



NEW PREGNANCY PACKET

*Courtney McMillian, CNM, MSN, APRN
Nicole Darby Ramirez, CNM, MSN, APRN
Ryan Gavagni Fiorentino, CNM, MSN, APRN
Carlee Rothman, CNM, MSN, APRN*

1001 NW 13th Street, Suite 101A
Boca Raton, FL 33486
561-300-0600 / 561-300-0601 fax

Congratulations!

You have begun the journey to create a new life.

Thank you for choosing Boca Midwifery for your prenatal, labor and delivery, and postpartum care!

We look forward to building a relationship and will provide you with quality, personalized, compassionate care as you journey through this exciting time. We hope this packet provides you with useful information to help guide you on your journey.

OUR PHILOSOPHY

- We trust in birth and believe that the birth process is a non-medical event for most healthy women.
- We do not believe in routine procedures and interventions unless necessary to support the health and well-being of mom and baby.
- We hope all women have a pregnancy, birth and postpartum experience that is empowering.
- The experience of pregnancy and motherhood is incredibly transforming, and we want to be a part of that by giving you the individualized care and attention you deserve.
- We hope to create a comfortable atmosphere in which you feel cared for, listened to, respected, well-informed, and supported in your decisions.
- We have arranged our practice to have longer visits that allow time for teaching, education, and questions.

Above all, we thank you for giving us your trust during this process.



OUR TEAM

Boca Midwifery is made up of four Certified Nurse Midwives. You may rotate your visits between all four midwives during your pregnancy. Our midwives rotate call for deliveries on a seven-day schedule.



Courtney McMillian, CNM, MSN, APRN

Courtney McMillian is a Certified Nurse Midwife and Advanced Registered Nurse Practitioner. She received her Master's degree from the University of Florida after ten years of labor and delivery nursing. Courtney completed her undergraduate studies at Duke University where she graduated with high honors. She is a member of the American College of Nurse Midwives.



Nicole Darby Ramirez, CNM, MSN, APRN

Nicole is passionate about women's health and aims to empower women throughout the different stages of their life. Her areas of interest include gynecology, preconception counseling, labor support, breastfeeding promotion, and postpartum assistance. She believes every birth is unique and strives to provide women and families with individualized care, creating memorable experiences. She is a true advocate for physiological birth and prioritizes evidence-based care, patient safety, and informed decision-making. She is fluent in Spanish.



Ryan Gavagni Fiorentino, CNM, MSN, APRN

Ryan attended Palm Beach State College for her Nursing and Undergraduate degrees, where she graduated Magna Cum Laude. She worked in labor and delivery for the last 6 of her 10 years as a registered nurse. During this time spent in the health care system, her dedication grew to improve maternity outcomes and she pursued her Master's Degree in Nurse-Midwifery at Frontier Nursing University.



Carlee Rothman, CNM, MSN, APRN

Carlee graduated from the University of Florida with her BSN as valedictorian in 2011 and spent the next 8 years in Durham, NC working as a labor and delivery nurse while earning her Master's of Science in Nurse-Midwifery at East Carolina University in 2018. She has spent years working as a midwife caring for a full spectrum of pregnancies in both hospital and community birth settings.



We consult and collaborate with Dr. David Lubetkin, Medical Director of Boca Midwifery. Dr. Lubetkin is a board-certified obstetrician/gynecologist who has supported midwifery practice for over two decades. If any complications arise during your pregnancy or labor, he may be involved in your care.



David Lubetkin, MD, FACOG

Dr. Lubetkin is a graduate of Johns Hopkins University and Albert Einstein College of Medicine. He completed his residency in Obstetrics and Gynecology at North Shore University Hospital, Cornell University Medical Center in Manhasset, NY. He has been in private practice in Boca Raton, FL since 1996. He has served as Chief of Staff at West Boca Medical Center and President of the Palm Beach County Ob/Gyn Society. He has served as the Chairman of the Department of Obstetrics and Gynecology at Boca Raton Regional Hospital.

Rest assured that A midwife and physician are available 24 hours a day to support you throughout your journey.

Whenever you need to reach us, please call. For appointments select option 2 in the greeting. For non-urgent medical questions/prescription inquiries, please choose option 3 in greeting and leave a message, your call will be returned within 24 hours.



OUR APP – HEALOW

One of the first steps on your pregnancy journey is to download the **HEALOW** app from the Apple Store Google Play Store. **HEALOW** enables you to communicate with us and also access up to date medical records, appointments, managing medications and so much more!

Make sure you add Boca Midwifery by our practice code: **CGIGCA**

Be sure we have your email address on file as this will aid in communication.

Once your email address is confirmed, you will be provided with a user name a temporary password to access the HEALOW portal.

USERNAME:	
Temporary Password:	
New Password:	

Log on to create an account to begin:

- Reviewing lab results
- Communicating with providers
- Managing medication and requesting refills
- Providing providers with updates on medications you are taking or no longer taking
- Confirm upcoming appointments
- Instant access to health records -right at your fingertips!



SCHEDULE OF VISITS

Each of your appointments will take place at our office in Boca Raton. We see patients 5 days a week from 8:30 – 4pm. To schedule an appointment and non-urgent questions or concerns, please call **561-300-0600** between the hours of 9am and 4:45pm. Our on-call provider will be available at this number after office hours and on weekends for emergencies or if you think you are in labor. Please leave a message and wait for a return call within 30 minutes. If you do not receive a call back, please call again. **In a true emergency, always call 911.**

Your initial appointment with us will involve a complete medical history, and a discussion of lab tests, as well as a physical exam and pap if needed.

- Initially you will have prenatal visits every four weeks during your first and second trimesters.
- Beginning at 28 weeks, your prenatal visits will be every two weeks.
- Beginning at 36 weeks, you will have weekly prenatal visits.
- Should your pregnancy extend beyond 41 weeks, we will schedule fetal testing and discuss induction of labor.

Listed below is a journal to help you track all your appointments and the providers you are scheduled to see at each appointment.

Date & Time	Provider	Reason for Visit



UPCOMING TESTS

During your pregnancy, we will perform certain lab tests. These tests can help us find conditions that may increase the risk of complications for you and your baby. Some of these tests are done with a urine sample, while others use a blood sample or a sample of tissue taken from your vagina, cervix, or potentially rectum. Initial tests include:

- Pap smear
- Blood Type
- Antibody Screen
- Rubella Status
- Hepatitis
- RPR (to test for syphilis)
- HIV
- Complete Blood Count
- Urinalysis and Urine Culture

Glucose

Between 24- and 28-weeks' gestation, a Glucose test will be recommended to screen for gestational diabetes. There are a few variations of Glucose testing and a few different ways to prep. If you're getting the one-hour glucose test, you don't have to do anything special to prepare. It's fine to eat normally both the night before and the day of the test. You will be given a bottle containing 10 ounces of glucola to bring home and refrigerate. You need to drink the bottle 45 minutes prior to your appointment time and be sure to drink the glucola within 10 minutes! When you arrive at the office, please notify the front desk of the time when you finished drinking and they will notify the nurse. To make it easier, here is a spot to log it!

DATE / DAY:	
Start Time:	
End Time:	

If you are having a three-hour Glucose test, you'll have your blood drawn first, then drink the sweet glucose drink. Then you'll have your blood drawn two more times over the course of two hours. You should not eat for 8 hours prior to the test as only the three-hour test requires you to be fasting. Additionally, prior to the test you may be asked to follow a diet that is high in carbohydrates. This will all be discussed in detail with you by your provider.



At this time your Glucose test is done, we also check blood count and re-screen for STDs.

If you prefer not to drink the glucola beverage, there are several alternatives to discuss with your provider, most can be found locally or online:

- Santa Cruz Organic Concord Grape Juice
 - Drink 10 oz = 50gm over 10 minutes
- R.W. Knudsen Organic Concord Grape Juice
 - Drink 10 oz = 50gm over 10 minutes
- Fresh Test 50g Lemonade
 - Find this online at www.thefreshtest.com
 - Drink the entire package of Fresh Test and mix in 10g of water. This should be consumed within 10 minutes of starting.
- Glucoganics Organic Lemonade
 - Find this online www.glucoganica.com
 - Drink the whole bottle within 10 minutes of starting.

At 36 weeks, we will perform a vaginal/rectal swab for Group B *Streptococcus* more commonly referred to as Group B Strep. Based upon your results a treatment plan will be discussed with your provider for your labor. More information on GBS is available at <https://www.cdc.gov/groupbstrep/>

Test	Date	Results
Group B Strep Results		



GENETIC TESTING OPTIONS

Prenatal genetic testing can give you some insight into whether your baby has certain genetic disorders. Listed below are a few of the screening options available:

A first trimester screen blood test as well as an ultrasound to measure nuchal translucency (neck-fold thickness – which can be associated with Down syndrome and other congenital abnormalities) and view the baby's nose bridge and other physical markers for Down Syndrome.

Sequential or Integrated screening is the “First Screen” combined with a second blood draw in the second trimester.

Quad Screen is a blood test that looks at four different markers in your blood to estimate your risk of having a baby with Down's syndrome, Trisomy 18, and neural tube defects (e.g. Spina Bifida). The test takes your ethnicity, your age, how far into your pregnancy you are, your weight, and your blood, and calculates your risk for having a baby with one of the aforementioned complications. It is typically performed around 16 weeks.

NIPT – non-invasive prenatal testing is a blood test for Down Syndrome and other chromosomal abnormalities that can be run as early as 10 weeks during a pregnancy. The results take about 1 week and include the gender, if you'd like. If you elect to have this test done, you will also need an AFP test at 16+ weeks gestation to screen for neural tube defects. Please verify your insurance benefits as this test may not be a covered benefit. You may call your insurance directly to check if CPT code 81420 is covered through your policy. You may also contact Natera, the company that runs the Panorama test, to estimate your out of pocket cost. Natera: 1-855-814-6945 https://my.natera.com/pre_test/estimate_cost

Test	Timing	Detection Rate
NIPT	10+ Weeks	>99%
Sequential Screen (Part 1)	11 – 13 weeks	>80%
Sequential Screen (Part 2)	15 – 22 weeks	>90%
Quad Screen	15-22 weeks	>80%



CARRIER SCREENING

Carrier screening is a type of genetic test that can tell you whether you carry a gene for certain genetic disorders. When it is done before or during pregnancy, it allows you to find out your chances of having a child with a genetic disorder. All patients will be offered carrier status for a large list of genetic conditions including:

Cystic Fibrosis - affects about 1 in 3,300 people in the United States. It causes the body to produce abnormally thick mucus, leading to life threatening lung infections, digestive problems, diarrhea, poor growth and infertility. Individuals with mild CF may reach adulthood and be unaware that they have the disease. However, the average life span is 37 years.

Spinal Muscular Atrophy - SMA is a severe, often fatal, disorder in which muscles involved in essential functions, such as breathing, eating, and movement, become progressively weaker and ultimately waste away. There is currently no treatment for SMA.

Fragile X Syndrome - Fragile X Syndrome affects approximately 1 in 4,000 males and 1 in 8,000 females. The majority of males with Fragile X Syndrome have a significant intellectual disability. The spectrum ranges from learning disabilities to severe mental retardation and autism. About one third of the females affected with Fragile X syndrome have a significant intellectual disability. Others may have more moderate or mild learning difficulties.

We recommend that you call your insurance company and talk to them about which tests are covered.

If you are interested in comprehensive carrier screening, we offer the Horizon test with a panel of 274 genetic conditions.

You may contact Natera, the company that runs the Horizon test, to estimate your out-of-pocket cost. Natera: 1-855-814-6945

https://my.natera.com/pre_test/estimate_cost



FETAL ACTIVITY

Women typically experience the first signs of between 18 and 22 weeks. After 28 weeks, we recommend doing fetal kick counts daily. Choose a time during the day when your baby is typically active. You should feel 10 movements within that hour. Remember that babies have sleep cycles. Below is a chart to help you track your kick counts.

Pregnancy Week:

DATE / DAY							
Start Time							
End Time							
Time to Reach 40 Kicks							

Pregnancy Week:

DATE / DAY							
Start Time							
End Time							
Time to Reach 40 Kicks							

Pregnancy Week:

DATE / DAY							
Start Time							
End Time							
Time to Reach 40 Kicks							

Pregnancy Week:

DATE / DAY							
Start Time							
End Time							
Time to Reach 40 Kicks							

If you have not felt your baby move in for a couple hours, eat, drink a large glass of cold water and lay down on your side. You should feel at least 10 movements within the next hour. If you do not feel adequate movement, please call us at 561-300-0600.



“SIGNS” WE WANT TO KNOW ABOUT

Your body is changing and that can be exciting and scary at the same time! Whether or your first baby or not – not two pregnancies are the same and there are several signs to be on the lookout for! **If any of these signs occur, please call us right away at 561-300-0600:**

- Severe lower abdominal pain or cramping
- Heavy bleeding from your vagina
- Uterine contractions or rhythmic lower back pain – more than 6 times per hour before 37 weeks
- Gush or trickle of fluid from your vagina
- Decreased movement of the baby after 28 weeks
- Pain or burning during urination
- Temperature is greater than 100.4 degrees

In a true emergency, always call 911.

You may be anxious as to “WHEN TO GO” to the hospital, how will I know? Don’t worry – very rarely does it happen like in the movies... there will be several signs that you are moving into early labor and ultimately active labor.

Early labor signs

This is a good opportunity to give us a call and let us walk through your symptoms so together we can walk through a plan!

- Contractions might start that aren’t too strong, they may feel regular or could even come and go
- You might also feel your little one move around and kick more than they usually do or feel additional pressure of the baby “dropping” into place. This is likely because they are making their way down headfirst (hopefully) into your birth canal.
- As your birth canal opens the mucus plug to your cervix may pop out. **Don’t be alarmed!** This is exciting and natural – you may even see a clear, pink, or even red glob or discharge in your underwear, or notice it when you wipe after using the toilet.



Active labor signs

We should be checking in and monitoring your progress once in active labor, so we can decide when it is time to head to the hospital.

- Contractions are stronger, more regular, and happen closer together in active labor. It's a good idea to time them. Write down when your contractions happen and how long they last. This might be helpful for your partner:

Time	Duration	Frequency

- Contractions usually are 3 to 4 minutes apart, lasting about 60 seconds
- Your water may break! Remember we want to hear from you if this happens!



ULTRASOUNDS

An in-house ultrasound will be performed on your first OB visit to confirm the due date. Follow up ultrasounds will be done at a maternal-fetal specialist's office. A complete anatomy scan will be offered around 20 weeks to check growth and anatomy of the baby.

Appointment	Day & Time
20-wk Ultrasound	

Around 34 weeks, an ultrasound will be performed to assess the growth and position of the baby as well as to evaluate the amniotic fluid levels.

Appointment	Day & Time
34-wk Ultrasound	

If you are interested in 4D ultrasounds, we recommend Teddy Bear Ultrasounds in Delray Beach, 561-496-0906.



DIET, NUTRITION & EXERCISE

DIET

During pregnancy, we recommend eating a diet similar to the Mediterranean diet, which translates to “eating close to the earth.” This nutrition principle encourages you to peel and chop your food, eat lean proteins and healthy fats, and avoid pre-packaged foods. If it comes out of a bag or a box, it is probably not of much value to you or your growing baby.

- Dairy: Your preference of dairy products – milk, yogurt, cheese
- Protein: 70-100 grams per day
- Calcium: 1200 mg per day
- 8-12 cups of water per day
- Moderate caffeine intake of 1-3 servings per day is acceptable

If you choose to eat deli meats, we recommend heating them to 160 degrees (until steaming). It is important to have iodized salt in your diet, as opposed to only sea salts. AVOID:

- Unpasteurized cheese and raw milk
- Undercooked meats or fish
- Large fish, including king mackerel, swordfish, tile fish, and albacore tuna Smoking cigarettes
- Alcohol consumption

NUTRITION

Start by remembering to always take your vitamins. Your prenatal vitamins or a whole food supplement daily with at least the ingredients below:

- 400mcg folate
- 400 iu D3
- 100mcg iodine
- Omega-3 (minimum 1500mg combined DHA+EPA daily)

Continue down a nutritional pregnancy journey by always staying hydrated, remembering to drink 8-12 cups of water per day.



If you would like a more personalized approach to nutrition counseling, we suggest Patricia Lane, a board-certified Registered Dietitian. Patricia can be reached at 772-266-0203 and accepts most major insurance plans.

EXERCISE

We encourage you to continue with your normal exercise routines during your pregnancy. Regular exercise during pregnancy has several benefits, including:

- Reduces back pain
- May help to ease constipation
- Decrease your risk of gestational diabetes, preeclampsia, and cesarean birth
- Promotes healthy weight gain during pregnancy
- Improves your overall fitness and strengthens your heart and blood vessels

Some helpful guidelines when exercising include:

- Be cautious of signs for overexertion or abdominal cramping.
- Remember to increase your hydration during and after exercise with water and electrolytes.
- Wear a sports bra that provides support to help protect your breasts.
- Avoid standing still or lying flat on your back as much as possible. When you lie on your back, your uterus presses on a large vein that returns blood to the heart. Standing motionless can cause blood to pool in your legs and feet. These positions may cause your blood pressure to decrease for a short time.

Which exercises are best? Experts agree these exercises are safest for pregnant women:

- Walking—Brisk walking gives a total body workout and is easy on the joints and muscles.
- Swimming and water workouts—Water workouts use many of the body's muscles. The water supports your weight, so you avoid injury and muscle strain.
- Stationary bicycling—Because your growing belly can affect your balance and make you more susceptible to falls, riding a



standard bicycle during pregnancy can be risky. We recommend cycling on a stationary bike if that is your preferred method of exercise.

- Modified yoga and modified Pilates. Yoga can help reduce stress, improve flexibility, and encourages stretching and focused breathing. We recommend that you look for a prenatal yoga and a Pilates class that is designed for pregnant women. AVOID Hot yoga or Hot Pilates.

Because we are often asked, we want to let you know that YES – intercourse is a safe exercise during pregnancy for most women having healthy pregnancies and no it will not harm your baby! Some women have cramps or spotting after sex with penetration. Also, orgasm can cause cramps. If you have severe, persistent cramping, or if your bleeding is heavy (like normal menstrual bleeding), give us a call at 561-300-0600.

Of course, it's up to you whether you feel like having sex. Some women do, and some don't. During your first trimester, you may feel too tired or nauseated to engage in sex. But you may find that your sex drive comes back during the second trimester after any morning sickness goes away and you have your energy again. It's also normal for desire to fade again during the third trimester. Whatever your mood, we encourage you to talk with your partner.

***** THINGS TO AVOID *****

We advise you to avoid high impact activities, contact sports and sports that put you at risk of getting hit in the abdomen, activities that may result in a fall, scuba diving and sky diving, and hot tubs or saunas.

Always be alert to your body for signs of overheating and dehydration. When in doubt, write it down and we can chat about it during your next visit.



OVER-THE-COUNTER MEDICATIONS

The following is a list of over-the-counter medications which are acceptable for use throughout your pregnancy.

Headache, pain, or discomfort	Tylenol, 2 regular strength every 6 hours
AVOID ASPIRIN OR IBUPROFEN (MOTRIN, ADVIL)	
<i>Cold, flu, congestion, sinus or allergy symptoms</i>	Benadryl, Tylenol Cold, Claritin for allergies. <i>Cough - Robitussin Dm Delsym</i>
<i>Sore Throat</i>	Throat lozenges, Chloraseptic
<i>Heartburn</i>	papaya/digestive enzymes, TUMS, Zantac, Pepcid AC
<i>Constipation</i>	Colace (docusate sodium), Metamucil, Citrucel, FiberCon, Natural Calm magnesium supplement
<i>Yeast Infections</i>	Monistat, Gyne-Lotrimin
<i>Sleep Problems</i>	Tylenol PM, Unisom, melatonin
<i>Nausea</i>	Vitamin B6, Unisom, Emetrol, Dramamine (non-drowsy), Preggie Pops

Please keep this information as a convenient reference guide.

Resource for Medication Safety in Pregnancy and Lactation:
<https://mothertobaby.org/>

Speak to a live counselor to answer your questions about the safety of medication, herbs, supplements, or beauty products 1-866-626-6847

You may always consider chiropractic and/or acupuncture for non-medicinal treatment of these issues. Additionally, Wish Garden Herbs makes a complete pregnancy and postpartum line of herbal tinctures
<http://www.wishgardenherbs.com/pregnancy>



COMPLEMENTARY THERAPIES

We feel that chiropractic, acupuncture, physical therapy, and massage therapy are safe during pregnancy so long as the practitioners are licensed and comfortable working with pregnant women. We frequently refer to:

ACUPUNCTURE

Boca Raton: Lifegate 561-921-LIFE
Delray/Wellington: Dr. Schiff 561-243-2030
WPB: Dr. Penny Wang 561-615-4535
Plantation: Dr. Amaya 786-344-8878

CHIROPRACTIC

East Boca: Dr. Gill 754-224-6887
West Boca: Dr. Weidlich 561-477-8081
Wellington: Dr. Chung 561-247-0044
Juno Beach: Dr. Alli Manis 561-694-0708
Delray: Dr. Shore 561-278-2727
Coconut Creek: Dr. Moukhtafi 954-944-3267

Physical Therapy

Painless Pregnancy: 954-507-2010

Massage Therapy

Orchid Nest: 561-865-5692



PEDIATRICIANS

Choosing a pediatrician for your newborn is an important step. Below are a few recommendations depending on your location and health insurance plan.

Boca Raton & Delray Beach

Boca Raton Family & Pediatric Dr. Sandra Alvarez 561-477-2862 Pediatric Associates Dr. Reiss & Dr. Papadimitriou 561-477-7700 (other locations available) Sawgrass Pediatrics Dr. Jordan Mussary 561-487-9912	Cohen & Shenker Pediatrics 561-362-4330 Pediatric Partners Dr. Mackenzie Dailey 561-393-8555 Dr. Maria Arreaza 561-270-5144
---	---

Boynton Beach

Pediatric Place Dr. Amy Krostich & Dr. Barry Lowy 561-734-1888	Just for Kids Pediatrics Dr. Petra McEwan 561-369-0111
--	--

Coral Springs

Children's Medical Associates Dr. Mark Stavitsky 954-580-4800	Palm Pediatrics Dr. Ashley Bayer 954-753-2810
Holistic Pediatrics Dr. Linda Colon 954-752-8446	

If you are interested in a Concierge Pediatrician, a doctor who provides personalized care to a smaller number of patients, usually on a retainer or membership basis (not through insurance coverage) where services may include 24/7 virtual access and home visits, we have two we recommend:

Boca VIPediatrics Dr. Chad Rudnick, Dr. Scott Fisch, Dr. Mini Raut - Boca Raton 561-923-9635	Personalized Pediatrics Dr. Edna Tello Coral Springs 954-632-2791
---	--



DOULAS

A doula is a trained professional that can provide you with emotional, physical, and educational support before, during, and after childbirth. Doulas don't deliver healthcare services, but they do offer valuable physical and emotional support during pregnancy and the postpartum period. We frequently refer to:

Orchid Nest

www.orchidnest.com

525 SE 6th Ave, Delray Beach, FL 33483

561-865-5692

Call the office and ask for details about the
"Meet the Doula event"

Carry you Through

www.carryyouthroughdoula.com

DoulaKari@CarryYouThroughDoula.com

954-918-2728

Kari Yazejian, Doula (CPLD, BA)

Empowered Bellies

www.empoweredbellies.com

Chelsea

Coastal Doulas

www.coastaldoulas.com

561-513-8713

Bonnie Kelly & Lindsey Ripley



LABOR & DELIVERY

As you get closer to the big day, we have pulled together some tips on what to pack and help you plan your stay in the hospital. Our handy list includes all the essentials for your baby, your partner, and you. We've also included hospital bag packing tips from moms – and sound advice on what you shouldn't bring with you.

We believe that having your hospital bag ready in advance can help you feel more secure and ready for whatever happens in your last weeks of pregnancy. Pack your hospital bag by the time you're about 36 weeks. Having your hospital bag ready in advance can help you feel more secure and ready for whatever happens in your last weeks of pregnancy. Pack your hospital bag by the time you're about 36 weeks pregnant, since you could go into labor at any time in the weeks before your due date. Keep your "go-bag" near the door – or even in the car. Of course, you'll have to add some items at the last minute (like your brush, phone, and insurance card), but you can pack some of the essentials in advance.

Hospital bag checklist for you!

Essential items and documents:

- ❑ A picture ID (driver's license or other ID), your insurance card, and the name and phone number of selected pediatrician. Check with the hospital or birth center ahead of time regarding any paperwork you should bring. Ask if it would be helpful for you to bring a copy of your medical records.
- ❑ Your birth plan, if you have one. Bring extras in your hospital bag so everyone on your medical team can have a copy.
- ❑ Cell phone and charger. You may want to bring a multi-plug outlet in case you need to charge several electronic items at once.
- ❑ Cord blood kit, if you're planning to bank or donate your baby's cord blood. (Make sure you read the paperwork ahead of time.)

Personal Items:

- ❑ Toiletries. Pack a toothbrush and toothpaste, lip balm, deodorant, a brush and comb, makeup (if you're planning to use it), and hair ties. Hospitals usually provide soap, shampoo, and lotion, but you might prefer your own. A hanging toiletry bag can be helpful, since there's usually little counter space in the bathroom.
- ❑ Sanitary pads. The hospital will provide sanitary pads to absorb all the blood after delivery, but if you like using a specific brand, feel free to bring your own. And make sure you have a supply of heavy-flow pads waiting at home!



- Eyeglasses, if you wear them. Many expectant moms who wear contact lenses opt not to deal with them while in the hospital or birth center. But if you'll be wearing contacts, remember to bring lens solution and a lens case. Note: If you're having a c-section, you'll be asked to remove your contact lenses before the procedure.

Clothing:

- A bathrobe, a nightgown or two, slippers, and socks. Hospitals and birth centers provide gowns and socks for you to use, but some women also bring their own. Choose a loose, comfortable gown that's either sleeveless or has short, loose sleeves so that your blood pressure can be checked easily.
- Backless slippers and a lightweight robe may come in handy if you want to walk the halls during labor or recovery. Keep in mind that whatever you wear could get stained with blood and other body fluids.
- A nightgown that opens in front will allow for skin-to-skin contact with your newborn and make breastfeeding easier.
- A comfortable outfit or two. Some moms prefer changing out of their nightgown during their stay in the hospital, especially if they're expecting visitors. Maternity yoga pants and tops are a good option, since your belly will still look pregnant. If you have a c-section, you'll want loose clothing that will be comfortable over your incision. For going home, have something roomy and easy to get into and a pair of flat, comfortable shoes.
- Several pairs of postpartum underwear. Some women love the mesh underwear provided by the hospital, but others don't. You can't go wrong with your own roomy cotton underpants.
- Comfortable nursing bras. Your breasts are likely to be tender and swollen when your milk comes in, which can happen anytime during the first several days after delivery. A good bra can provide some comfort, and nursing pads can be added to help absorb leaks.

Essentials for labor:

- Comfort items. A picture of someone or something you love, essential oils (get permission from the hospital or birth center ahead of time), or anything else you find comforting.
- Massage lotion or oil, if you think you might enjoy a massage while in labor.
- Music. Bring your favorite playlists, headphones or earbuds, and perhaps a portable speaker.
- Books, magazines, and a tablet. Entertainment can come in handy in early labor especially.



Supplies for after labor:

- Snacks! After many hours of labor, you're likely to be pretty hungry, and you may not want to rely solely on hospital food. So we often suggest bringing your own – crackers, fresh or dried fruit, nuts, granola bars, or whatever you think you'll enjoy. If you've had a c-section, you can probably have fluids after an hour, but you may have to wait for eight hours or so before eating anything. (This may depend on how much narcotic medication you need and whether you're feeling nauseated.)
- Eye mask and earplugs. These can help you sleep if your room is bright or noisy.
- A notepad or journal and pen. You can track your baby's feeding sessions, write down questions for your provider, or journal about your baby's birth. Some moms bring a baby book so they can record the birth details right away.
- Book or app on newborn care. Postpartum nurses will be there to answer questions and show you how to change, hold, nurse, and bathe your newborn if you need guidance. But you may also want to have additional resources.
- Nursing pillow. A specially designed pillow can provide better support than hospital pillows.
- Gifts for older siblings. Some parents bring gifts for the new baby to "give" to older brothers and sisters when they visit, such as small toys or a "big brother" or "big sister" t-shirt.

Hospital bag checklist for your partner!

- Camera or video camera (to use instead of or in addition to your phone). Someone has to document the big event! Some hospitals and birth centers don't allow videotaping of the birth itself, but there's usually no rule against filming during labor or after birth.
- Toiletries
- Comfortable shoes and a few changes of comfortable clothes
- Snacks and drinks
- Books and magazines
- Cell phone for keeping family and close friends posted on the labor and birth. Don't forget the charger!
- Money (or a credit card) for parking and vending machines.
- Pillow and a small blanket, if you prefer to use your own instead of what's provided by the hospital. It's important for labor partners to rest during downtimes too.
- Prescription medications and pain reliever, in case you get a headache or have a backache from dozing on the hospital chair or cot.



Hospital bag checklist for your baby!

- ❑ Baby nail file and nail clippers. Newborns often have sharp, pointy nails and can manage to scratch themselves on the face. You may want to bring baby nail files or clippers to trim tiny nails, or pack newborn mittens from home.
- ❑ Coming-home outfit. Your baby will need an outfit to go home in, including socks or booties if the clothing doesn't have feet, and a hat if it's cold. Make sure your baby's outfit has legs (so not a baby gown) so that the car seat strap can fit between them easily.
- ❑ Baby blanket. The hospital or birth center will provide blankets for swaddling your baby while you're there, but you may want to bring your own to tuck around your baby in the car seat for the ride home. Make it a thicker one if the weather's cold.

Also, don't forget to have an installed car seat ready to go in the car. You can't drive your baby home without one! Make sure your car seat is rear-facing and know how to buckle your baby in correctly.

What *not* to pack in your hospital bag

- ✓ Jewelry, lots of cash or other valuables. You won't need it, and you don't want to worry about things getting lost.
- ✓ Medications, including vitamins. Any medication or vitamin you bring from home must be approved by the hospital's pharmacy – and the process can take a long time. Make to ask your provider if the hospital will provide all the medications you'll need, or if you should bring your own medications and get the hospital's approval before you arrive.
- ✓ Diapers and diaper wipes. The hospital will provide diapers and wipes for your baby while you're there.
- ✓ Baby clothes. Other than a coming-home outfit, you don't need to bring baby clothes to the hospital. During your stay, the hospital will provide long-sleeved baby shirts and swaddling blankets.
- ✓ Bottles and nipples. If you're planning to bottle feed, the hospital will have these on hand.
- ✓ Candles. Hospitals and birth centers won't allow you to burn them. You might be able to use a diffuser for essential oils, though.



RECOMMENDED READING

Many women have found *The Everything Pregnancy Book* helpful to organize questions and answer Frequently Asked Questions or make sure to stop by and browse through our in-house library of books. Listed below are a few of our must-reads to guide you on this journey. All can be found on Amazon.com

- “The Natural Pregnancy Book, Third Edition: Your Complete Guide to a Safe, Organic Pregnancy and Childbirth with Herbs, Nutrition, and Other Holistic Choices”
 - by Aviva Jill Romm and Ina May Gaskin.
- “The Womanly Art of Breastfeeding”
 - by Diane Wiessinger
- “Ina May’s Guide to Breastfeeding”
 - by Ina May Gaskin
- “Homebirth in the Hospital: Integrating Natural Childbirth with Modern Medicine”
 - by Dr. Stacey Kerr
- “Natural Hospital Birth: The Best of Both Worlds”
 - by Cynthia Gabriel
- “Birthing from Within”
 - by Pam England and Rob Horowitz
- “Real Food for Pregnancy: The Science and Wisdom of Optimal Prenatal Nutrition”
 - by Lily Nichols
- “Lactivate!: User’s Guide to Breastfeeding”
 - by Chrisie Rosenthal and Jill Krause



FREQUENTLY ASKED QUESTIONS

What hospitals do you deliver at?

- Boca Raton Regional Hospital
 - 800 Meadows Rd, Boca Raton, FL 33486
 - (561) 955-7100
 - baptisthealth.net
- West Boca Medical Center
 - 21644 State Road 7, Boca Raton, FL 33428
 - (561) 488-8000
 - www.palmbeachhealthnetwork.com

What is the difference between a midwife and a doctor?

- A Certified Nurse Midwife is a Nurse Practitioner who specializes in normal, low-risk pregnancy and delivery. An OB/GYN is a physician who cares for low and high-risk women.

Will I get to meet the backup doctor during the pregnancy?

- We do not plan for any prenatal visits with our backup OB/GYN Dr. Lubetkin, but that option is always available, should you request it.

When would Dr. Lubetkin be involved in my care?

- In the case of vacuum-assisted vaginal delivery or cesarean section, Dr. Lubetkin would be the one delivering the baby. Your midwife will still be present and assist with the birth of your baby. During the pregnancy, should any complications arise, the midwife may consult with him as well.

I don't want routine interventions at birth. Will you support that choice?

- We will discuss any necessary interventions as the need arises. If labor is normal, and you and your baby are healthy, we don't anticipate any reason to intervene. We do have minimum interventions that are hospital policy. These will be specific to your situation in labor.

I want to be active and mobile in labor; can I be free from monitors and cords?

- Absolutely! We encourage mobility and want you out of bed as much as possible.



Do I have to deliver on my back?

- Our hospital beds can accommodate a reclined, side-lying, squatting or kneeling position.

Do you offer delayed cord clamping?

- We routinely wait several minutes before clamping the cord. If you choose to bank your baby's cord blood, we will discuss appropriate timing of clamping the cord, usually 30-60 seconds. If there is a complication at the time of delivery, it may be necessary to clamp and cut the cord quickly to allow the pediatrician to take care of the baby.

Will I be placed on time restraints in labor?

- Your labor will be allowed to progress on its own time frame without arbitrary limits or expectations of progress. There are certain situations in which delivery must be expedited, but typically labor progresses best on its own, when left undisturbed.

Will the midwife be with me throughout my whole labor?

- For guaranteed one-on-one support, we recommend you hire a doula for labor. She will come to your home, labor with you and help you decide the best time to come to the hospital. We love doulas and we know that birth outcomes are better when they are involved in your care! The midwife will make herself available to support you in labor as needed. We try our best to be with you from the active stage of labor through delivery.

What if I get to the hospital too early – will I have to stay?

- No, if you are not active in labor, and the baby and you are both doing well, we will recommend that you return home until labor is better established.

Can I have a water birth?

- Boca Raton Regional welcomes labor tubs, however, they will have you get out for delivery. They do not allow water birth. If you are interested in renting a tub, they can be rented through the Orchid's Nest – 561-865-5692.



If I go past my due date, will I be encouraged to be induced?

- We prefer to avoid induction of labor whenever possible. We know it is normal for pregnancies to extend beyond the due date. In these cases, we schedule more frequent visits and ultrasounds to make sure the baby and placenta are still doing well. Should the pregnancy approach the 42-week mark (2 weeks past the due date), we will schedule an induction.

What is your cesarean section rate?

- Our primary cesarean section rate (meaning the first c/s a woman has ever had) is around 10% each year. The World Health Organization recommends this rate be 15% or less. Locally, the c/s rate exceeds 35%.

NOTES:

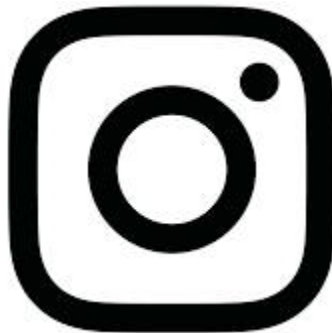


SOCIAL

Stay connected with us:



www.facebook.com/BocaMidwifery



Instagram /boca_midwifery



ADDITIONAL RESOURCES

In the following section you will find some additional resources from the team at Boca Midwifery. We hope you find it helpful.

NOTES:

