always on call at Tallahassee Memorial Hospital—ready to care for you if you go into labor or have an emergency—24 hours a day, seven days a week. The obstetrician who is on call will be responsible for your care during labor and delivery.


For any pregnancy-related emergencies that occur outside of office hours, please proceed to the TMH Emergency Room (if you are less than 14 weeks gestation) or TMH Women's Pavilion Obstetrical Triage (if you are more than 14 weeks gestation). An NFLWC on-call physician will be on call to help you.


Have you signed up for our secure Patient Portal?

[Patient Hub](#) [Providers](#) [Services ▾](#) [About ▾](#) [Contact Us](#)


Patient Hub

Welcome! You are in the Patient Hub! Here, you will find a wealth of information and resources you may need as a North Florida Women's Care patient. These sections cover everything from becoming a new patient to accessing your patient chart to important forms and more. If you have additional questions, allow your care team to help by calling 850-877-7241.







Patient Portal




Become a New Patient




Forms & Resources




Referrals







Billing & Insurance



Telemedicine



Schedule an Appointment



Prepare for your Visit

[Patient Hub](#) [Providers](#) [Services ▾](#) [About ▾](#) [Contact Us](#)

Patient Portal

New Patient Portal!

Effective Wednesday, June 21, North Florida Women's Care upgraded to a new electronic medical record system and patient portal – powered by athenahealth. Though we recommend registering for the portal during appointment scheduling or during your next visit, you may register using the Patient Portal link below.

Once registered, you will be able to:

- Input your personal information and health history.
- Check in online prior to your appointment for a more streamlined check-in process. (Note: You will still need to notify a front desk member upon arrival.)
- Complete and submit your medical history forms online to save time at check-in.
- Access secure messaging with your provider.
- View your prescription history and request refills.
- View upcoming appointments.
- Coming soon: Schedule appointments online.
- Pay bills electronically.
- All from the web or the smartphone app (Apple | Android)!

If you have any questions or need assistance, call us at 850-877-7241.

[Patient Portal](#)



PREGNANT WORKERS FAIRNESS ACT (PWFA)

WHAT IS PWFA?

The Pregnant Workers Fairness Act (PWFA) is a federal law that, starting June 27, 2023, requires covered employers to provide “reasonable accommodations” to a qualified worker’s known limitations related to pregnancy, childbirth, or related medical conditions, unless the accommodation will cause the employer an “undue hardship.” An undue hardship is defined as causing significant difficulty or expense.

“Reasonable accommodations” are changes to the work environment or the way things are usually done at work.

WHAT ARE SOME POSSIBLE ACCOMMODATIONS FOR PREGNANT WORKERS?

- Being able to sit or drink water
- Receiving closer parking
- Having flexible hours
- Receiving appropriately sized uniforms and safety apparel
- Receiving additional break time to use the bathroom, eat, and rest
- Taking leave or time off to recover from childbirth
- Being excused from strenuous activities and/or exposure to chemicals not safe for pregnancy



WHAT OTHER FEDERAL EMPLOYMENT LAWS MAY APPLY TO PREGNANT WORKERS?

Other laws that apply to workers affected by pregnancy, childbirth, or related medical conditions, include:

- Title VII which prohibits employment discrimination based on sex, pregnancy, or other protected categories (enforced by the U.S. Equal Employment Opportunity Commission (EEOC))
- The ADA which prohibits employment discrimination based on disability (enforced by the EEOC)
- The Family and Medical Leave Act which provides unpaid leave for certain workers for pregnancy and to bond with a new child (enforced by the U.S. Department of Labor)
- The PUMP Act which provides nursing mothers a time and private place to pump at work (enforced by the U.S. Department of Labor)



Learn more at www.EEOC.gov/Pregnancy-Discrimination.

Glucose Testing for Gestational Diabetes

A woman who is high-risk may have a history of gestational diabetes, an immediate family history of diabetes, a history of having a baby weighing 8lbs 13oz or heavier, or a weight of 200 pounds or heavier at the beginning of her pregnancy.



INSTRUCTIONS FOR ONE-HOUR TEST: **DO NOT** eat or drink anything except for water **TWO HOURS** prior to your test.

INSTRUCTIONS FOR THREE-HOUR TEST: **FAST FOR 12 HOURS** prior to testing. Water is acceptable during this time. It is recommended to complete the three-hour glucose test first thing in the morning.

To schedule a test, you must call the lab you plan to use.

If you have any questions about your glucose test, please contact our office.

Over-the-Counter Medications Allowed in Pregnancy

Always take medications according to the manufacturer's directions listed on the bottle, unless your physician instructs otherwise. If you are taking prescribed medications, please consult with our office prior to discontinuing that medication. We compiled this list of medications that have **not** shown to cause birth defects. No medication can be guaranteed to be absolutely safe when taken during pregnancy. Medications should be used only if the potential benefits outweigh the potential risks.

Anti-Gas	
Mylicon	Gaviscon
Phyzyme (simethicone)	
Riopan plus	

Topical Agents	
Calamine	Neosporin
Cortaid	Benadryl
Hydrocortisone cream	

Constipation	
Citrucel	
Fibercon tables	
Dulcolax	
Metamucil	
Milk of Magnesia	
Colace stool softener	
Surfak	

Yeast Infections	
Monistat 7 day	
Gyne-Lotrimin	

Pain	
Tylenol	
Tylenol Extra Strength	

Colds and Allergies	
Any throat lozenges	Saline Nasal Spray
Benadryl	****Sudafed only if approved by MD 1 st ****
Chlortrimetron	Tylenol Sinus Congestion &
Claritin	Pain (Daytime/Nighttime)
Mucinex	Zyrtec
Robitussin	
Robitussin Night Time Cough & Cold	
Robitussin Cough & Cold CF	
Robitussin Cough & Cold Long Acting	
Robitussin DM	

Nausea	
Combination of Vitamin B6 10mg (or next available mg) and Unisom 25 mg	
Emetrol	

Diarrhea	
Imodium	

Hemorrhoids		
Anusol	Preparation H	Tucks

Antacids	
Maalox	Zantac
Mylanta	Tums
Pepcid	

Sleeping Agents		
Unisom	Benadryl	Tylenol PM

Over-the-Counter Medications NOT Allowed in Pregnancy

Aspirin or products containing Aspirin: Salicylic Acid, ASA, Bayer, Anacin, Excedrin, BC powder or Goody's powder, Pepto Bismal, and/or Alka Seltzer

NyQuil

Ibuprofen or products containing ibuprofen: Advil, Midol, Nuprin

Naproxen sodium or products containing naproxen sodium: Anaprox, Aleve, Naprelan

Castor Oil

Retin-A



Vaccine Information Statements

Throughout your pregnancy, your care team will recommend the necessary vaccinations to help protect you and your baby, including the following vaccines:

- Flu (given seasonally at any gestational age)
- TDAP (given at 27–36 weeks)
- COVID-19 (given any time during pregnancy)
- Maternal RSV (given seasonally to pregnant women who are between 32 0/7 through 36 6/7 weeks gestation; see the third trimester guide for more information)

For the latest guidance about vaccines recommended during pregnancy, view the Vaccine Information Statements, including the Adult Immunization Schedule, from the Centers for Disease Control and Prevention at www.cdc.gov/vaccines/hcp/vis/current-vis.html.

Ask your care team if you have any questions.



Pregnant Women Need a Flu Shot

Flu vaccine comes in two forms: an injectable form (the flu shot) and a nasal spray. The *nasal spray* (or LAIV) flu vaccine is **not recommended** for pregnant women.

Pregnant women should receive the flu shot. The nasal spray is for use in healthy people 2-49 years of age who are **not** pregnant.

Women who are not pregnant but are breastfeeding may receive the nasal spray flu vaccine.

Influenza (the flu) is a serious illness, especially when you are pregnant.

FACT: The flu can cause serious illness in pregnant women.

Getting the flu can cause serious problems when you are pregnant. Even if you are generally healthy, changes in immune, heart, and lung functions during pregnancy make you more likely to get seriously ill from the flu. Pregnant women who get the flu are at higher risk of hospitalization, and even death, than non-pregnant women. Severe illness in the pregnant mother can also be dangerous to her fetus because it increases the chance for serious problems such as premature labor and delivery.

The flu shot is the best protection for you – and your baby.

FACT: Getting a flu shot is the first and most important step in protecting yourself against the flu.

When you get your flu shot, your body starts to make antibodies that help protect you against the flu. Antibodies can be passed on to your unborn baby, and help protect the baby for up to 6 months after he or she is born. This is important because babies younger than 6 months of age are too young to get a flu vaccine. If you breastfeed your infant, antibodies may also be passed in breast milk.

It takes about two weeks to make antibodies after getting flu vaccine. Talk to your doctor, nurse, or clinic about getting vaccinated as soon as you can.

The flu shot is safe for you and for your unborn child.

FACT: The flu shot is safe for pregnant and breastfeeding women and their infants.

You can receive the flu shot at any time, during any trimester, while you are pregnant. Millions of flu shots have been given to pregnant women over many years. Flu shots have not been shown to cause harm to pregnant women or their infants.

If you have your baby before getting your flu shot, you still need to get vaccinated. The flu is spread from person to person. You, or others who care for your baby, may get the flu, and pass it to the baby. Because babies younger than 6 months are too young to receive the vaccine, it is important that everyone who cares for your baby get a flu vaccine, including other household members, relatives, and babysitters.

FACT: The side effects of the flu vaccine are mild when compared to the disease itself.

After getting your flu shot, you may experience some mild side effects. The most common side effects include soreness, tenderness, redness and/or swelling where the shot was given. Sometimes you might have headache, muscle aches, fever, and nausea or feel tired.



National Center for Immunization and Respiratory Diseases
Office of Director



Even healthy pregnant women can get the flu and have serious complications – know the signs and symptoms of flu.

FACT: If you have symptoms of the flu, call your doctor immediately.

If you have flu-like symptoms—even if you have already had a flu shot—call your doctor, nurse, or clinic right away. Doctors can prescribe medicine to treat the flu and lessen the chance of serious illness. These medicines must be started as soon as possible. If you have any or all of the following symptoms, contact your doctor or nurse immediately:

- Fever
- Cough
- Sore Throat
- Headache
- Body aches
- Runny or stuffy nose
- Vomiting
- Diarrhea



Having a fever from flu, or any other infection early in pregnancy, increases the chance of having a baby with birth defects or other problems. Fever can be brought down with Tylenol® (acetaminophen), but you should still call your doctor or nurse.

If you have any of the following signs, call 911 and seek emergency medical care right away:

- Problems breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness or confusion
- Severe or constant vomiting
- Decreased or no movement of your baby
- High fever that is not responding to Tylenol® or other acetaminophen

Because you are pregnant, you are recommended to get the flu shot to protect yourself and your baby from the flu. Talk to your health care provider about getting a flu shot. For more information about the flu or the vaccine, call 1-800-CDC-INFO or visit <http://www.cdc.gov/flu/>.





Frequently Asked Questions Concerning Seasonal Influenza for Obstetrician/Gynecologists

Should pregnant women be immunized against seasonal influenza (flu)?

Yes, influenza vaccination is an essential element of prenatal care because pregnant women are at increased risk of serious illness and mortality due to influenza. Case reports and limited studies indicate that pregnancy can increase the risk of serious medical complications of influenza. One study found that during an average flu season, 2 of every 10,000 women in their third trimester of pregnancy were hospitalized for flu-related complications. In addition, maternal immunity is the only effective strategy for newborns because the vaccine is not approved for infants younger than 6 months.

Is it safe for pregnant women to be immunized against seasonal influenza?

Yes, there is no study to date that has shown an adverse consequence for women or their offspring after administration of inactivated influenza vaccine to pregnant women. The influenza vaccine is made the same way each year, with the only difference being the use of a different strain of influenza. There have been no reports of any adverse outcomes in pregnant women or their infants.

During which trimester should pregnant women be immunized?

All women who will be pregnant during influenza season (October through May) should receive inactivated influenza vaccine at any point during their pregnancy.

Which flu vaccine should pregnant women receive?

Pregnant women should receive the inactivated influenza vaccine, which is injected intramuscularly in the deltoid muscle. Currently, there are two type of the inactivated influenza vaccine available. 1) the trivalent vaccine and 2) the quadrivalent vaccine, both of which may be used during pregnancy. The Advisory Committee on Immunization Practice and the American College of Obstetricians and Gynecologists do not preferentially recommend a specific formulation – trivalent or quadrivalent – of the influenza vaccine. Live attenuated influenza vaccine is contraindicated for pregnant women.

Is it safe for pregnant women to receive an influenza vaccine that contains mercury (thimerosal)?

Yes. Thimerosal, a mercury-containing preservative used in multidose vials, has not been shown to cause any adverse effects except for occasional skin reactions. There is no scientific evidence that thimerosal-containing vaccines cause adverse effects, including autism, in children born to women who received vaccines with thimerosal. A study of influenza vaccination, which examined more than 2,000 pregnant women, demonstrated no adverse fetal effects associated with the influenza vaccine.

Additionally, higher numbers of influenza-associated deaths among pregnant women have been documented during influenza epidemics. Because pregnant women are at an increased risk of influenza-related complications, and because a substantial safety margin has been incorporated into the health guidance values for organic mercury exposure, the benefits of influenza vaccine with reduced or standard thimerosal content outweigh the theoretical risk, if any, of thimerosal.

Should we provide antiviral chemoprophylaxis to pregnant women exposed to influenza?

Yes. Because of the high potential for morbidity in pregnant and postpartum women, the Centers for Disease Control and Prevention recommends that postexposure antiviral chemoprophylaxis can be considered for pregnant women and women who are up to 2 weeks postpartum (including after pregnancy loss) who have had close contact with someone likely to have been infected at the time with influenza. The chemoprophylaxis recommendation is 75 mg of oseltamivir daily for 10 days. All women who are pregnant or in the first 2 weeks after delivery or pregnancy loss should be counseled about the early signs and symptoms of influenza infection, such as fever more than 100.0 degrees F coupled with difficulty breathing, dizziness when standing, or pain the chest, and are advised to immediately call for evaluation if clinical or signs or symptoms develop.

Resources

For more information on antiviral chemoprophylaxis in pregnant and postpartum women, see the Centers for Disease Control and Prevention's website: www.cdc.gov/flu/professionals/antivirals/avrec_ob.htm.

For more information, visit CDC's section concerning seasonal flu vaccine safety and pregnant women: www.cdc.gov/flu/protect/vaccine/qa_vacpregnant.htm.

Please see the American College of Obstetricians and Gynecologists immunization for Women website for health care provider and patient resources: www.immunizationforwomen.org

This information is designed to aid practitioners in assessing their patients' immunization needs. This guidance should not be construed as dictating an exclusive course of treatment or procedure. Variations in practice may be warranted based on the needs of the individual patient, resources and limitations unique to the institution or type of practice. Please be advised that this guidance may become out-of-date as new information becomes available from the Centers for Disease Control and Prevention.

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Frequently Asked Questions for Patients Concerning Vaccine Safety

How does getting vaccinated during pregnancy protect my baby?

Vaccines cause your body to make protective antibodies against the disease you are being vaccinated for. Newborns cannot get many vaccines until they are 2-6 months old. Some of the antibodies from the vaccines that you get when you are pregnant are passed to your baby before birth. This helps protect your baby from illness during the first months of life.

How do I know what vaccines I need?

Discuss the vaccines that you have had with your obstetrician/gynecologist. Your OB/GYN or other provider will recommend the vaccines you need based on your medical history and lifestyle. If you do not get the recommended vaccines when you are pregnant, talk to your OB/GYN or other provider about vaccines you can get right after the baby is born.

Are vaccines safe for me? Are they safe for my baby?

Vaccination is one of the most important things that you can do to protect your health and your baby's health. Vaccines help protect you and your baby from many life-threatening diseases. Most vaccines are safe for you and your baby to get during pregnancy. For example: flu shots have been given safely to millions of pregnant women for more than 50 years. Vaccines made with live-attenuated viruses should not be given during pregnancy. These include the nasal spray flu vaccine, the varicella (chickenpox) vaccine, and the measles – mumps – rubella (MMR) vaccine.

I have heard that some vaccines have mercury in them. Is it safe to get these vaccines during pregnancy?

Thimerosal, a type of mercury, has been removed from most vaccines that you can get in the United States. It is only present in trace amounts in certain versions of the flu vaccine. It has not been shown to be harmful to pregnant women or unborn babies. It does not cause autism. The benefits of preventing life-threatening illnesses in a mother and child far outweigh any potential risks of the vaccine.

Where can I find more information about vaccines for me and my family?

To find accurate, trusted information, visit www.immunizationforwomen.org www.cdc.gov and www.flu.gov

Resources

The American College of Obstetricians and Gynecologists, Immunization for Women
www.immunizationforwomen.org
Centers for Disease Control and Prevention, Vaccine Safety
www.cdc.gov/vaccinesafety

This information is designed to aid practitioners in assessing their patients' immunization needs. This guidance should not be construed as dictating an exclusive course of treatment or procedure. Variations in practice may be warranted based on the needs of the individual patient, resources and limitations unique to the institution or type of practice. Please be advised that this guidance may become out-of-date as new information becomes available from the Centers for Disease Control and Prevention.

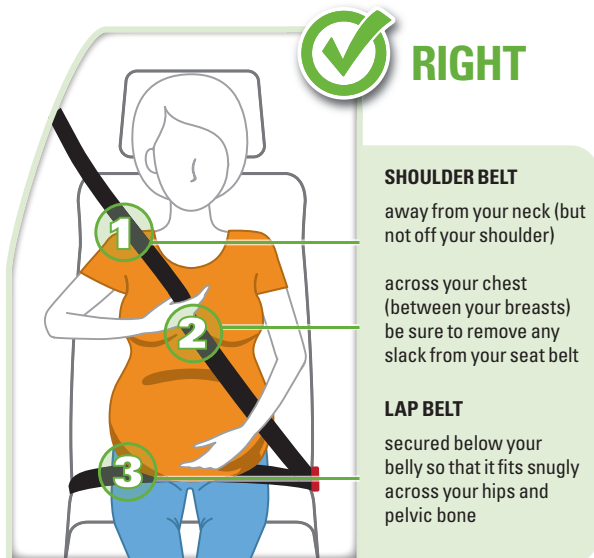
IF YOU'RE **PREGNANT** SEAT BELT RECOMMENDATIONS FOR DRIVERS AND PASSENGERS

I'M PREGNANT. SHOULD I WEAR A SEAT BELT?

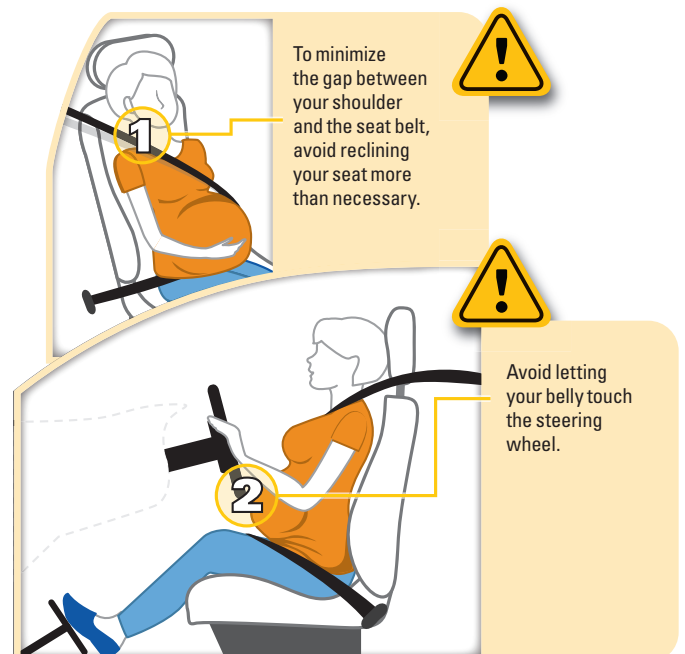
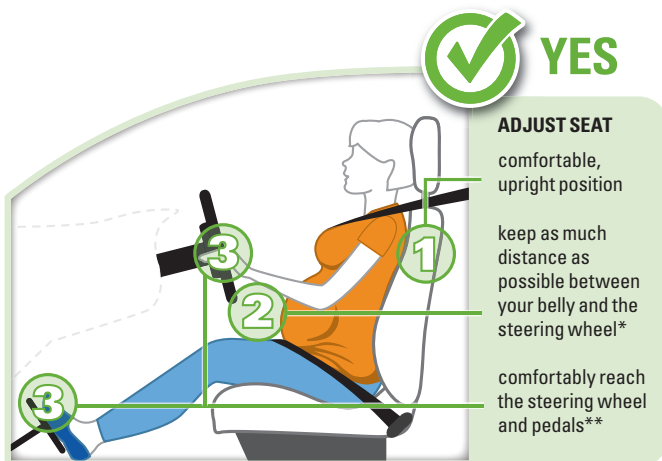
YES—doctors recommend it. Buckling up through all stages of your pregnancy is the **single most effective** action you can take to protect yourself and your unborn child in a crash.

NEVER
drive or ride in a car
without **buckling up** first!

WHAT'S THE RIGHT WAY TO WEAR MY SEAT BELT?



SHOULD I ADJUST MY SEAT?



* If you need additional room, consider adjusting the steering wheel or having someone else drive, if possible.

** If you're a passenger, move your seat back as far as possible.

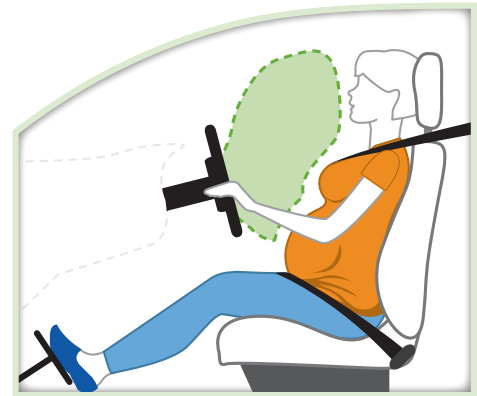
IF YOU'RE **PREGNANT** SEAT BELT RECOMMENDATIONS FOR DRIVERS AND PASSENGERS

WHAT IF MY CAR OR TRUCK HAS AIR BAGS?

You still need to wear your seat belt properly.

Air bags are designed to work with seat belts, not replace them.

Without a seat belt, you could crash into the vehicle interior, other passengers, or be ejected from the vehicle.



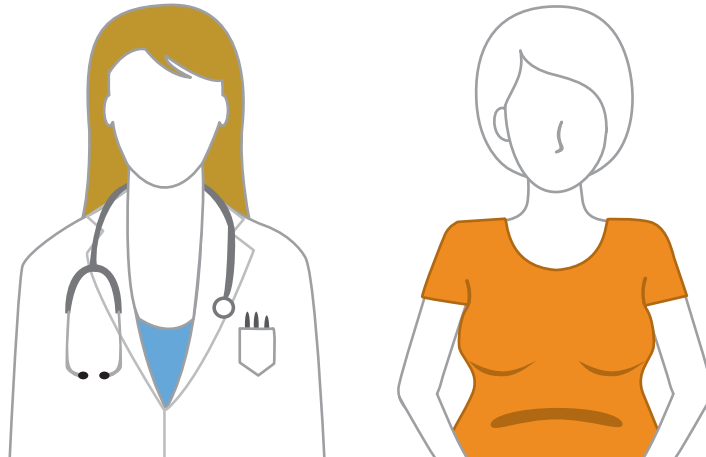
MY CAR HAS AN ON-OFF AIR BAG DISABLING SWITCH. SHOULD I TURN IT OFF?

NO. Doctors recommend that pregnant women wear seat belts and **leave air bags turned on.**

Seat belts and air bags work together to provide the **best protection for you and your unborn child.**

WHAT SHOULD I DO IF I AM INVOLVED IN A CRASH?

Seek immediate medical attention, even if you think you are not injured, regardless of whether you were the driver or a passenger.



FOR MORE INFORMATION,
VISIT SAFERCAR.GOV



U.S. Department of Transportation
**National Highway Traffic Safety
Administration**



A Trimester-by-Trimester Guide to Exercises

First Trimester Tips

- You can pretty much continue doing exactly what you were doing. This includes lifting the same amount of weight as before pregnancy, with the **exception of abdominal targeted exercises**.
- Now is a smart time to get involved in a prenatal yoga or Pilates class. It's a great habit to carry throughout your pregnancy, plus you'll get the added benefit of sharing the bonding experience with other pregnant women.
- If you feel sluggish, try decreasing either the intensity or the duration of your workout rather than skipping the workout altogether. For example, drop your jogging pace by 30 seconds a mile or cut your bike ride a few miles short.

Second Trimester Tips

- Your heart is starting to work harder to circulate all the blood you built up during the first three months. Cut back your cardio intensity by 20 to 30 percent. You'll still feel as if you're working just as hard.
- Avoid inversions, such as Downward Dog in yoga, if you feel at all light-headed.
- If you're a cyclist, consider switching to the stationary bike or to a spinning class; your growing belly can make balancing on a bicycle tricky.

Third Trimester Tips

- Your joints are more vulnerable, so beware of heavy free weights, it is best to avoid weights of 15 pounds or more. Opt instead for more repetitions.
- Do free-weight exercise seated, if possible, because you'll want your back supported; (plus, it's hard to balance while standing up).
- You can continue with your cardio right up until you deliver, but don't be surprised if you can walk faster than you can jog. Many pregnant women find that supporting their belly (with something like a Belly Band) during cardio helps take off the pressure.
- Now is a great time to try swimming: you'll feel wonderfully weightless in the water and it won't stress your joints.



Prenatal Risk Screen

- ◆ The Prenatal Risk Screen helps identify any health or stress risks that could affect you or your baby. It is a tool that must be offered to every pregnant woman at her first prenatal appointment.
- ◆ The prenatal risk screen allows your doctor to monitor your health throughout the pregnancy, and serves as a way for you to participate in the Healthy Start program (if you choose).
- ◆ The Healthy Start program is available to all Florida women who are expecting. It is a prenatal and infant health care system that helps you get the additional care and support needed to have a healthy baby. We also provide services for your children who are birth to three years old.
- ◆ Whether this is your first or fourth little one, Healthy Start is here to help you successfully navigate pregnancy and motherhood.

Healthy Start Services

- ◆ Pregnancy Health Education
- ◆ Child Birth Preparation
- ◆ Breastfeeding Education & Support
- ◆ Nutrition Education
- ◆ Emotional Support
- ◆ Help to Quit Smoking
- ◆ Psychosocial Counseling
- ◆ Parenting Education & Support
- ◆ Baby Care Education



Healthy Start services are available at a Health Department near you!

Leon County— 850-488-0288, ext. 110

Wakulla County—850-926-0400

Gadsden County—850-875-7200

Jefferson County—850-342-0170

Madison County—850-973-5000

Taylor County—850-584-5087

Is it Safe to Eat Fish?

Fish and shellfish contain high-quality protein, are low in saturated fat and contain Omega-3 Fatty Acids that contribute to heart health. Nearly all contain traces of mercury. Some contain higher levels of mercury that may harm an unborn baby's developing brain and nerves.

- Eat 2-3 servings a week (8 to 12 ounces total) of fish listed in Figure 1 Best Choices.
- Eat only 1 serving a week (no more than 6 ounces) of fish listed in Figure 1 Good Choices.
- Avoid fish with the highest mercury concentrations (see Figure 1 Choices to Avoid).
- Avoid all raw or undercooked fish or seafood.
- Eating oysters and clams may increase your risk for infection. Avoid eating them or make sure to boil them for at least 4 to 6 minutes (as you should do with all shellfish).
- Do not eat refrigerated smoked seafood unless it is contained in a cooked dish, such as a casserole. Refrigerated smoked seafood, such as salmon, trout, whitefish, cod, tuna, and mackerel, is most often labeled as nova-style, lox, kippered, smoked or jerky.
- Check for advisories for fish caught by family and friends and where no advisories exist, limit eating those fish to one serving a week and do not eat other fish that week.

Advice About Eating Fish

What Pregnant Women & Parents Should Know

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

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

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

Use this chart!

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

What is a serving?

To find out, use the palm of your hand!



For an adult
4 ounces



For children,
ages 4 to 7
2 ounces

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

*Some fish caught by family and friends, such as larger carp, catfish, trout and perch, are more likely to have fish advisories due to mercury or other contaminants. State advisories will tell you how often you can safely eat those fish.

www.FDA.gov/fishadvice

www.EPA.gov/fishadvice



Coping with Nausea

Are you having morning, afternoon, night, or all-day queasiness? Here are some comfort measures to help cope with these troublesome pregnancy symptoms.

Combination B6/Unisom

A combination of vitamin B6 10 mg, along with Unisom 25 mg, can be used nightly for nausea. If 10 mg of B6 is unavailable at your pharmacy, it is OK to use 25mg or 50 mg. Directions: Take one tablet of each at bedtime. If symptoms are not better after the first two days, add a half tablet of each starting the morning of the third day. If symptoms persist, you can add another half tablet of each starting the afternoon of the fourth day. This combination should be used **daily** and not on an as-needed basis.

- Keep simple complex carbohydrate snacks, such as crackers, by your bedside. When you wake up, nibble a few crackers and then rest for 20 to 30 minutes before getting out of bed.
- Eat small, frequent meals. An empty stomach can increase nausea. Aim for foods high in protein or carbohydrates, as both can help fight nausea.
- Discontinue your **prenatal vitamins** temporarily. If the nausea improves, give yourself a few days and then reintroduce the vitamins. Try taking them at night before bed.
- Since **iron** can be hard on your digestive system, stop taking supplements for the first trimester unless you are anemic. Add iron-rich food to your diet instead.
- Avoid rich, spicy, acidic or fried foods, and eat less fat in general.
- Though it is important to keep yourself well hydrated, try drinking fluids only between meals, and limit them during meals. Try sips instead of gulps.
- Keep snacks on hand. Try eating small amounts of bland food throughout the day. Good choices include crackers, animal crackers, yogurt (high in B vitamins, which can decrease nausea), or anything else you can tolerate.
- Sniff lemons. The smell of a cut lemon may help your nausea. Put slices in your ice tea or sparkling water.
- Drink ginger ale, ginger tea or mint tea. Ginger and mint are known to settle the stomach and help alleviate queasiness.
- Try acupressure bands. You can find Sea-Bands, a soft cotton wristband with a plastic button, at most drug stores. This simple device, created to fight seasickness, has also helped many pregnant women with morning sickness. Strap it on so that the plastic button pushes against an acupressure point in your wrist. Most women begin feeling some relief.



Advancing Care and Treatment to Enhance Outcomes for Women

Did you know? Mental Health IS health around the time of pregnancy

What does depression actually mean?

Most people know what it means to feel down or depressed, especially when something bad happens in life. It is true that the word "depressed" is used to describe a person's mood, which normally changes quite a bit over just a few days. But the word "depression" is also used to describe a major medical condition, known as Clinical Depression, or Major Depressive Disorder (MDD). MDD is an illness (like Diabetes or Heart Disease) that can have a negative affect on all aspects of a person's life. When depression happens around the time of having a baby, it is called "**Perinatal Depression**".

What are the signs and symptoms of Perinatal Depression?

To make a diagnosis of Perinatal Depression (MDD), a doctor or other clinician will look for at least 5 of the 9 symptoms below. Symptoms must last for at least two weeks and have a major effect on the person's ability to function in school, work, relationships, or other important areas.

Symptoms:

- Depressed, down, or irritable mood
- Not able to get pleasure from things in life that usually give pleasure
- Major changes in appetite, including excessive weight gain or weight loss
- Major changes in sleep, like sleeping too much or too little
- Significant change in activity level (restless or slowed down)
- Feeling very low energy and fatigue
- Not able to concentrate or make decisions
- Feeling very worthless as a person or excessive guilty
- Abnormal thoughts of death or of harming or killing oneself

Women at risk of perinatal depression or who have perinatal depression may also notice:

- Feeling very anxious, especially about the pregnancy, or baby's health or safety
- Having confusing thoughts about something harming the baby or doing something to harm the baby
- Not allowing anyone else to care for the baby
- Difficulty with breastfeeding

How common is Perinatal Depression?

Up to 1 in 4 women will experience MDD in their lifetime, and up to 1 in 5 may have MDD around the time of pregnancy, making it one of the most common complications of pregnancy. On the other hand, almost 80% of women will have the postpartum "blues". The blues is not considered to be abnormal and is probably related to the huge change in hormones after delivering a baby. Women with the blues will notice tearfulness and difficulty controlling their mood, but this usually only lasts for a few days. If mood changes after having a baby do not go away after 2 weeks, it is time to talk with someone about it.

Can Perinatal Depression affect the pregnancy and the baby?

Un-treated depression poses a major risk to the pregnancy. Women who experience depression and anxiety during pregnancy may be more likely to have a premature delivery, restricted fetal growth and low birth weight infants. After having a baby, women with depression have been shown to have lower rates of breastfeeding initiation, poorer response to infant cues, and problematic attachment with infants. Studies have also linked perinatal depression to poorer use of prenatal care, poorer nutrition and other health behaviors such as substance use, and less likelihood us pediatric services for the child.

How can women get help?

If you notice that you are not feeling like yourself during the pregnancy and after having the baby, tell someone. If you notice any of the symptoms listed above, especially anxiety, insomnia or thoughts of death or confusing thoughts about safety of the baby, talk to a health care professional immediately. It is important not to let these symptoms go for more than two weeks. Although weight gain, problems sleeping, lower energy and mild mood changes may be normal, it is not normal to have many of these at the same time, last for more than two weeks, and to make you unable to be yourself and do the things you want to do.

It is best to talk to several people, including family members, your obstetrician or other health care professional. If the people in your life or your health care provider do not listen or do not give you the help you need, it is very important that you keep asking or talk to someone else! The resources and phone numbers listed below can be used to connect you with help.

What kinds of help and treatment are out there?

One of the most important things to know about treatment for depression and anxiety around the time of pregnancy is that it works! Many women suffer in silence, which takes a major toll on the brain and body. Just like high blood sugar or blood pressure can damage the body, so can depression. Also like diabetes and high blood pressure, depression can be effectively treated by medications and/or life changes. The kinds of treatments can include:

- *Antidepressant medications* work well and can be safe and effective during pregnancy and breastfeeding
- *Talk therapy* is focused on learning how to get the support you need and how to change the way you think and act so that you feel much better. Talk therapy can also help you get back to doing things in life that you enjoy most
- *Exercise and activity* can have an anti-depressant effect that is the same as medications

You and your baby are worth it!

Unfortunately, most women with depression and anxiety never get the help they need. Sometimes women put their own self care last. Other times, women are afraid of how they will be seen if they admit to feeling depressed or anxious. Depression and mental health is no different from any other physical health condition. Just like taking folic acid and eating well are important during pregnancy, taking care of your mental health is extremely important for you to be healthy, feel good, and for the health and well being of your baby. You can think about it just like the oxygen mask on the plane – you must take care of yourself first before you and take care of others. The contact information below has much more information.

Resources and for Additional Information

- www.postpartum.net
- Big Bend 211: Dial 211 <http://211bigbend.net/>
- Leon / Gadsden County Mental Health Resource list: www.med.fsu.edu/mentalhealth
- Whole Child Leon: (850) 487-7316 www.wholechildleon.org



ActNow is a product of the Maternal Health Research & Community Engagement Program
in the Department of Behavioral Sciences & Social Medicine at the FSU College of Medicine

If you would like more information or would like to receive a copy of Section 766.301-766.316, Florida Statutes, which detail the provisions of the NICA Plan, please call or write:



SUPPORTIVE SERVICES FOR
FAMILIES & PHYSICIANS

**Florida Birth-Related Neurological Injury
Compensation Association**

Post Office Box 14567

Tallahassee, Florida 32317-4567

Telephone: (850) 488-8191

Toll Free: 1-800-398-2129

www.nica.com

PEACE OF MIND

For An Unexpected Problem



Florida Birth-Related Neurological Injury Compensation Association

Section 766.301-766.316, Florida Statutes, ("NICA law") provides rights and remedies for certain birth-related neurological injuries and is an exclusive remedy. This brochure is prepared in accordance with the mandate of Section 766.316, Florida Statutes. A copy of the complete statute is available free of charge to completely inform patients of their rights and limitations under the application provisions of Florida law. Since 1989, numerous court cases have interpreted the NICA law, clarifying legislative intent.



SUPPORTIVE SERVICES FOR
FAMILIES & PHYSICIANS

The birth of a baby is an exciting and happy time. You have every reason to expect that the birth will be normal and that both mother and child will go home healthy and happy.

Unfortunately, despite the skill and dedication of doctors and hospitals, complications during birth sometimes occur. Perhaps the worst complication is one which results in damage to the newborn's nervous system – called a “neurological injury”. Such an injury may be catastrophic, physically, financially and emotionally.

In an effort to deal with this serious problem, the Florida Legislature, in 1988, passed a law which created a Plan that offers an alternative to lengthy malpractice litigation processes brought about when a child suffers a qualifying neurological injury at birth. The law created the Florida Birth-Related Neurological Injury Compensation Association (NICA).

Exclusive Remedy

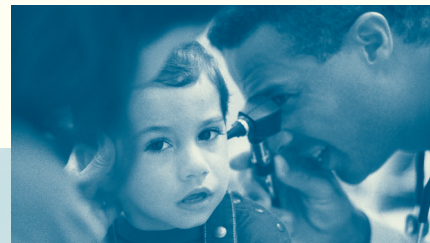
The law provides that awards under the Plan are exclusive. This means that if an injury is covered by the Plan, the child and its family are not entitled to compensation through malpractice lawsuits.

Criteria and Coverage

Birth-related neurological injuries have been defined as an injury to the spinal cord or brain of a live-born infant weighing at least 2500 grams at birth. In the case of multiple gestation, the live birth weight is 2000 grams for each infant. The injury must have been caused by oxygen deprivation or mechanical injury, which occurred in the course of labor, delivery or resuscitation in the immediate post delivery period in a hospital. Only hospital births are covered.

The injury must have rendered the infant permanently and substantially mentally and physically impaired. The legislation does not apply to genetic or congenital abnor-

malities. Only injuries to infants delivered by participating physicians, as defined in s. 766.302(7), Florida Statutes, are covered by the Plan.



Compensation

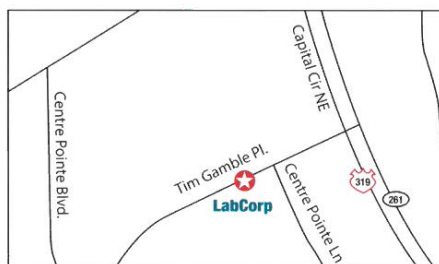
Compensation may be provided for the following:

- Actual expenses for necessary and reasonable care, services, drugs, equipment, facilities and travel, excluding expenses that can be compensated by state or federal government or by private insurers.
- In addition, an award, not to exceed \$250,000 to the infant's parents or guardians. The maximum amount of this award increases each January 1 by 3% as set forth in s. 766.31, Florida Statutes (2021).
- Death benefit in the amount of \$50,000.
- Reasonable expenses for filing the claim, including attorney's fees.

NICA is one of only two (2) such programs in the nation, and is devoted to managing a fund that provides compensation to parents whose child may suffer a qualifying birth-related neurological injury. The Plan takes the “No-Fault” approach for all parties involved. This means that no costly litigation is required and the parents of a child qualifying under the law who file a claim with the Division of Administrative Hearings may have all actual expenses for medical and hospital care paid by the Plan.

You are eligible for this protection if your doctor is a participating physician in the NICA Plan. If your doctor is a participating physician, that means that your doctor has purchased this benefit for you in the event that your child should suffer a birth-related neurological injury, which qualifies under the law. If your health care provider has provided you with a copy of this informational form, your health care provider is placing you on notice that one or more physician(s) at your health care provider participates in the NICA Plan.

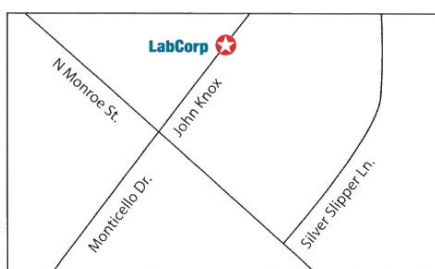
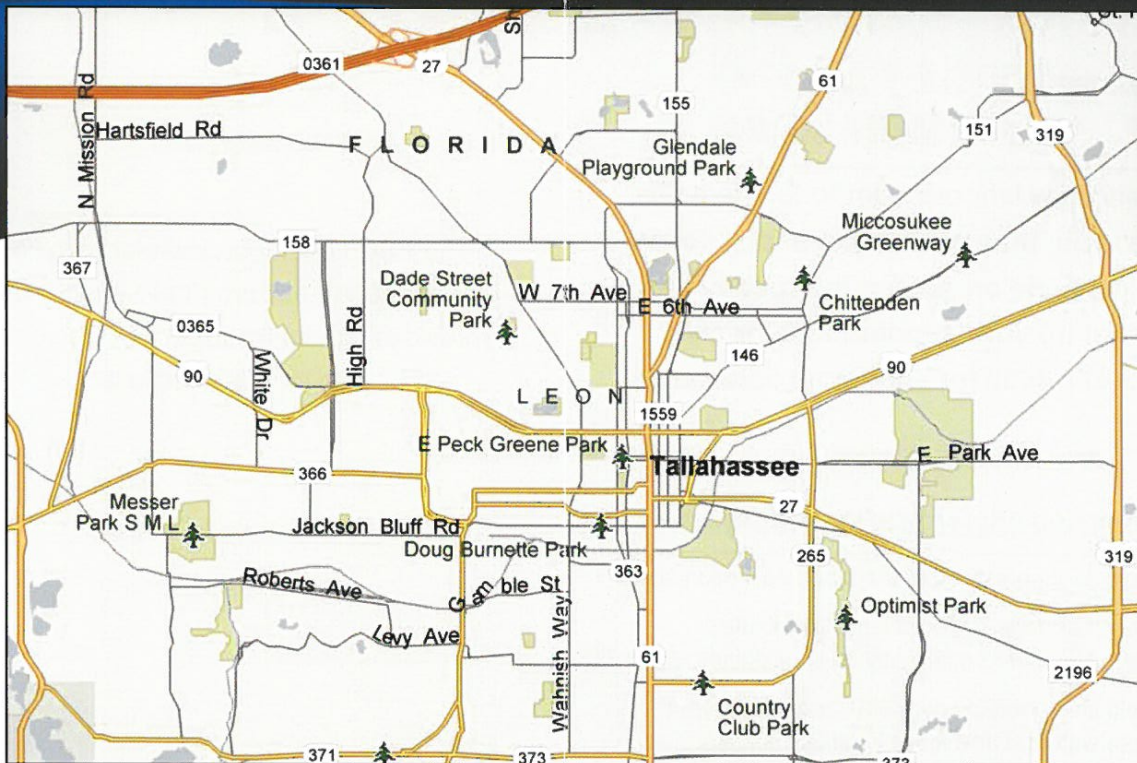
Patient Service Centers (PSC) *Leon County*



- 1** 2477 Tim Gamble Pl. Ste. 102
Tallahassee, FL 32308
Fax: 850-878-5127
M-F: 6:00am-3:00pm • Sat: 7:00am-12:00pm



- 2** 1248A Blountstown Hwy. Ste. H
Tallahassee, FL 32304
Fax: 850-402-0292
Hours: M-F: 6:00am-3:00pm
Drug Screens: 6:00am-2:30pm



- 3** 545 John Knox Rd. Ste. 103
Tallahassee, FL 32303
Fax: 850-385-3490
M-F: 6:00am-3:00pm
Drug Screens: 6:00am-2:30pm

SCHEDULE YOUR NEXT APPOINTMENT ONLINE

Visit www.labcorp.com to locate a site near you, then click "Find a lab," follow the simple on-screen instructions to set up your appointment, or call 855-277-8669 for additional assistance.

POST BLOOD COLLECTION INSTRUCTIONS:

- Apply direct pressure to the blood collection site.
- Leave bandage on for at least 30 minutes, unless instructed differently by your doctor.
- Avoid lifting objects over 5lbs or carrying your purse with that arm for at least 30 minutes.
- If swelling or bruising occurs, apply ice

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For questions or concerns regarding your visit please contact our PSC Support Group at pscsupport@labcorp.com.

If you have any further questions or concerns regarding your lab results, please contact your physician.

The PSC Locator on www.labcorp.com or at 888-LabCorp (888-522-2677) provides the most current PSC locations with driving directions.

**For additional information,
visit our website:
www.labcorp.com**



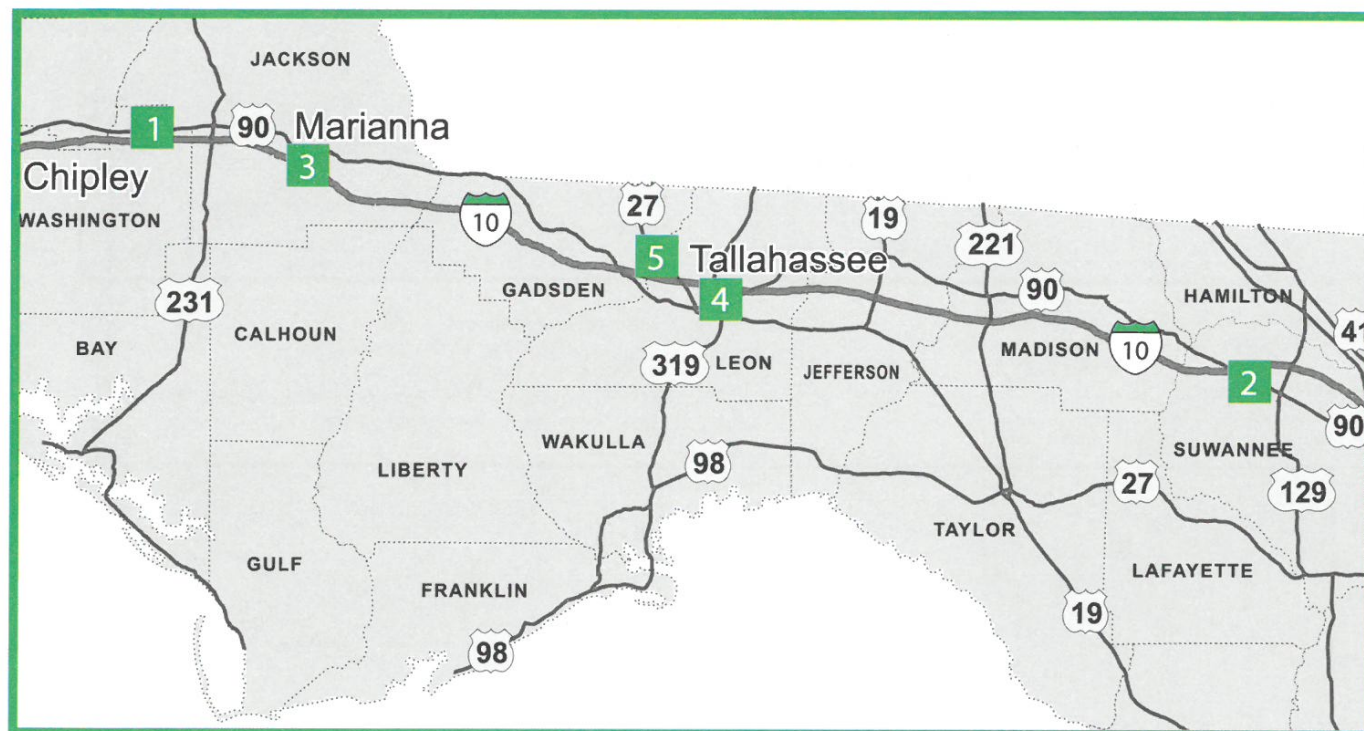
Leon County Patient Service Centers (PSC)



Your Community Lab.

LabCorp's patient service centers are ready to meet your needs with convenient access, comfortable waiting areas, and staff offering the professional service you expect from LabCorp.

Eastern Panhandle Patient Service Center Directory



Visit our conveniently located Patient Service Centers:

- Appointment scheduling available
- Skilled, professional and experienced staff
- Prompt, courteous service
- Ample parking
- Medicare and most insurance plans accepted

Preparing for your visit:

- Remember to bring your test order (requisition or prescription) and current insurance card.
- Fasting may be required for your lipids (cholesterol, triglycerides, HDL) and glucose tests. Fasting is typically 8 hours, however you should check fasting requirements with your doctor.
- For glucose tolerance tests, please allow adequate time for your visit as this test may take up to 4 hours.

Visit QuestDiagnostics.com/patient to:

- Find additional Patient Service Centers in your area or call 800-377-8448 for automated assistance.
- Schedule an appointment or call 866-MYQUEST (697-8378).

Please refer to back for detailed area maps of Patient Service Center locations.

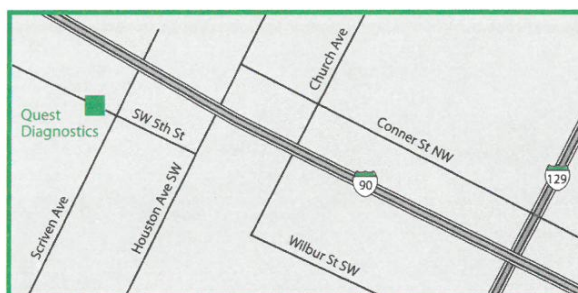
Eastern Panhandle 4 Convenient Patient Service Centers



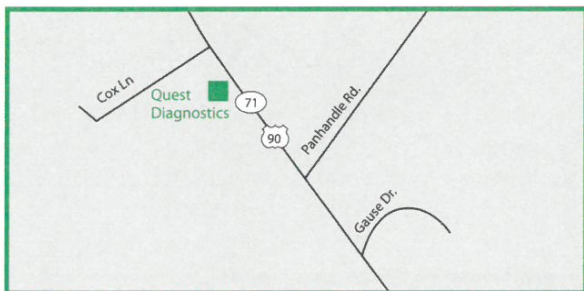
1. Chipley P - G -
1410 Brickyard Road, Chipley, FL 32428
Tel: 866-697-8378 • Fax: 850-638-3813
M-F: 7am - 4pm
Closed for lunch 12pm - 1pm



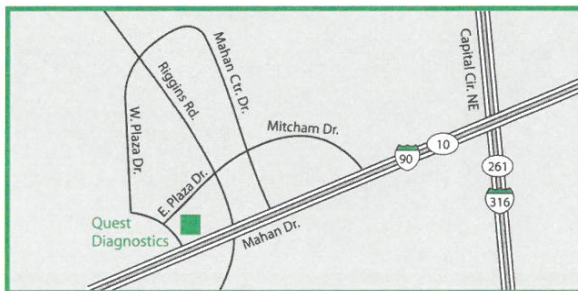
2. Live Oak P - D - G -
609 SW 5th Street, Live Oak, FL 32060
Tel: 866-697-8378 • Fax: 386-362-1929
M-F: 7:30am - 3:30pm, Closed for Lunch 12pm - 1pm
Drug Screen: M-F 8am - 11am - 1pm - 2pm



3. Marianna P - D - G -
4767 Highway 90 East, Suite B, Marianna, FL 32446
Tel: 866-697-8378 • Fax: 850-482-5857
M-F: 7am - 4pm
Closed for lunch 12pm - 1pm
Drug Screen: M-F 7:30am - 4pm



4. Tallahassee - Eastwood P - D - G -
1605 East Plaza Drive, Tallahassee, FL 32308
Tel: 866-697-8378 • Fax: 850-942-4494
M, W-F: 7am - 4pm, T: 7am - 4pm (4pm - pm by appointment only)
Drug Screen: M-F 7:30am - 4pm, Sat 8am - 12pm



5. Tallahassee - West P - D - G -
1594-A Capital Circle NW, Tallahassee, FL 32303
Tel: 866-697-8378 • Fax: 850-574-3014
M-F: 7am - 4pm • Closed for lunch 12pm - 1pm
Drug Screen: M-F 8:30am - 3:30pm
*Non-DOT testing only



P Pediatric Testing **D** Drug Screening **G** Glucose Tolerance Testing Handicap Accessible

Hours and locations are subject to change. Visit QuestDiagnostics.com/psc for the most up-to-date information.

QuestDiagnostics.com

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P1 - Internal Medicine
Residency Program

P2 - Main Hospital
- Azalea Building

P3 - Dogwood Building


P4 - Live Oak Building

P5 - Emergency Center
- Women's Pavilion
- Adult ICU

P6 - Surgery

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