

Your Guide to a Healthy Pregnancy



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Congratulations on your pregnancy! The team at Orlando Health Women's Institute is here to guide you through every stage of your pregnancy.

The focus of this booklet is to help you get ready for the birth of your baby. We designed this booklet to answer the questions that come up most often for pregnant women, prior to giving birth — questions such as:

- What should I expect for prenatal care? What tests will I have?
- Is what I am feeling normal, or should I call my doctor and/or midwife?
- What can I do if I am feeling overwhelmed or scared?
- What if I am not feeling baby move as much?
- Where can I find classes to prepare me for having my baby?
- How will I know I am in labor and when I should go to the hospital?
- What are my labor options?

OB-GYN Care During Your Pregnancy

At Orlando Health Women’s Institute, we are your partner for a healthy pregnancy and safe delivery. Throughout your journey to motherhood, routine pregnancy care is the best way to ensure the best possible health of you and your baby.

The following table outlines general guidelines for a healthy pregnancy. Your OB-GYN may recommend other tests or procedures based on your health and risk factors and those of your baby. Should you need additional support, our Maternal-Fetal Medicine specialists offer expert high-risk care for both you and your baby.

Please note that these are general guidelines. Each pregnancy is unique, so it is important to follow the specific guidelines of your own OB-GYN.

Screening/ Appointment	When	Frequency	Details
OB Care			
Pregnancy confirmation	8 weeks gestation, assuming no pain or history of high-risk pregnancy	Once	If you have underlying conditions or are age 35 or over, your OB-GYN may recommend a consultation with a Maternal-Fetal Medicine specialist
Routine visits with your OB-GYN	Starting at 8 weeks gestation	<ul style="list-style-type: none">Every 4 weeks after 10 weeksEvery 2 weeks after 28 weeksEvery week after 36 weeks	A mere guideline, as your pregnancy may be different — every pregnancy is unique
Noninvasive prenatal testing (NIPT) and first trimester labs	10 weeks gestation	Once	NIPT tests for Down syndrome, trisomy 18 and trisomy 13
Nuchal translucency (NT) test	12 to 13 weeks gestation	Once	Measures the nuchal fold on the back of your baby’s neck for possible chromosomal abnormalities
MSAFP labs	15 to 21 weeks gestation	Once	Blood test that measures alpha-fetoprotein (AFP), a protein produced by the fetus’s liver, to determine risks of a neural tube defect
Maternal-fetal medicine consultation	16 to 21 weeks gestation; routine if 35 or older	Once, unless conditions are identified	Ultrasound and consult to review possible high-risk complications or conditions for both you and your baby
Baby’s full anatomy scan	20 weeks gestation	Once; twice if baby is positioned in a way where your provider cannot see their full body	Ultrasound to check all parts of your baby’s body for abnormalities
Third trimester labs	28 weeks gestation	Once	Includes glucose intolerance testing
Group B strep test	36 weeks gestation	Once	Blood test that checks to see if you are infected with the group B streptococcus bacteria, which can cause serious infection in newborn babies

Screenings (continued)

Screening/ Appointment	When	Frequency	Details
Birth Preparation			
Pre-register for delivery	Third trimester; at least 4 weeks before due date	Once	
Complete your birth plan	Third trimester; at least 4 weeks before due date	Once	
Obtain breast pump	Third trimester; at least 3 weeks before due date	Once	Contact your health insurance provider for coverage and offers
Obtain car seat	Third trimester; at least 3 weeks before due date	Once	
Pack your hospital bag	Third trimester; at least 3 weeks before due date	Once	
Prenatal Breastfeeding class	Third trimester	Once	Virtual or in-person classes available
Preparation for Birth class	Beginning 90 days before due date	Once	Virtual or in-person classes available
All About Baby class	Third trimester	Once	Virtual or in-person classes available
Basic Newborn Care class	Third trimester	Once	Virtual or in-person classes available
Care for Your Core and Pelvic Core class	Third trimester or after delivery	Monthly	Virtual or in-person classes available
Take a hospital tour	Third trimester	Once	Take a virtual 360 tour of all three of our labor and delivery hospitals
After Delivery Care			
Mother Baby TEA: TLC, Education, Answers	After delivery; up to 12 weeks of age	Available weekly	In-person Orlando Health Winnie Palmer Hospital Center for Women and Babies
Mom's Morning Out	After delivery; up to 1 year of age	Available weekly	In-person Orlando Health South Lake Hospital Center for Women and Babies
Schedule a private lactation consultation	After delivery	Once; follow-up appointments available as needed	In-person or via phone Orlando Health South Lake Hospital Center for Women and Babies Orlando Health Winnie Palmer Hospital Center for Women and Babies
Postnatal OB-GYN visit	6 weeks postpartum	Once	

Healthy Pregnancy Do's and Don'ts

Once you find out that you are pregnant, staying healthy becomes a priority, including eating well, exercising, limiting stress, and sleeping well.

Pregnancy also requires some extra precautions, and you may start getting advice from every different direction. We understand it can be overwhelming to know what's really safe for you and your growing baby. We are here to guide you throughout your pregnancy journey to help keep you physically and emotionally well and to help prevent health problems that could be harmful to you and your baby.

To help make sure your pregnancy is as healthy as possible, follow these healthy pregnancy do's and don'ts:

- **Eat well** – Eat a variety of healthy foods, including fruits, vegetables, whole grains, lean proteins and healthy fats. Limit caffeine intake to 150-300 mg a day.
- **Wash fruits and vegetables** – Wash all of your fruits and vegetables really well to get rid of harmful bacteria.
- **Avoid certain food** – Avoid raw or undercooked seafood, meat and eggs. Avoid any unpasteurized foods, such as dairy and fruit juice.
- **Stay hydrated** – Drink plenty of water to avoid constipation.
- **Take prenatal vitamins** – Prenatal vitamins contain nutrients that your body and baby need.
- **Exercise regularly** – Get regular exercise as advised by your healthcare provider.
- **Get enough rest** – Get enough sleep.
- **Avoid harmful substances** – Don't smoke, drink alcohol or use drugs. Avoid dangerous chemicals, like cleaning solvents and secondhand cigarette smoke. Avoid cleaning or changing cat litter while pregnant.
- **Get immunizations** – Try to get up to date on your immunizations before becoming pregnant. There also are several vaccinations you are able to get while pregnant, including the flu, COVID-19 and DTaP vaccines.
- **Avoid high temperatures** – Don't use hot tubs or saunas, take hot baths or take hot yoga classes.





Pregnancy Discomforts and Safe Medication

Many pregnant mothers would agree that pregnancy is amazing, except when it's not. During this miraculous time when you are growing a human being inside of you, your hormones are changing and your body is working in a new way. While every pregnancy is different, these changes may cause discomfort at times, but there are things that you can do to help find relief.

5 Common Discomforts of Pregnancy

1. Morning Sickness

More than 60% of pregnant women experience morning (or possibly even all day and night) sickness. Remarkably, researchers still cannot reliably pinpoint what causes morning sickness. Most women who experience nausea find that it lasts only through their first trimester, while others experience these symptoms throughout their entire pregnancy. Some research indicates that women who experience morning sickness have children with higher IQs.

To avoid or treat morning sickness:

- Eat foods rich in protein – Protein helps ease morning sickness.
- Choose products containing ginger – Ginger is clinically proven to reduce morning sickness and is safe for both mom and baby.
- Take a daily dose of vitamin B6 – Vitamin B6 is clinically proven to reduce morning sickness. Ask your healthcare provider before taking any supplements.
- Drink lots of fluids – Staying hydrated may be a challenge, but it is important and may help you feel better.
- Take your time getting up from bed – Sitting up too quickly can upset your equilibrium.

If you have severe morning sickness, known as hyperemesis gravidarum, talk with your OB-GYN about your options to prevent dehydration and preserve nutrition. Your doctor may suggest an over-the-counter remedy, an anti-nausea medication and/or a strict nutritional guide that typically includes easy-to-digest foods.

2. Migraines

Some women report a reduction in migraines during pregnancy, perhaps due to the change in estrogen levels. Yet, some pregnant women suffer migraines due to stress, lack of sleep or other factors.

To help prevent or relieve a migraine:

- Apply a compress to your head or neck.
- Use a neck traction pillow to reduce pressure.
- Eat more frequent meals to avoid low blood sugar.
- Drink enough water as dehydration can trigger a migraine.
- Massage your head (or have someone do it for you).
- If you are sensitive to light or sound, try using sunglasses or earplugs to block or minimize exposure.

If you experience headaches that become worse or come on suddenly, headaches that are different than normal, headaches accompanied by vision changes or sudden weight gain, pain in the upper right abdomen or swelling in the hands and face, contact your OB-GYN immediately as this could be a sign of preeclampsia.

3. Fatigue/Lethargy/Lack of Energy

Another common symptom of pregnancy is fatigue, especially during your first and third trimesters, with more than half of all pregnant women reporting fatigue. Fatigue is natural as pregnant bodies produce new hormones and work harder to carry nutrients to the baby. At the same time, stress levels may be increasing, and sleep may be disrupted (see insomnia tips below) due to bathroom trips, leg cramps and heartburn.

To fight fatigue:

- Take naps.
- Maintain nutrition and stay hydrated.
- Exercise regularly to help achieve more restful sleep as exercise can help to ease other symptoms, such as back pain and constipation.

4. Insomnia

According to the Sleep Foundation, more than 75% of pregnant women report experiencing insomnia — difficulty falling asleep or staying asleep. Hormonal changes during pregnancy can lead to sleep challenges, such as restless leg syndrome, sleep apnea, heartburn and frequent trips to the bathroom, in addition to added stress or anxiety.

To promote restful sleep:

- Plan and prioritize sleep time.
- Try to exercise 30 minutes each day.
- Use a pregnancy support pillow to add comfort.
- Practice relaxation exercises to de-stress.
- Avoid eating a heavy meal before bed; instead choose smaller, more frequent and earlier-in-the-day options.

5. Constipation

More than 70% of pregnant women experience constipation at some point during pregnancy. The hormonal changes of pregnancy can slow down your digestive tract, and your expanding uterus puts pressure on the intestines, causing delays. In addition, the increased iron in prenatal vitamins can contribute to constipation.

To relieve constipation:

- Eat foods high in fiber, such as split peas, black beans, lentils, lima beans, almonds, avocados, berries, oat bran muffins and oatmeal.
- Drink at least eight glasses of water daily to stay hydrated and keep things moving.

- Take a pregnancy-safe probiotic to help maintain healthy digestion.
- Exercise regularly to keep your bowels moving.
- Talk to your OB-GYN about prenatal vitamins containing gentle iron or other options, such as taking smaller doses of prenatal vitamins throughout the day.

Compiled using information from the following sources:

1. Koren, G., Madjunkova, S., and Maltepe, C. (2014). The protective effects of nausea and vomiting of pregnancy against adverse fetal outcome-A systematic review. *Reproductive Toxicology*. Elsevier Inc. <https://doi.org/10.1016/j.reprotox.2014.05.012>
<https://www.sciencedirect.com/science/article/pii/S0890623814000975>

2. Nulman, I., Rovet, J., Barrera, M., Knittel-Keren, D., Feldman, B. M., and Koren, G. (2009). Long-term Neurodevelopment of Children Exposed to Maternal Nausea and Vomiting of Pregnancy and Diclectin. *Journal of Pediatrics*, 155(1). <https://doi.org/10.1016/j.jpeds.2009.02.005>
<https://www.sciencedirect.com/science/article/pii/S0022347609001176>

Safe Medications

During pregnancy, you may be more susceptible to illnesses such as cold, flu and other conditions.

Use the following list to choose medications that are safe during pregnancy. Follow package directions for proper dosage and directions. Contact your OB-GYN with concerns or questions.

Acne	Colds/Allergies	Gas	Leg Cramps	Prenatal Vitamins
Benzoyl Peroxide	Benadryl	Gas-X	Benadryl	Any over-the-counter prenatal vitamins.
Clindamycin	Claritin	Mylicon	Caltrate	
Topical Erythromycin	Zyrtec	Phazyme	Citracal	DHA is an optional addition to your prenatal vitamin and can be obtained in a separate pill. DHA also can be found in fish oil and some plant-based vitamins.
Salicylic Acid	Chlor-Trimeton	Headaches	Tums	
Avoid:	Dimetapp	Cold compress	Viactiv	Oral Pain
Accutane	Drixoral-Non-Drowsy	Heartburn	Oscal 500	Orajel
Retin-A	Mucinex (guaifenesin)	(Avoid lying down for at least one hour after meals)	Magnesium Oxide 400 mg nightly	Rash
Tetracycline	Vicks Vapor Rub	Aciphex	Stay hydrated	Benadryl
Minocycline	Use with caution:	Maalox	Nasal Spray	1% Hydrocortisone Cream
Antibiotics	The following should be used only after the first trimester and should not be used at all by those with high blood pressure:	Mylanta	Saline Nasal Spray	Sleep Aids
Ceclor	Sudafed	Pepcid	Vitamin B6 (10-25 mg every 6-8 hours)	Benadryl
Cephalosporins	Sudafed-12 Hour	Milk of Magnesia	Unisom 25mg tablets ½ tab every 6-8 hours (take with Vitamin B6)	Chamomile tea
E-mycins	Sudafed PE	Pepcid Complete	Dramamine	Unisom
Keflex	Phenylephrine HCL	Prevacid	Emetrol	Warm milk — add vanilla/sugar for flavor
Macrobid	Constipation	Prilosec	Ginger Root 250 mg 4 times daily	Throat Discomfort
Penicillin	Colace	Roloids	High-complex carbs at bedtime	Cepacol
Zithromax	Miralax	Zantac	Sea-Bands (acupressure)	Cepastat
Avoid:	Senokot	Hemorrhoids	Pain	Salt Water (Gargle with warm water)
Cipro	Dulcolax Suppository	Anusol/Anusol H.C. (RX: Analpram 2.5%)	Lortab**	Throat lozenges
Tetracycline	Fibercon	Hydrocortisone OTC	Percocet**	Yeast Infection
Minocycline	Metamucil Perdium	Preparation H	Tramadol**	Gyne-Lotrimin
Levaquin	Cough	Tucks	Ultram**	Monistat-3 or 7
	Actifed	Vaseline lotion applied to tissue	Vicodin**	Terazol-3 or 7
	Sudafed	Herpes		Mycelex
	Cough drops	Acyclovir	**Narcotic medications should only be used when prescribed for a legitimate medical problem by a doctor for a short period of time.	Avoid:
	Robitussin (plain and DM)	Famvir	Avoid:	1-day creams
	Crabs/Lice	Valtrex	NSAIDS (Ibuprofen, Advil, etc.)	
	RID			
	Avoid:			
	Kwell			



About Preeclampsia

What Is Preeclampsia?

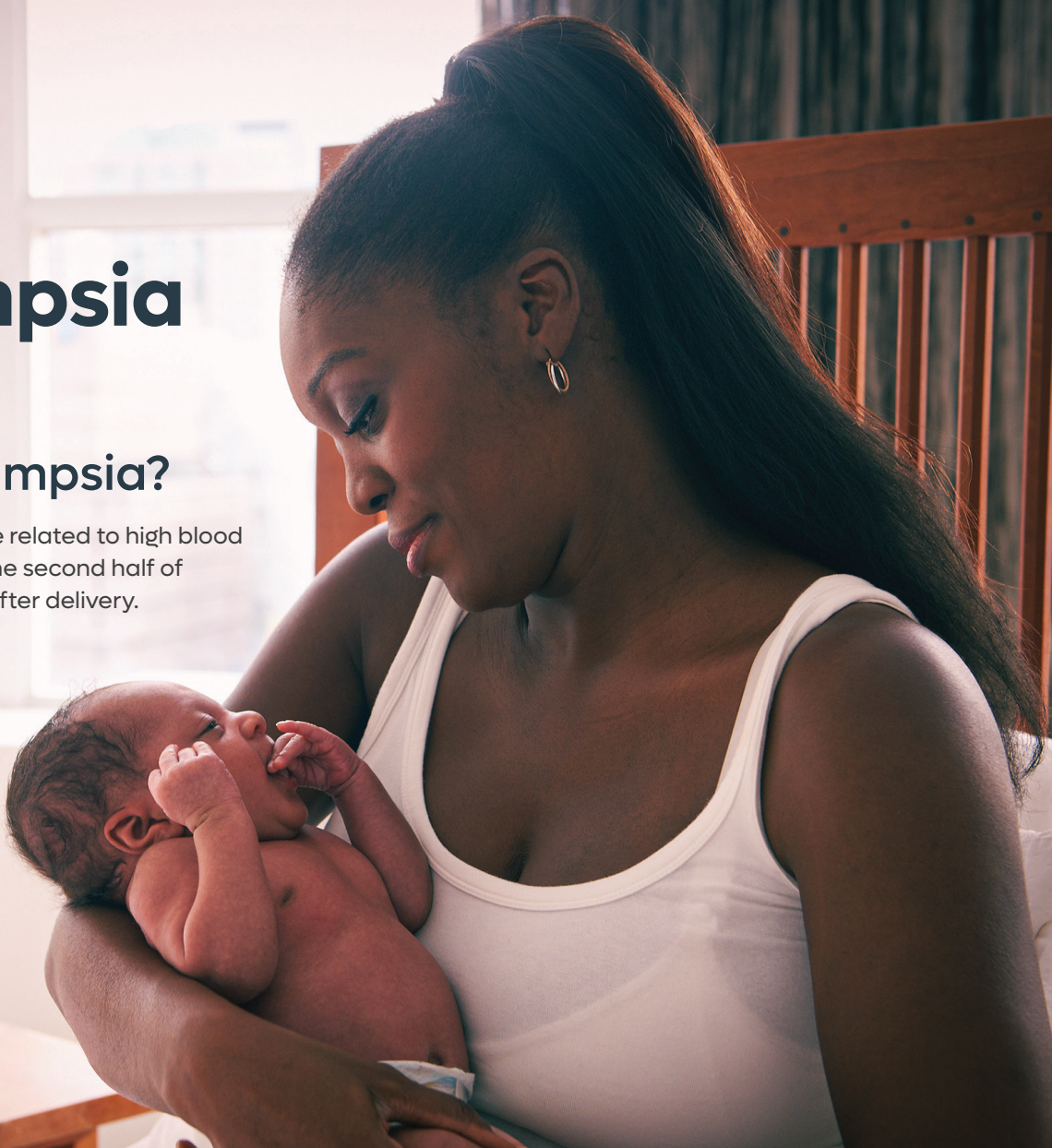
Preeclampsia is a serious disease related to high blood pressure that can occur during the second half of pregnancy and up to six weeks after delivery.

Risks to Mom

- Seizure
- Stroke
- Organ damage
- Death

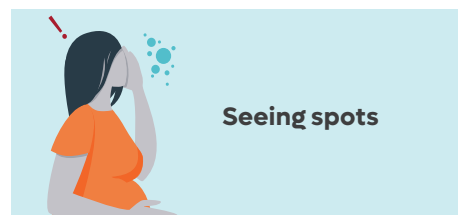
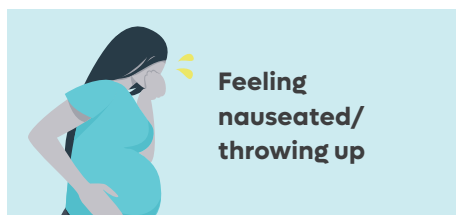
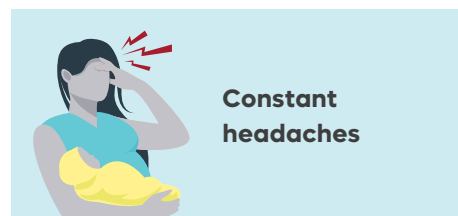
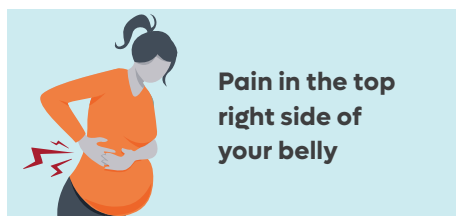
Risks to Baby

- Premature birth
- Death



Signs of Preeclampsia

Diagnosing preeclampsia early is important for you and your baby. Call your doctor's office if you have any of the following symptoms or if your blood pressure is over 140/90 but less than 155/100. If your blood pressure is 155/100 or higher, go to the nearest emergency room and let them know if you are pregnant or recently delivered a baby.



When To Call Your Healthcare Provider or Go to the Hospital

During your pregnancy, there may be times when you feel anxious about some of the symptoms you may be experiencing. If you have the sense that something is not right, always get a medical opinion.



If any of the below symptoms happen during normal business hours, you can call your OB-GYN. It is very important that you make the call yourself as you may need to answer questions that a friend or family member won't know the answers to. Be sure to have your pharmacy's contact information ready in case your OB needs to prescribe any medications.

If you are unable to reach your healthcare provider, go to the nearest emergency room or call 911.

Contact your healthcare provider immediately, if:

- You think your water has broken. This could be a slow leak of fluid or a rush of fluid from your vagina.
- You have bright red bleeding from your vagina. A small amount of pink, red or brown discharge may be normal, especially after a pelvic exam or intercourse.
- You feel "burning" when you urinate.
- You have a fever of 100.4° or higher.
- You have extreme swelling, especially in the face, hands or feet.
- You are experiencing bad headaches, dizziness, blurred vision or spots in your vision, or severe heartburn that will not go away.
- You are less than 37 weeks gestation and are having regular and persistent contractions, pressure in your pelvis or cramping.
- You experience severe abdominal pain and/or your abdomen is very rigid or hard and will not soften.
- You don't feel baby move like normal. You should feel baby "kick" or move at least 10 times in an hour once you have reached 28 weeks gestation.

Perinatal Mood and Anxiety Disorders (PMADS)

Perinatal: Anytime during pregnancy through the first year postpartum



Symptoms



Feelings of guilt, shame or hopelessness



Feelings of anger, rage or irritability, or scary and unwanted thoughts



Lack of interest in your baby or difficulty bonding with baby



Loss of interest, joy or pleasure in things you used to enjoy



Disturbances of sleep and appetite



Crying and sadness, constant worry or racing thoughts



Physical symptoms like dizziness, hot flashes and nausea



Possible thoughts of harming the baby or yourself

Risk Factors

- Abrupt discontinuation of breastfeeding
- Financial stress or poverty
- History of abuse
- History of depression, anxiety, OCD
- Lack of support from family and friends
- Pregnancy or delivery complications, infertility, miscarriage or infant loss
- Premenstrual syndrome (PMS)
- Thyroid imbalance, diabetes, endocrine disorders
- Unwanted or unplanned pregnancy

Treatment Options

- Adequate sleep
- Bright light therapy
- Counseling
- Exercise
- Healthy diet
- Medication
- Relaxation techniques
- Support from others
- Yoga

Action Plan for Depression and Anxiety Around Pregnancy

Having a baby brings a mix of emotions, including feeling sad and overwhelmed. Many women experience deeper signs of depression and anxiety before and after birth. Be prepared. Watch for the signs.

If you ...

- Feel like you just are not yourself
- Have trouble managing your emotions
- Feel overwhelmed but are still able to care for yourself and your baby

You may be experiencing mood swings that happen to many pregnant women and new moms.

These feelings typically go away after a couple of weeks.

- Take special care of yourself. Get your partner to watch the baby, get a babysitter or team up with another mom to share childcare so that you can rest and exercise.
- Continue to watch for the signs of depression and anxiety listed in the yellow and red sections below.
- If things get worse, find someone to talk to. Talk to a healthcare provider if you feel unsure.

If you ...

- Have feelings of intense anxiety that hit with no warning
- Feel foggy and have difficulty completing tasks
- Feel “robotic,” like you are just going through the motions
- Have little interest in things that you used to enjoy
- Feel very anxious around the baby and your other children
- Have scary, upsetting thoughts that don’t go away
- Feel guilty and feel like you are failing at motherhood

You may be experiencing postpartum depression and anxiety.

These feelings will not go away on their own.

- Get help. Contact your healthcare provider or visit a clinic.
- Call Postpartum Support International at **(800) 944-4PPD/(800) 944-4773** to speak to a volunteer who can provide support and resources in your area.
- Talk to your partner, family and friends about these feelings so they can help you.

If you ...

- Feel hopelessness and total despair
- Feel out of touch with reality (you may see or hear things that other people do not)
- Feel that you may hurt yourself or your baby

Get help now!

- **Call 911 for immediate help.**
- Call the National Suicide Prevention Lifeline at **(800) 273-TALK/(800) 273-8255** for free and confidential emotional support – they talk about more than suicide.
- Call the Substance Abuse and Mental Health Services Administration’s National Helpline at **(800) 662-HELP/(800) 662-4357** for 24-hour free and confidential mental health information, treatment and recovery services referral. Available in English and Spanish.

Depression and Anxiety Happen. Getting Help Matters.

To learn more, visit nichd.nih.gov/MaternalMentalHealth

To find a mental health provider in your area, call **(800) 662-HELP/(800) 662-4357**.

Count the Kicks

At the start of your third trimester (28 weeks gestation), it is important to start counting the number of “kicks” or movements of your baby.

This is an easy way to check on your baby’s well-being and a great way to bond with your baby every day! Doing this daily is sometimes the earliest or only indication that your baby should be checked by a healthcare provider.

Helpful Tips

- Pay attention to the strength of your baby’s movements along with the number of kicks. Let your OB-GYN know if you feel the kicks are weaker than normal.
- Count kicks every day, at least once a day. It is best to check kicks at the same times each day. This will help you determine your normal pattern.
- Track how long it takes each day for your baby to get to 10 kicks/movements. After a few days, you will see a pattern or average length of time it takes your baby to get to 10 kicks.
- Every baby is different. Knowing the average length of time it takes your baby to get to 10 movements is key.
- Contact your OB-GYN if there is a change in strength or how long it takes to get to 10 kicks/movements.
- Based on recent research, it is best to contact your OB-GYN if you feel a sudden burst or increase in movement, too.

Preparing Your Home for Baby

Before you know it, you will be welcoming your newborn into the world. A new baby brings so much joy, but those first few days or weeks can be overwhelming, too.

Preparing your home before the arrival of a new baby can help ease some of that worry. Listed below are a few essential items you will want to have ready to help make homecoming for baby – and you – as easy and stress-free as possible.

Car Seat

Buy a car seat that is appropriate for a newborn baby and get it installed correctly. You will need it to transport your baby home from the hospital.

Newborn Items

Gather all the items your baby will need. Items may include clothing, diapers, wipes, swaddles for safe sleep, and hygiene products.

Breastfeeding and Bottle Essentials

Have everything you need to feed your baby. Make sure to wash and sterilize bottles prior to use.

Freezer

Stock your freezer with meals that can be reheated easily for quick meal options to help you stay healthy during your postpartum period.

Create Stations

Organize your home with different storage options to create practical stations.



Safe Sleeping Space for Baby

- Keep baby in your room, close to your bed, but on a separate sleep surface designed for infants. Use a firm and flat sleep surface, such as a mattress covered by a fitted sheet and in a safety-approved crib.
- Baby should not sleep in an adult bed, on a couch or on a chair neither alone, with you or with anyone else.
- Do not smoke or let anyone else smoke around your baby.
- Do not put pillows, blankets, sheepskins or crib bumpers anywhere in your baby's sleep area. Keep soft objects, toys and loose bedding out of your baby's sleep area. Make sure nothing covers the baby's head.
- Dress your baby in sleep clothing, such as a wearable blanket. Do not use a loose blanket, and do not over-bundle.
- Always place your baby on his or her back to sleep.
- A crib, bassinet, portable crib or play yard that follows the safety standards of the Consumer Product Safety Commission (CPSC) is recommended.
- For information on crib safety, contact the CPSC at **(800) 638-2772** or **CPSC.gov**.

Hospital Checklist

Here is a list of items you may want to pack in your hospital bag to bring with you for your stay in the hospital:

- ☐ Your birth plan (if you have one)
- ☐ Photo identification for you and your support person and any insurance information/cards
- ☐ Digital devices, charges and accessories
- ☐ Aromatherapy lotions and oils
- ☐ Baby book to record birth details
- ☐ Personal items, such as hair accessories (band or tie), lip balm and toiletries (toothbrush, toothpaste, deodorant)
- ☐ Eyeglasses or contact lens case and solution
- ☐ Comfortable bra/nursing bra
- ☐ Comfortable underwear for wearing pads
- ☐ Nursing pillow
- ☐ Nightgown, PJs, robe and slippers
- ☐ Flip flops for shower
- ☐ Comfortable clothes to wear home
- ☐ Money for guest use in cafeteria or vending
- ☐ Snacks
- ☐ Infant car seat, installed in your car
- ☐ Clothes for baby to wear home



Your Birth Plan

A birth plan is a list of preferences or wishes for your childbirth experience.

It will not limit your options once you begin to experience labor. You can change your mind at any time. Since every labor and birth is different, we cannot guarantee that all your preferences will be appropriate for your delivery. We encourage you to discuss your birth plan with your doctor or midwife. We will work with you to try and keep your birth experience as close to your wishes as possible; however, the safety of you and your baby is our number one priority.

Name _____

Partner's Name _____

Baby's Name _____

Baby's Due Date _____

OB Provider _____

Baby's Pediatrician _____

Baby's Pediatrician Contact _____

Prenatal Classes Attended _____

For Labor

- ☐ I would like the lights dimmed.
- ☐ I would like to be out of bed as much as possible.
- ☐ I would prefer to have a saline lock instead of IV fluids.
- ☐ I would like to use alternative pain relief options, such as breathing exercises, massage, shower and position changes.
- ☐ I will ask for pain medication if I need it.
- ☐ I would like an epidural to help cope with my labor pain.
- ☐ I would like to be offered a warm perineal compress during labor.
- ☐ I would like to be offered pain medication if you see I am uncomfortable.
- ☐ I am unsure what I want for pain relief; I will decide when I am in labor.
- ☐ I would like to bank or donate my cord blood.
- ☐ I would like to use my portable music and headphones during labor.
- ☐ I would like to take photos or video prior to birth.
- ☐ I would like to use my doula for labor support.

Labor Options

- ☐ Birthing balls
- ☐ CUB support
- ☐ Peanut balls
- ☐ Squat bars
- ☐ Shower
- ☐ Spinning babies techniques

During Delivery

- ☐ I would like to delay cord clamping for 30 to 60 seconds.
- ☐ I would like my partner to cut the umbilical cord.
- ☐ I would like a mirror to view my birth.
- ☐ I would like to touch my baby's head as it crowns.

Postpartum/Newborn Care

Skin-to-skin contact after delivery is the standard of care provided to ensure both mom and baby are stable, and it is encouraged throughout your stay.

If my baby should need to be separated due to medical care/treatment, I would like _____ to accompany him/her.

- ☐ I would like to be discharged as soon as possible.
- ☐ If I have a boy, I would like him circumcised before discharge if my pediatrician allows.

If I have a boy, ☐ circumcise ☐ do not circumcise.

I plan to feed my baby ☐ breastmilk ☐ formula.

Cesarean Delivery (C-section)

I would like _____ to accompany me in the operating room. (one person)

Other Requests

Labor and Delivery FAQs

The last weeks of pregnancy can be an exciting and busy time. It's important to continue to focus on your health and well-being during this time. You may feel more uncomfortable as your baby continues to grow and develop, and your body begins to prepare for the coming labor and delivery. Be gentle with yourself and listen to your body. Below are answers to questions you may have as you get closer to delivery to help you understand labor, when to go to the hospital and what to expect. If you have a question or concern not addressed here, please contact your OB provider.



When does labor start?

Labor most commonly begins with contractions.

True labor contractions:

- Become stronger, last longer and occur closer together as you time them
- Don't go away when you lie down or move around
- Increase in intensity over time
- Last for at least 30 seconds

Water breaking: For about 10% of women, the bag of water (amniotic sac) breaks before contractions begin. True labor contractions might start soon after your water breaks, but for some women it will take longer. For the majority of women, the bag will break later in labor when contractions are stronger. You will continue to make more fluid, even after the bag breaks.

When should I go to the hospital?

Follow the 511 Rule. Go to the hospital when contractions are:

- Five minutes apart
- Lasting for at least one minute
- Have been this way for at least one hour

Go to the hospital sooner if you experience any of the following:

- Vomiting with contractions
- Water breaks
- Unable to walk or talk through contractions
- Your baby is moving less (10 times in two-hour period)
- Vaginal bleeding
- Rectal/vaginal pressure

What should I expect when I am admitted to Labor and Delivery?

You will have two monitors placed on your abdomen for continuous assessment of uterine contractions and baby's heart rate. We will perform an initial cervical exam and then on an as-needed basis to determine how your labor is progressing. An intravenous (IV) line will be placed into a vein in your arm to deliver fluids and medications. You will be asked questions regarding your personal health history.

Why can't I be induced?

Our goal is to ensure the safety of both mom and baby. The guideline for keeping to those standards of care is as follows: If there are no medical indications to induce labor, a woman should wait for her labor to start spontaneously.

How will my labor be induced?

There are several ways to induce labor. The most commonly used methods are:

- **Misoprostol** – Your nurse may provide this medication to ripen or soften your cervix. It may be given orally or inserted into your vagina. The medication is released very slowly and will cause your cervix to soften and possibly dilate. Multiple doses of these medications are sometimes needed to get your cervix ready for labor.
- **Foley Bulb** – This is a mechanical (non-drug) way to dilate and soften your cervix. A small tube is introduced into the cervix (through the vagina). The tube is then filled with saline solution and left in place. (Sometimes this will start labor spontaneously, and sometimes it will simply make the cervix more “favorable” for Pitocin or breaking your bag of water.)
- **Pitocin** – Once the cervix is softened, the doctor or midwife will order an IV medication called Pitocin, which will cause the uterus to contract, in order to dilate the cervix.
- **Amniotomy** – Known as “breaking the bag of water,” amniotomy is another way to start contractions. This method is usually used together with other methods already started.

How long does it take for an induction?

This is the most commonly asked question from patients. An induction can take as long as two or three days. It depends on how the woman’s body responds to the treatment she receives.

What can I expect after delivery?

- Recovery takes place in the delivery room for about two hours. Massaging of the uterus is performed frequently for at least the first hour. Vaginal bleeding also is assessed during this time.
- Vital signs are taken of both mom and baby.
- Skin-to-skin contact with baby is recommended immediately after delivery for at least one hour. We recommend continued skin-to-skin in the first few days after delivery to facilitate breastfeeding.
- Baby’s weight, length and footprints are taken about an hour after birth.
- Assistance with breastfeeding is provided as needed.
- The following infant medications are given within the first hour of life: Erythromycin ointment is applied to baby’s eyes to prevent infection. Vitamin K injection helps reduce bleeding risk for baby.
- Mom and baby will be transferred to a postpartum room when stable and recovery is complete.



Prenatal Classes, Hospital Tours and Pre-Registration

We offer a number of services to help you prepare for your special day. No matter which Orlando Health hospital you choose for your delivery, you can find information on prenatal classes, hospital tours and online pre-registration on our website at OrlandoHealth.com/Women

Prenatal Classes

In addition to prenatal care, prenatal education also is essential — particularly for first-time parents. Orlando Health Women's Institute offers a variety of classes for expectant and new moms and dads at each of our hospital locations. Classes provides information about pregnancy, birth, breastfeeding, baby-and-mother care and transitioning into parenting. Topics presented can spark conversations and help you determine any questions or concerns you may want to talk about with your partner, your doctor and the hospital care team. Classes also are available for after your baby's birth.

For more information or to register for a class, visit OrlandoHealth.com/Women.



Labor and Delivery Locations and Tours

Our maternity care is designed around you, with convenient locations and customizable options to help you create a personalized experience. Visit your hospital website to take a virtual tour.



Orlando Health Winnie Palmer Hospital for Women and Babies

83 W. Miller St. | Orlando, FL 32806 | **(321) 843-9792**

Orlando Health Winnie Palmer Hospital for Women and Babies is dedicated exclusively to the unique healthcare needs of women and babies in a caring, family-centered environment. As a leader in women's healthcare, the hospital includes one of the most experienced labor and delivery units in the nation, as well as one of the nation's largest and most successful neonatal intensive care units.

Visit WinniePalmerHospital.com



Orlando Health South Lake Hospital Center for Women and Babies

1900 Don Wickham Dr. | Clermont, FL 34711 | **(352) 394-4071**

At Orlando Health South Lake, we are committed to delivering an intimate birthing experience along with the latest in technology. And to continue to meet the needs of the growing community, the Orlando Health South Lake Hospital Center for Women and Babies has expanded to provide additional postpartum suites, labor and delivery suites, and a space for a Level II NICU, as well as specialty women's health services.

Visit SouthLakeHospital.com/ForWomen



Orlando Health Lake Mary Hospital Center for Women and Babies

380 Rinehart Rd. | Lake Mary, FL 32746 | **(321) 842-2201**

We are bringing the trust and expertise of Orlando Health Women's Institute to our newly opened hospital campus. Women's health is key focus area for our new hospital, from comprehensive obstetrics services to childbirth and postpartum care. Services include private suites, pre-birth in-person tours, both inpatient and outpatient lactation services as well as space for a future NICU.

Visit OrlandoHealth.com/LakeMaryForWomen

Pre-registration

When the time arrives to come to the hospital to deliver your baby, filling out multiple admission forms is the last thing you want to have to worry about. Pre-registering for your hospital stay before childbirth, ideally by the 28th week of pregnancy, ensures that your information is

in our system before your special day. You can pre-register from the comfort of your home to help make check-in faster and smoother when you arrive at the hospital.

For more information or to pre-register, visit OrlandoHealth.com/Women.

Community Resources



Mental Health Services

- Aspire (Orange County)
(407) 875-3700
- Park Place Behavioral Health (Osceola County)
(407) 846-0023
- Aspire/Seminole Behavioral Health (Seminole County)
(407) 831-2411
- 211 Crisis Hotline (24-hour crisis counseling English and Spanish)
(407) 425-2624
- LifeStream Behavioral (Lake County)
(866) 355-9394
- Stewart Marchman Act Behavioral Healthcare (Volusia County)
(800) 539-4228

Domestic Violence Resources

- National Domestic Abuse Hotline
(800) 799-SAFE/(800) 799-7233
- Harbor House/Orange County (Helpline/Hotline)
(407) 886-2856
- Help Now of Osceola, Inc. (Helpline/Hotline)
(407) 847-3286
- Human Trafficking Hotline
(888) 373-7888 or text 233733
- Safe House of Seminole County (Helpline/Hotline)
(407) 330-3933
- Beacon Center - Volusia County (Helpline/Hotline)
(386) 255-2102

Financial/Homeless Resources

- Catholic Charities of Central Florida
(407) 658-1818
- Crisis Assistance Program Orange County
(407) 836-6500
- Salvation Army | (407) 423-8581
- United Against Poverty/Community Food and Outreach Center
(407) 841-2144
- Low Income Home Energy Assistance Program
(407) 836-7429
- Parent Needing Assistance (DCF Hotline)
(800) 962-2873
- Coalition for the Homeless
(407) 426-1250

Pregnancy/Parenting Resources

- **Florida Adoption Information Center**
(800) 962-3678
- **Healthy Families**
 - Orange | (407) 649-9595
 - Osceola | (321) 841-1121
 - Lake | (352) 742-6170
 - Volusia | (386) 254-1226
- **Healthy Start**
 - Orange | (407) 858-1472
 - Osceola | (407) 891-9199
 - Seminole | (321) 363-3024
 - Lake | (352) 314-6933
 - Volusia | (386) 252-4277
- **WIC Supplemental Food Program**
 - Orange | (407) 858-1494
 - Osceola | (407) 343-2085
 - Seminole | (407) 665-3705
 - Lake | (352) 771-5559
 - Volusia | (386) 822-6223

Assistance Programs

- **WIC:** Special Supplemental Nutrition Program for Women, Infants and Children (WIC), providing grants for supplemental foods, healthcare referrals and nutrition education for low-income pregnant and postpartum women, and for infants and children up to age 5 who are found to be at nutritional risk. For eligibility guidelines and program details, visit FNS.USDA.gov/WIC/Women-Infants-and-Children-wic
- **Healthy Start:** A free program offered in the state of Florida available (on a risk basis) to all pregnant women and families with babies less than 3 years old. Services include education, counseling and support groups. To learn more, visit FloridaHealth.gov/Programs-and-Services/Childrens-Health/Healthy-Start

connect to health

