



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.

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.

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

OUR OFFICE:

1001 NW 13th Street; Suite 101A Phone: 561.300.0600
Boca Raton, FL 33486 Fax: 561.300.0601

A midwife and physician are available 24 hours a day. *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.

For appointment scheduling and non-urgent questions or concerns, please call 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.*

Like us on Facebook! www.facebook.com/BocaMidwifery

Join our private Facebook group: <https://www.facebook.com/groups/BocaMidwifery/>

You may also wish to email the midwives with **non-urgent questions**.

Our email is: bocamidwife101a@gmail.com



We consult and collaborate with Dr. David Lubetkin, Board-certified obstetrician/gynecologist who supports midwifery practice. If any complications arise during your pregnancy or labor, he may be involved in your care.

SCHEDULE OF VISITS

We have arranged our practice to have longer visits that allow time for teaching, education, and questions. Please bear in mind that last-minute cancellations on our behalf are sometimes inevitable due to the unpredictable nature of childbirth. We apologize in advance for any inconvenience this may cause.

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

- Initially you will have prenatal visits every four weeks.
- 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.

LABWORK – Blood work is drawn in-house for your convenience

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.

Between 24 and 28 weeks gestation, a Glucose test will be recommended to screen for gestational diabetes. At this time, we also check a blood count and re-screen for STDs.

At 36 weeks, we will perform a vaginal/rectal swab for Group B Strep. More information on GBS is available at <https://www.cdc.gov/groupbstrep/>

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 performed around 20 weeks to check growth and anatomy of the baby. 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.



DIET & NUTRITION

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

4-6 liters 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

RECOMMENDED SUPPLEMENTS - *If you need specific brand recommendations, please ask*

✓ Prenatal vitamins or a whole food supplement daily with at least:

-400mcg folate

-400 iu D3

-100mcg iodine

✓ Omega-3 (minimum 1500mg combined DHA+EPA daily)

EXERCISE

We encourage you to continue with your normal exercise routines during your pregnancy, but be cautious of signs for overexertion or abdominal cramping.

Avoid high impact activities, and be alert for signs of overheating and dehydration. Walking, swimming and yoga (non-Bikram style) are examples of good exercises to incorporate into your daily routine. Remember to increase your hydration during and after exercise.



FETAL ACTIVITY

Women typically experience the first signs of baby movements 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. 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.

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:

CHIROPRACTIC

Lake Worth/Delray:

Shtulman Family Chiropractic 561-275-2525

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

ACUPUNCTURE

Boca Raton: Lifegate 561-921-LIFE

Delray/Wellington: Dr. Schiff 561-243-2030

PREGNANCY WARNING SIGNS

If any of these signs occur, please call us *right away*:

- Severe lower abdominal pain or cramping
- Heavy bleeding from your vagina
- Uterine contractions or rhythmic lower back pain – more than 4 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 greater than 100.4 degrees



GENETIC TESTING OPTIONS

Screening options:

First Trimester Screen is a 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%



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



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)*****

Cold, flu, congestion, sinus or allergy symptoms - Benadryl, Tylenol Cold, Claritin for allergies.

Cough - Robitussin

Nausea - Vitamin B6, Unisom, Emetrol, Dramamine (non-drowsy), Preggie Pops

Sore Throat - Throat lozenges, Chloraseptic

Heartburn – papaya/digestive enzymes, TUMS, Zantac, Pepcid AC

Constipation - Colace (docusate sodium), Metamucil, Citrucel, FiberCon, Natural Calm magnesium supplement

Yeast Infections - Monistat, Gyne-Lotrimin

Sleep Problems - Tylenol PM, Unisom, melatonin

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>



RECOMMENDED READING

- ✓ The Natural Pregnancy Book by Aviva Romm, MD is a “must have” book for pregnancy. There are safe herbal alternatives to over-the-counter medications.
- ✓ The Womanly Art of Breastfeeding by Diane Wiessinger
- ✓ Ina May’s Guide to Breastfeeding by Ina May Gaskin

If you are planning a natural birth:

- ✓ 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
- ✓ Ina May’s Guide to Childbirth by Ina May Gaskin
- ✓ New Active Birth: A Concise Guide to Natural Childbirth by Janet Balaskas
- ✓ Birthing from Within by Pam England

Many women have found **The Everything Pregnancy Book** helpful to organize questions and answer Frequently Asked Questions (available through Amazon.com)



FREQUENTLY ASKED QUESTIONS

How many midwives are in the practice?

There are three Certified Nurse Midwives - Courtney McMillian, Niccole Darby Ramirez, and Ryan Gavagni Fiorentino. One midwife is always on call for deliveries.

What hospitals do you deliver at?

Boca Raton Regional Hospital and West Boca Medical Center. The choice is yours.

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 make arrangements 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 in active 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 (which can be rented through the Orchid's Nest) but they will have you get out for delivery. They do not allow water birth.

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%.