



www.NFLWC.com

OB Patient Packet 2

• *Weeks 14-28* •



Prepare for your
delivery by downloading

YOUR
new *baby* bundle

INCLUDING

- Mom & Baby Birth Wishlist
- My Hospital Bag Checklist
- What to Expect at the Hospital
- Frequently Asked Questions

Scan the QR code or visit TMH.ORG/WeDeliver
to get yours today



Childbirth Educators *of Tallahassee*



Are you getting ready for baby?

- ✓ Talk about baby names...
- ✓ Gather your baby supplies...
- ✓ Nap, nap, and nap some more...
- ✓ Register for Childbirth Education Classes!



What will I gain from attending classes?



- Learn what to expect at the end of your pregnancy.
- Understand the process of birth.
- Explore tools that might make you more comfortable during labor.
- Try various comfort measures with guidance from our educator.
- Learn about your pain medication options.
- Meet other expecting parents.
- Connect as a family!

Limited Space - Register Early

FAQs

When are classes offered? We offer a 4 session series (typically on Tuesdays and Thursdays, OR a weekend 2-day intensive (Friday evening and Saturday).

How much do classes cost? Class fee is \$120 and includes expecting mom and one partner. The fee includes the course materials, a workbook, free code to corresponding mobile device app, as well as a hospital tour.

Where are classes held? During COVID-19 we offer live online classes! Normally, we teach in the North Florida Women's Care lobby. NFLWC partners with us to offer excellent classes taught by certified educators accredited by Lamaze International.

When should I register? Register between 20-28 weeks to ensure you can get into a class that fits your schedule before baby arrives. Plan to complete classes before 36-37 weeks when possible.



www.tallychildbirthclass.com

Take Action!

Know the signs of preterm labor.

Premature labor is when you go into labor three or more weeks before your due date. Babies born early may have health problems. There is no way to know who will have preterm labor, so everyone should know the signs of preterm labor and be ready to take action.

Signs of Preterm Labor:

- Vaginal bleeding
- Clear or pink fluid leaking from your vagina
- Painful contractions/hardening/cramping of your uterus every 10 minutes or less for one hour

What to Do if You Have Preterm Labor:

Call your doctor or go to the hospital right away if you have any signs of preterm labor. You may be instructed to:

- Lie down on your left side for about one hour
- Drink 2 to 3 glasses of water
- Feel your abdomen for contractions and for baby's movements



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.

PRENATAL AND FAMILY CLASSES

At Tallahassee Memorial HealthCare (TMH), we are committed to helping you prepare for the arrival of your little one. We offer the following classes and a support group to prepare parents for their new journey.

Prepared Childbirth

Four-week course covering stages of labor, labor positions, breathing and pushing techniques, medication options, nutrition, vaginal and cesarean deliveries and postpartum care.

Prenatal Breastfeeding

Two-hour course covering breastfeeding basics, including the benefits for mom and baby, breastfeeding positions and how it works.

ABCs of Babies

Two-hour course teaching expecting parents and families the basics of caring for a new baby, including diaper changing, bathing, dressing, bonding, swaddling, burping and much more.

Infant & Child CPR

Two-hour course covering the signs of choking, how to reduce the risk of sudden infant death syndrome (SIDS), the most common fatal injuries in infants and children, basic first aid and more.

Breastfeeding Support Group

Meeting for mothers looking to socialize with other breastfeeding moms and seek advice from TMH's Lactation Consultants.

Little Ones Music Play

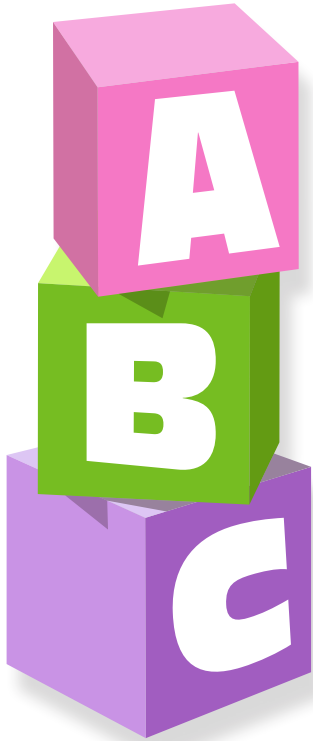
30-minute classes for babies from 6 months to 2 years old. Classes are designed to help little ones develop language, motor and cognitive skills through interactive music activities.

For dates, times and to register now, visit [TMH.ORG/Classes](https://tmh.org/classes) or scan the QR code below with your smartphone's camera.



ABCs of Safe Sleep

Keep your baby safe and reduce the risk of Sudden Infant Death Syndrome (SIDs) by remembering the ABCs of safe sleep.



A is for Alone

Your baby should always sleep alone – never with an adult, other children or anyone else. Keep toys, pillows, blankets, bumpers and stuffed animals out of the crib.

B is for Back

To reduce the risk of SIDs, your baby should always sleep on their back until they are old enough to roll over on their own. Once they can roll, they can sleep on their tummy or side.

C is for Crib

Your baby should always sleep in a crib, bassinet or pack and play. Their crib should have a snug-fitting mattress and tight-fitting sheet. In place of blankets, use a Halo Sleep Sack. Babies should never sleep on couches, adult beds, bean bags, air mattresses or in swings, recliners, car seats or rockers.

3,500

THE ANNUAL NUMBER OF ACCIDENTAL SLEEP-RELATED DEATHS (SRD) OF INFANTS IN THE UNITED STATES.

To prevent the unfathomable loss of a child, Tallahassee Memorial HealthCare (TMH) has earned recognition from the National Safe Sleep Hospital Certification Program as a National Certified Gold Safe Sleep Champion – the highest level of infant safe sleep certification.

When you and your baby are discharged, your care team will educate you on the essential steps to infant safe sleep. You'll also be given a Halo® SleepSack® – a wearable blanket designed to replace blankets in the crib. The SleepSack® is a warm, cuddly blanket babies can't kick off – helping babies sleep safer and better.





10 *More* Reasons to Breastfeed!

Breastfeeding has been around as long as humanity. Modern-day research methods allow us to measure the positive impact this simple and loving activity can have on maternal and infant health. Have you read these recent studies?

Child

1 Reduced Risk of Adult Obesity: A study of seniors in Finland found that people breastfed for 5-7 months had the lowest reported BMI at 60 years of age.

O'Tierney PF, Barker DJP, Osmond C, et al. Duration of Breast-feeding and Adiposity in Adult Life. Journal of Nutrition 139: 422-425, February, 2009.

2 Lower Blood Pressure: In a European study, on average, children who were breastfed had lower blood pressure than those who were not. The discrepancy was greater the longer a child was breastfed.

Lawlor DA, Riddoch CJ, Page AS, et al. Infant Feeding and components of the metabolic syndrome findings from Europe Youth Heart Study. Archives of Disease in Childhood 90:582-588, 2005

3 Reduced Risk of Osteoporosis: An Australian study demonstrated a link between breastfeeding in early life and bone mass in 8-year-old children born at term, particularly those breastfed for 3 months or longer.

Jones G, Riley M, and Dwyer T. Breastfeeding in Early Life and Bone Mass in Prepubertal Children. Osteoporosis International, 11: 146-152, February 2000.

4 Improved Lung Function: Breastfeeding for at least four months enhances lung volume in children. This change in volume helps to mediate the child's airflow.

Ogbuanu IU, Karmaus W, Arshad SH, et al. Effect of breastfeeding duration on lung function at age 10 years. Thorax 64: 62-66, 2009.

5 Reduced Risk of SIDS: A German study of 333 infants who died from Sudden Infant Death Syndrome and 998 age-matched controls, found that breastfeeding reduced the risk of SIDS by 50% at all ages throughout infancy.

Venemann, MM, Bajanowski, T, Brinkmann B, et al. Does Breastfeeding Reduce the Risk of Sudden Infant Death Syndrome? Pediatrics 123: 406-410, March 2009.

Mother

6 Lower Blood Pressure: Both systolic and diastolic blood pressures fall during a breastfeeding session and pre-breastfeeding blood pressure decreases during the first 6 months in a homelike environment.

Jonas EW, Nissen AB, et al. Breastfeeding Medicine 3(2): 103-109, June 1, 2008. As reported by liebertonline.com.

7 Less Stress: Breastfeeding is associated with decreased neuroendocrine response to stressors, improved moods, and enhanced physical and mental health.

Mezzacappa ES, Katkin ES, Breast-feeding is associated with reduced perceived stress and negative moods. Health Psychology 21: 187-193, 2002.

8 Reduced Risk of Rheumatoid Arthritis:

A Swedish study found that women who breastfed for 13 months and up were half as likely to get Rheumatoid Arthritis as those who never did.

Pikwer W, Bergstrom U, Nilsson J-A, et al. Breastfeeding but not use of oral contraceptives, is associated with a reduced risk of RA. Annals of Rheumatic Diseases 68: 526-530, 2009.

9 Reduced Risk of Metabolic Syndrome: A cluster of risk factors that make heart disease and diabetes more likely was rarer among women who reported breastfeeding their babies. The longer they breastfed during the first nine months, the less likely they were to be diagnosed with metabolic syndrome during a 20-yr study.

Gunderson EP, Lewis EC, Wei GS, et al. Lactation and Changes in Maternal Metabolic Risk Factors. Obstetrics and Gynecology 109: 729-738, March 2009.

10 Reduced Risk of Cardiovascular Disease:

In postmenopausal women, increased duration of lactation has been linked with lower prevalence of hypertension and cardiovascular disease.

Scwarz EB, Ray RM, Seuebe AM, et al. Duration of Lactation and Risk Factors for Maternal Cardiovascular Disease. Obstetrics & Gynecology 113: 974-78, May 2009.

Breastfeeding 101



*Giving moms the
knowledge and
confidence to
nourish their
babies*

International Board Certified Lactation Consultant
Libbie Stroud, LPN, IBCLC, CLC

Now offering virtual classes

Participants must pre-register:
breastfeeding@nflwc.com





The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



Society for
Maternal-Fetal Medicine

Frequently Asked Questions for Patients Concerning Tdap Vaccination

What is pertussis (whooping cough)?

Pertussis (also called whooping cough) is a highly contagious disease that causes severe coughing. People with pertussis may make a “whooping” sound when they try to breathe and are gasping for air. In newborns (birth to 1 month), pertussis can be a life-threatening illness. Multiple recent outbreaks have demonstrated that infants who are younger than 3 months are at a very high risk of severe infection.

What is Tdap?

Tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine is used to prevent three infections: tetanus, diphtheria, and pertussis.

I am pregnant. Should I get a Tdap shot?

Yes. All pregnant women should receive a Tdap vaccine preferably between 27 weeks and 36 weeks of gestation. The Tdap vaccine is an effective and safe way to protect you and your baby from serious illness and complications of pertussis. The Tdap vaccine should be administered during each pregnancy.

Is it safe to receive the Tdap shot during pregnancy?

Yes. There are no theoretical or proven concerns about the safety of the Tdap vaccine (or other inactivated vaccines like Tdap) during pregnancy. The available data demonstrate that the vaccine is safe when given to pregnant women or women in the postpartum period.

During which trimester is it safe to receive a Tdap shot?

It is safe to get the Tdap vaccine during all trimesters of pregnancy. Experts recommend that Tdap be administered to you during the third trimester of your pregnancy (ideally between 27 weeks and 36 weeks of gestation) to maximize the protection of your newborn. The newborn protection occurs because the protective antibodies you make after being vaccinated are transferred to the fetus and protect your newborn until he or she begins to receive the vaccines against pertussis (at 2 months of age).

(see reverse)

Can newborns be vaccinated against pertussis?

No. Newborns cannot begin their vaccine series against pertussis until 2 months of age because the vaccine does not work in the first few weeks of life. That is partly why infants are at a higher risk of getting pertussis and getting very ill early in life.

What else can I do to protect my baby against pertussis?

Getting your Tdap shot is the most important step in protecting yourself and your baby against pertussis. It is also important to make sure all family members and caregivers are up to date with their vaccines and, if necessary, that they receive the Tdap vaccination at least 2 weeks before having contact with your baby. This creates a safety “cocoon” of vaccinated caregivers around your baby.

I am breastfeeding my baby. Is it safe to get vaccinated with Tdap?

Yes. The Tdap vaccine can safely be given to breastfeeding mothers if they have not been previously vaccinated with Tdap.

I did not receive my Tdap shot during pregnancy. Do I still need to be vaccinated?

For women not previously vaccinated with Tdap, if Tdap was not administered during pregnancy, it should be administered immediately postpartum.

I got my Tdap shot with my previous pregnancy. Do I need to be vaccinated with Tdap again in this pregnancy?

Yes. All pregnant women should be vaccinated with Tdap during each pregnancy preferably between 27 weeks and 36 weeks of gestation. This time frame is recommended in order to generate the most protection for the mother and fetus because this appears to maximize the antibodies in the newborn at birth.

I received a Tdap shot early in this pregnancy before 27–36 weeks of gestation. Do I need to get another Tdap shot during 27–36 weeks of gestation?

A pregnant woman should not be re-vaccinated later in the same pregnancy if she received the vaccine in the first or second trimester.

RESOURCES

The American College of Obstetricians and Gynecologists
Immunization for Women
www.immunizationforwomen.org

Society for Maternal-Fetal Medicine
www.smfm.org



Time off Work after Childbirth

Parents' temporary absence from work after childbirth is often called maternity, paternity or parental leave, although these are not official leave designations. The time is created from a variety of benefits that may include short-term disability, sick leave, vacation, personal days or unpaid family leave time.

Ask your employer or HR department:

- Do I qualify for leave after childbirth?
- How long can my leave be?
- Will I have the same job when I return?
- Can I get any paid leave? Who will pay for it?
- Can I use paid sick, personal or vacation time?
- Can I use disability and/or unpaid leave time?
- Will I keep my health insurance during leave?
- What paperwork does my doctor need to fill out?

What kinds of leave are available?

Your return-to-work timing depends on your finances, personal choices, and employer's leave policies.

Florida's government does not require employers to provide leave for employees who deliver or adopt. Individual employers may choose to provide various types of benefits. Employers may offer a voluntary option that allows workers to participate via payroll deduction. Many employers allow women to take up to 6 weeks after a vaginal delivery and 8 weeks for a C-section. Some leave types protect your job; other kinds pay you a part of your salary. You may be able to combine paid or unpaid maternity, sick or family leave.

In summary:

The types and amount of leave time are at your employer's discretion. **It is crucial that you review your options with your employer or human resources director.**

State of Florida employees have family, maternity and paternity rights under Title X, Chapter 110, section 221.S, Florida Statutes. They may have up to six months of unpaid time away from work to care for a newborn.

Protecting your job

Some employees are protected by the federal **Family Medical Leave Act (FMLA)**. For you to be covered under this federal regulation, your employer must have 50 or more employees and you must have worked for them for at least 12 months for a minimum of 1,250 hours in the last year. Your spouse may also qualify through his/her employer. FMLA ensures that:

- you are allowed up to 12 weeks of unpaid leave time for childbirth and recovery.
 - (please note: our office can only document 6 weeks for a vaginal delivery and 8 weeks for a C-section.)
- your job is protected so that you can return to it or a similar job with comparable pay and benefits.

For more information visit www.dol.gov/whd

Please turn in ALL forms to the OB check-in desk *no earlier than 30 weeks of pregnancy*. You will be notified when your forms are completed. Please allow 7-10 business days for completion.

Short-term disability insurance (STDI)

This is an insurance that replaces part of your income while you recover from childbirth. When purchased at work *prior to conception*, the policy pays a six-week payment for normal vaginal delivery and an eight-week payment for C-section birth.

Check with your employer to see if they offer STDI. This may be a covered benefit, or you may have to pay a fee each paycheck. You may also be able to purchase STDI from an insurance provider. You can use it alone or in combination with the STDI your employer offers.

Short-term disability only covers the worker. It does not cover parents, spouses or children.

To get paid by STDI, your doctor's office must fill out documentation.



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1. Ballen K. Update on umbilical cord blood transplantation. F1000Res. 2017;6:1556. doi: 10.12688/f1000research.11952.1. 2. Munoz J. et al., Concise Review: Umbilical Cord Blood Transplantation: Past, Present, and Future. Stem Cells Translational Medicine. 2014. 3. Internal source: data on file.

Information on Donation

1. There are no side effects or risks associated with the donation of your placenta to either yourself or your newborn.
2. Your decision to donate is private and confidential.
3. Your decision to donate is purely voluntary.
4. Placenta donation will not interfere with cord blood donation.

Regenerative Biologics, Inc.

Brightening Lives through Tissue Recovery,
Research and Education



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Corporate Headquarters:

6241 NW 23rd Street, Suite 500
Gainesville, FL 32653

Phone:

866-432-1164

Or email:

info@RBldonorcare.org

"Knowing that I had the opportunity to help others through donating my placenta, something that I wasn't going to use anymore, made the decision easy."

– Krystal W.

*Learn more about donating your placenta,
and help make more miracles happen with
the birth of your baby.*

**www.DonateYourPlacenta.org
www.RBldonorcare.org**

The Miracle of Your Child's Birth...



*...can create other miracles
through the donation of
your placenta.*



It Is Simple to Become a Placenta Donor

Step 1

Talk with your physician or nurse at your next visit, or contact our Donor Coordinator.

Step 2


Complete the brief consent and medical social questionnaire.

Step 3

On the day of delivery, your doctor will work with our recovery team to ensure your donation is successful.

The Miracle of Placenta Donation

- Up to 100 eye grafts from one placenta can give others the gift of sight.
- The membrane has physical properties similar to the tissue of the surface of the eye and has natural biologic reactions proven to reduce surface inflammation, scarring and pain.
- The natural healing properties from your placenta donation have a multitude of surgical benefits.



"I felt honored and proud to help. It was an amazing experience for me and will be a great story to tell my baby about."

– Daisy C.



**Regenerative
Biologics, Inc.**

Brightening Lives through Tissue Recovery,
Research and Education

www.DonateYourPlacenta.org
www.RBldonorcare.org



Pediatricians

ATTENTION MOTHERS: Call the pediatrician of your choice for a consultation appointment **before your delivery!**

Dr. Nectar Aintablian
Professional Park Pediatrics
1881 Professional Park Circle
Suite 80
850-402-5454

Dr. Sarah Alvarez North
Florida Pediatrics 3606
Maclay Blvd
850-877-1162

Dr. Aisha Bailey
ASK Pediatrics
3375-D Capital Circle NE
850-878-0229

Dr. Walter Bunnell
Professional Park Pediatrics
1881 Professional Park Circle
Suite 80
850-402-5454

Dr. Lisa Cook
Capital Health Plan
2140 Centerville Place
850-383-3529

Dr. Dean Dalrymple
Capital Health Plan
2140 Centerville Place
850-383-3415

Dr. Larry Deeb
2633 Centennial Blvd
Suite 100
850-431-5404

Dr. John Elzie
Professional Park Pediatrics
1881 Professional Park Circle
Suite 80
850-402-5454

Dr. Lionel Henry
1638 North
Plaza Drive
850-878-5147

Dr. John Holt
Pediatrix Medical Group of
Florida
1300 Miccosukee Road
850-431-5354

Russell Homan, MD, IBCLC
Canopy Pediatrics
1963 Village Green Way
Suite B
Tallahassee, FL 32308
850-701-9652 phone
850-312-4158 fax

Dr. Kannessa Hugger
TPCA
2623 Centennial Blvd
Suite 103
850-877-6119

Dr. David Jones
Capital Health Plan
2140 Centerville Place
850-383-3450

Dr. Anna Koeppel
North Florida Pediatrics
3606 Maclay Blvd
850-877-1162

Dr. Charles Long
TPCA
1205 Marion Ave
850-681-3887

Dr. Jim Martin
Professional Park Pediatrics
1881 Professional Park
Circle Suite 80
850-402-5454

Dr. Maci J. McDermott
North Florida Pediatrics
3606 Maclay Boulevard
850-877-1162

Dr. Mayra Mendoza-
Rodriguez
872 West Orange Ave

Dr. Raquel Mitchell
TPCA
1205 Marion Avenue
850-681-3887

Dr. Todd Patterson
Magnolia Pediatrics
2406 East Plaza Drive
850-878-5322

Dr. Thomas Peele
2416 East Plaza Drive
850-877-7123

Dr. E. Jonathan Perry IV
Tallahassee Medical Group
317 Norton Drive
Suite 102
850-402-6215

Dr. Abby Peters
TPCA
1205 Marion Ave
850-681-3887

Dr. Oliver Reyes
Sprout Pediatric Care (TPCA)
4004 Norton Lane
Suite 101
850-518-7626

Dr. David Robinson TMH
Family Medicine Residency
1301 Hodges Drive
850-431-3452

Dr. Cristine Rodriguez
2416 East Plaza Drive
850-877-7123

Dr. Masoud Sakhaei
111 S Magnolia Drive
850-878-5322

Dr. Kathryn Simmons
TPCA
1205 Marion Avenue
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Dr. Rebecca Steverson
Tallahassee Pediatrics
1205 Marion Avenue
850-681-3887

Dr. Mohammed Waris
TMH Family Medicine
Residency, Quincy
850-875-3600

Dr. Joanna Yao
Cardinal Healthcare 1840
Capital Medical Court
850-878-0550

Pediatric Cardiology

Dr. Elisabeth Heal

Dr. Louis St. Petery

Pediatric Dentists

Shawn Hanway, DMD

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cleft palate.*

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Tallahassee pediatricdentistry.com

Dr. Jodi Davalos
Drs. Davalos and Jones
1272 Timberlane Road
Tallahassee, FL 32312
850-893-8177

Dr. Astrid Gonzalez
Tiny Teeth of Tally
1614 West Plaza Drive
Tallahassee, FL 32308
850-792-9100

Other Useful Numbers:

Early Learning Coalition	850-385-0504
Apalachee Community Mental Health	850-523-3333
Cesarean Support Group	850-878-2678
Children's Home Society	850-921-0772
Compassionate Friends of Tallahassee	850-422-8404
Leon County Health Department	850-606-8450
Mothers of Twins	850-878-3349
Planned Parenthood	850-574-7455
PHI center (Pregnancy Help & Information)	850-222-7177
Teenage Parent Program	850-487-7624
211 Big Bend Counseling and Referral	850-224-6333
United Cerebral Palsy	850-878-0892
La Leche League	800-LAL-ECHE
Regional Poison Control Center	800-282-3171



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