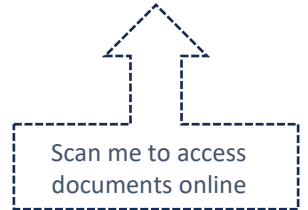
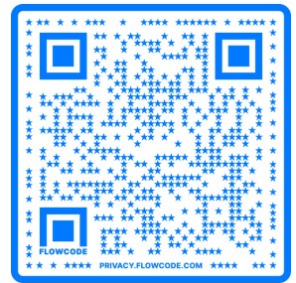


New Pregnancy Welcome Packet

Congratulations!

I am excited for you! A pregnancy is a joyful occasion and I am grateful to be part of this journey with you. I would like to take this opportunity to thank you for choosing my practice for your obstetrical care. This is an exciting time and I want help guide your pregnancy to have the best possible outcome for you and your family. There are a few things to consider -

Your body goes through major changes during pregnancy, and I want to help prepare you for these changes. The QR code here allows you to access the website where all the pregnancy related information is available to our patients.



You can also visit www.DavieOBGYN.com & access all the information.

Welcome to our practice!

Dr. Malik

DELIVERING HOSPITAL: HCA UNIVERSITY HOSPITAL
ADDRESS: 3476 S University Dr, Davie, FL 33328
Labor and Delivery (located on 3rd floor): Tel: 954-475-5867
Maternity tours can be scheduled by going to the following link:
<https://www.hcafloridahealthcare.com/locations/university-hospital/calendar>

Reaching the Doctor – Our main office number is (954) 791-3090. You can call MON- FRI 9:00AM to 4:00PM for any non-emergent concerns, questions or appointments. **Generally, Dr. Malik is in the office Mon-Friday (9AM-12PM) and can see patients to evaluate unplanned issues/concerns in the office. If you like to get evaluated, please call early in the morning and request for an add-on to the schedule before noon so we can address your medical concerns.**

For non-urgent issues, Dr Malik will return messages upon return to the office.

When to go the hospital? **Emergencies (bleeding, rupture of membranes, labor pain, not feeling baby move etc) require emergent evaluation and should be done at the hospital. Go to the hospital for further evaluation.**

After business hours and on weekends, for emergencies you may contact the on-call doctor through the same number. The on-call doctors change daily and include the following physicians – Dr. Malik, Dr. Talavera, Dr. Pimentel, Dr. Wahid etc.

We encourage the following:



- **Exercise:** As long as you don't have any medical issues or high risk pregnancy complications, shoot for 30 minutes of low-impact exercise, such as walking or stationary cycling, at least five days a week. Along with keeping your weight in check, it can ease constipation, insomnia, lower back pain, and other pregnancy discomforts while building stamina for labor and delivery.

- **Folic Acid:** also known as folate, is a B vitamin that is important for pregnant women. Before pregnancy and during pregnancy, you need 400 micrograms of folic acid daily to help prevent major birth defects of the fetal brain and spine called neural tube defects. Current dietary guidelines recommend that pregnant women get at least 600 micrograms of folic acid daily from all sources. It may be hard to get the recommended amount of folic acid from food alone. For this reason, all pregnant women and all women who may become pregnant should take a daily vitamin supplement that contains folic acid.

- **Iron:** is used by your body to make a substance in red blood cells that carries oxygen to your organs and tissues. During pregnancy, you need extra iron—about double the amount that a nonpregnant woman needs. This extra iron helps your body make more blood to supply oxygen to your fetus. The daily recommended dose of iron during pregnancy is 27 mg, which is found in most prenatal vitamin supplements. You also can eat iron-rich foods, including lean red meat, poultry, fish, dried beans and peas, iron-fortified cereals, and prune juice. Iron also can be absorbed more easily if iron-rich foods are eaten with vitamin C-rich foods, such as citrus fruits and tomatoes.

- **Calcium:** is used to build your fetus's bones and teeth. All women, including pregnant women, aged 19 years and older should get 1,000 mg of calcium daily; those aged 14–18 years should get 1,300 mg daily. Milk and other dairy products, such as cheese and yogurt, are the best sources of calcium. If you have trouble digesting milk products, you can get calcium from other sources, such as broccoli; dark, leafy greens; sardines; or a calcium supplement.

- **Weight gain:** The amount of weight gain that is recommended depends on your health and your body mass index before you were pregnant. If you were a normal weight before pregnancy, you should gain between **25 pounds and 35 pounds during pregnancy**. If you were underweight before pregnancy, you should gain more weight than a woman who was a normal weight before pregnancy. If you were overweight or obese before pregnancy, you should gain less weight.

- **Caffeine intake:** Although there have been many studies on whether caffeine increases the risk of miscarriage, the results are unclear. Most experts state that consuming fewer than 200 mg of caffeine (one 12-ounce cup of coffee) a day during pregnancy is safe.

- **Fish consumption:** Some types of fish have higher levels of a metal called mercury than others. Mercury has been linked to birth defects. To limit your exposure to mercury, follow a few simple guidelines. Choose fish and shellfish such as shrimp, salmon, catfish, and pollock. Do not eat shark, swordfish, king mackerel, orange roughy, or tilefish. Limit white (albacore) tuna to 6 ounces a week. You also should check advisories about fish caught in local waters.

- **Dental visit:** You can visit your dentist and undergo most common procedures with precautions without any adverse effect on your pregnancy. We can provide a note for that. It can reduce your risk of going into preterm labor.

- **Travel:** You can travel up to 35 weeks of pregnancy as long as there are no significant medical issues preventing travel. You should wear your seatbelt.

- **Vaccine:** Do get your flu shot. The benefits of vaccination are significant and help protect you during this pregnancy.

- **Nausea/Vomiting of Pregnancy** – Use **Vitamin B6 (pyridoxine) and Ginger ale**. Avoid large meals, spicy or aromatic foods. For persistent vomiting, call the office for medications that can be taken to mitigate symptoms. **If you throw up 4 times or more, come to the office for an evaluation and treatment**



Dont's of pregnancy

- **Smoking:** stop or cut-down if you have a history of smoking
- **Alcohol:** Avoid ALL alcohol during pregnancy. Fetal Alcohol syndrome is assoc with alcohol intake during pregnancy
- Avoid hot tubs
- Avoid Vitamin A derivatives or ACNE products that contain vitamin A derivative. It is teratogenic
- Avoid raw meat, uncooked meat, unpasteurized milk, deli meats.
- Avoid cleaning the cat litter box.
- Avoid NSAIDs (aspirin, ibuprofen etc), unless approved by your doctor.
- Avoid lifting >20 lbs of weight.

Prenatal Screening

- **Pap Smear** (done in the first trimester) – a test for cancer of the cervix
- **Urine Culture**- a test for bacteria that can cause complications during pregnancy
- **Prenatal Blood Work** (First trimester)
 - o Blood type and Rh factor, Complete blood count (CBC), Rubella titer (test to see if you are protected against the German measles), VDRL (screening test for syphilis), HIV (recommended test for all pregnant), Hep B (screening test for Hepatitis B).
- **Ultrasound** (1st trimester & 20 weeks) – Done to confirm your due date and to screen for abnormalities.
- **Pregnancy Related Diabetes Screening** (24-28 weeks) – You drink a sugar rich drink and we see how your body responds.
- **Group B Streptococcus** (35 weeks) – a test for bacteria found in some pregnant women that can be passed to the infant during delivery. Obtained via vaginal and rectal swab. If positive, you will need antibiotics in labor.
- **Genetic Screening Tests:** Baseline risks of baby with chromosomal abnormality is approximately 1:500 with Down Syndrome prevalence at approximately 1 in 800 births. Genetic screening test can be accomplished via a combination of blood test and Ultrasound analyses. If screening test is positive, further diagnostic testing may be needed.

Consider **Non-Invasive Prenatal Testing (NIPT)** to screen baby for chromosomal abnormalities as early as 10-11 weeks.

Blood work can be divided into three sets - **First trimester @ ~11-12 weeks; Second Trimester @ ~16-17weeks; Third Trimester @ ~26-27 weeks**

We request **level II Ultrasound with a Perinatologist** in the community to assess fetal anatomy **around 20 weeks**.
If both the above tests are negative, you are at low risk for fetal chromosomal imbalance or aneuploidy.

Safe Medications In Pregnancy

It is preferable to avoid taking medications during pregnancy, but when necessary, there are several safe options. The list below is a general guide and is not designed to be a substitute for medical advice. If you have specific questions, please contact us.



Symptom	Medications
Cold / Congestion	- Tylenol Cold and Sinus (Avoid drugs with Phenylephrine) - Sudafed - Mucinex - Heated, humidified air
Pain (headache, backache)	Tylenol
Morning Sickness	- Ginger Ale - Vitamin B6 - Unisom (Doxylamine) – one tablet at bedtime
Heartburn	- Tums - Maalox / Mylanta - Zantac - Pepcid
Cough	- Robitussin - Mucinex - Cough Drops
Allergies	- Benadryl - Saline Nasal Rinse - Steroid nasal sprays (Flonase, Veramyst, Rhinocort) - Claritin (Loratadine) - Zyrtec (Cetirizine)
Constipation	- Metamucil or Fibercon - Colace (Docusate) – stool softener - Miralax
Diarrhea	Rest, Hydration, Electrolyte rich drinks (Gatorade)
Hemorrhoids	Any over the counter preparation is okay

*** Always read the product insert on any medication to look for warnings during Pregnancy***