

PRENATAL FLOW SHEET

NAME (Rank) _____ Husband/FOB's Name (Rank) _____ Age _____
 HOME# _____ WORK# _____ CELL# _____ Command _____
 ADDRESS _____
 RACE _____ HT _____ WT (pre-preg) _____ BMI _____ Expected Wt Gain _____

Age	Gravida	Para	Full Term	Preterm	Abortion /Ectopics	Living
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REVIEW OF DATES AND ULTRASOUNDS

FINAL EDD _____ LMP U/S

LMP _____ Sure Approx Unk = EDD _____

	Date	Est EGA	EGA by this U/S	EDD by this U/S	CWD	Comments:	Placenta: _____ Os Clear: <input type="checkbox"/> yes <input type="checkbox"/> no
1 st							
2 nd							
3 rd							
4 th							
5 th							

PRENATAL VISITS

Date														
EGA (wks)														
BP														
Wt														
TWG/BMI														
FH														
FHR														
Presentation														
Cervix														
Edema														
F/U appt														
Provider														

PMH:	PSH:	Meds:	Allergies:
		PP Feeding Desires: <input type="checkbox"/> Breast feeding <input type="checkbox"/> w/ experience <input type="checkbox"/> Formula	
		Postpartum Contraception: _____	
		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> FOB involved <input type="checkbox"/> Dual AD	
		Occupation: _____ <input type="checkbox"/> Safe <input type="checkbox"/> Hazards	
GYN History		Tobacco use: <input type="checkbox"/> no <input type="checkbox"/> yes _____ quit _____	
Menstrual Cycle: Menarche: _____ <input type="checkbox"/> Irregular <input type="checkbox"/> Regular		Alcohol: <input type="checkbox"/> no <input type="checkbox"/> yes _____	
Occurs every ___ days, lasts for ___ days		Drugs: <input type="checkbox"/> never <input type="checkbox"/> history _____ currently _____	
<input type="checkbox"/> Heavy <input type="checkbox"/> Light <input type="checkbox"/> Pain <input type="checkbox"/> Normal _____		Depression Screening: New Ob score: _____ F/U: _____	
STI History: <input type="checkbox"/> None <input type="checkbox"/> CT <input type="checkbox"/> GC <input type="checkbox"/> Syphilis <input type="checkbox"/> HSV <input type="checkbox"/> Condyloma		History: <input type="checkbox"/> no <input type="checkbox"/> yes _____	
Dysplasia: <input type="checkbox"/> None <input type="checkbox"/> H/O dysplasia <input type="checkbox"/> Colposcopy <input type="checkbox"/> LEEP/CKC		Domestic Violence Screening: New OB <input type="checkbox"/> no <input type="checkbox"/> yes _____	
Other: _____		History: <input type="checkbox"/> no <input type="checkbox"/> yes _____	
History of Cesarean Delivery or Myomectomy: <input type="checkbox"/> Yes <input type="checkbox"/> No		Tetanus vaccination since 2007: <input type="checkbox"/> Yes <input type="checkbox"/> No, needs Tdap PP	
Op report reviewed by: _____		History of Blood Transfusion: <input type="checkbox"/> No <input type="checkbox"/> Yes _____	
Uterine Incision: _____		Willing to accept Blood Products: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
VBAC Candidate: <input type="checkbox"/> Yes <input type="checkbox"/> No		TB Exposure: <input type="checkbox"/> No <input type="checkbox"/> Yes _____	
Counseled by: _____ Desires: _____		Last PPD Result: _____ Date: _____	
		History of + PPD: <input type="checkbox"/> No <input type="checkbox"/> Yes _____	
		CXR: _____ Treatment: _____	
		Flu Shot: _____ Anesthesia plan: _____	

MEDICAL RECORD – CONSENT FORM
Maternal Serum Analyte Screen

I understand that I am being asked to decide whether or not to have the maternal serum analyte screen. The maternal serum analyte screen tests for substances made by the baby and the placenta. The amount of these substances in the blood is used to determine the risk of certain conditions in the baby. These conditions include open neural tube defects.

By signing below, I understand that:

1. This is a screening test ONLY. It DOES NOT provide a diagnosis. It only predicts the chance of a certain condition occurring.
2. The maternal serum analyte screen tests for the risk of certain conditions in the baby. These conditions include open neural defects, Down syndrome, Edward's syndrome, and other related birth defects.
3. The maternal serum analyte screen is not 100% accurate. Some defects are missed. The results may be abnormal when the baby actually does not have one of these conditions. If there are abnormal results, I will need further testing to know more about my baby's health.
4. An open neural tube defect is an abnormality of the spinal cord or brain. This occurs in 1 or 2 of every 1,000 births. An abnormal/ positive result does not mean my baby has a neural tube defect, but carries a higher than normal (at least 4%) risk for the condition.
5. Babies with Down syndrome have a distinct physical appearance, mental retardation, and an increased risk for other birth defects. About 1 in 800 babies have Down syndrome. The risk increases with maternal age. An abnormal/ positive result does not mean my baby has Down's syndrome, but carries a higher than normal (at least 1%) risk for the condition.
6. Babies with Edward's syndrome have serious mental and physical disabilities. Most affected babies do not live past their first year. Only 1 in 8,000 babies are born with Edward's syndrome.
7. I am the one to decide whether or not I am tested.

I have read and understand the information provided to me about the maternal serum analyte screen. My questions have been answered to my satisfaction. Please check one:

Yes, I want to have the maternal serum analyte screen.

No, I do not want to have the maternal serum analyte screen.

PATIENT:

(Last Name, First, MI)

(Sponsor's SSN)

(Date: MM/DD/YYYY)

(Patient Signature)

WITNESS:

(Last Name, First, MI)

(Witness Signature)

(Date: MM/DD/YYYY)

ULTRASOUND DATING CRITERIA AND PICTURES (Staple Pictures Here)

Ultrasound GA:	Findings	Action
7 to 9+6 weeks	> 3 days difference	Change to ultrasound's EDC
10 to 13+6 weeks	> 5 days difference	Change to ultrasound's EDC
14 to 19+6 weeks	> 7 days difference	Change to ultrasound's EDC

FAMILY HISTORY (*include FOB)

	Yes	No	Comments		Yes	No	Comments
Diabetes				Birth Defects*			
HTN				Mental Retardation*			
Thyroid				Genetic Disorders*			
Blood Clots/ Disorders*				Tuberculosis*			
Hemoglobinopathies*							
Other Information:							

REVIEW OF SYSTEMS

PHYSICAL EXAMINATION

	Normal	Abnormal	Remarks		Normal	Abnormal	Remarks
General				Appearance			
Heent				Heent			
Neck				Thyroid			
Breasts				Breasts			
Cardiovascular				Heart			
Respiratory				Lungs			
GI				Abdomen			
Urinary				Extremities			
GYN				Skin			
Hematology				Vulva			
Musculoskeletal				Vagina			
Neurology				Cervix			
Psychiatric				Uterus			
Immunologic				Adnexa			
Endocrine				Rectum			
Skin				Pelvis Adequate			
Nutrition							

MEDICAL RECORD - CONSENT FORM
Cystic Fibrosis Carrier Test

I understand I am being asked to decide whether or not to have the cystic fibrosis carrier test. This test can identify if someone is a carrier of the disease.

By signing below I understand that:

1. This test is to see if I am a carrier of cystic fibrosis (CF). This means I could have the gene but not the disease.
2. The risk of being a CF carrier depends on race and ethnic background.
 - a. For European Caucasian, Ashkenazi Jewish couples
 - (1) There is a 1 in 25 chance that one parent is a carrier.
 - (2) There is a 1 in 625 chance that both parents are carriers.
 - b. For Hispanic American couples
 - (1) There is a 1 in 46 chance that one parent is a carrier.
 - (2) There is a 1 in 2,116 chance that both parents are carriers.
 - c. For African American couples
 - (1) There is a 1 in 65 chance that one parent is a carrier.
 - (2) There is a 1 in 4,225 chance that both parents are carriers.
 - d. For Asian American couples
 - (1) There is a 1 in 80 chance that one parent is a carrier.
 - (2) There is a 1 in 8,100 chance that both parents are carriers.
3. If I am a carrier of CF, testing the baby's biological father is needed to know if my baby could have CF.
4. CF carrier testing is one type of DNA testing. In the event the father is determined to be another person, a family medical history from that person will be necessary.
5. If both parents are carriers, the baby has a 1 in 4 (25%) chance of having CF. If this is the case, I may have more testing to tell whether my baby has CF. This testing may be done before or after delivery.
6. I am the one to decide whether or not I am tested.
7. The test is not perfect. Some carriers are missed by the test.
8. My decision to have or not have this test will not change my military health coverage.

I have read and understand the information provided to be about cystic fibrosis. My questions have been answered to my satisfaction. Please check one:

Yes, I want to have the cystic fibrosis carrier test.

No, I do not want to have the cystic fibrosis carrier test.

PATIENT:

(Last Name, First, MI)

(Sponsor's SSN)

(Date: MM/DD/YYYY)

(Patient Signature)

WITNESS:

(Last Name, First, MI)

(Witness Signature)

(Date: MM/DD/YYYY)

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each page)

Perinatal Screening Survey

(Please circle the answer that best describes how you have felt over the past 7 days)

SCORE: _____

- NOB
- Trans OB
- 28-32 wks
- 2 wk well baby
- 6 wk PP
- 4Mo well baby
- 6Mo well baby
- Other

1. I have been able to laugh and see the funny side of things.

- 0 As much as I always could
- 1 Not quite so much
- 2 Not so much now
- 3 Not at all

2. I have looked forward with enjoyment to things.

- 0 As much as I ever did
- 1 Somewhat less than I used to
- 2 A lot less than I used to
- 3 Hardly at all

3. I have blamed myself unnecessarily when things went wrong.

- 0 No, not at all
- 1 Hardly ever
- 2 Yes, sometimes
- 3 Yes, very often

4. I have been anxious or worried for no good reason.

- 3 Yes, often
- 2 Yes, sometimes
- 1 No, not much
- 0 No, not at all

5. I have felt scared or panicky for no good reason.

- 3 Yes, often
- 2 Yes, sometimes
- 1 No, not much
- 0 No, not at all

**Adapted from Edinburgh Postnatal Depression Scale

 Survey declined at this time

6. Things have been too much for me.

- 3 Yes, most of the time I haven't been able to cope at all
- 2 Yes, sometimes I haven't been coping as well as usual
- 1 No, most of the time I have coped well
- 0 No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping.

- 3 Yes, most of the time
- 2 Yes, sometimes
- 1 Not very often
- 0 No, not at all

8. I have felt sad or miserable.

- 3 Yes, most of the time
- 2 Yes, quite often
- 1 Not very often
- 0 No, not at all

9. I have been so unhappy that I have been crying.

- 3 Yes, most of the time
- 2 Yes, quite often
- 1 Only occasionally
- 0 No, never

10. The thought of harming myself has occurred to me.

- 3 Yes, quite often
- 2 Sometimes
- 1 Hardly ever
- 0 Never

PRENATAL NUTRITION RISK APPRAISAL

NAVAL HOSPITAL SIGONELLA, ITALY
PSC 836 BOX 2670 FPO AE 09636

Name: _____ Sponsor's SSN: _____
 Home Phone: _____ Work Phone: _____
 Today's Date: _____
 Age: _____ Height: _____ Weight (before pregnancy) _____ Current Weight: _____
 Due Date: _____ BMI: _____

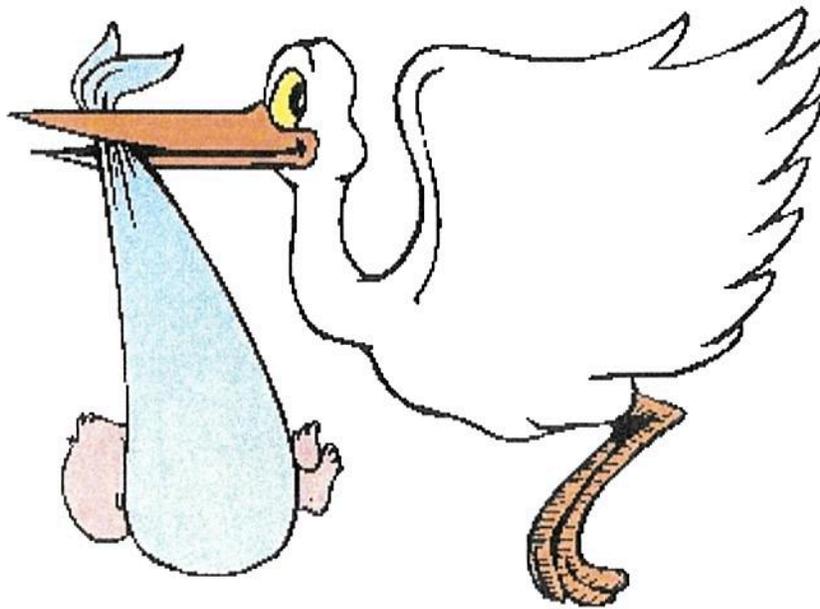
Read the statements below. Put a check in the yes column for those statements that apply to you.

	YES	
1. I eat less than 2 times a day.		3
2. I eat fewer than 4 servings of fruits and vegetables a day.		2
3. I have less than 2 cups of milk or yogurt a day.		2
4. I eat more than 2 or 3 servings of candy, chips, doughnuts, or other snack food a day.		2
5. I drink more than 3 glasses of soft drinks, Kool-Aid, or fruit drinks a day.		2
6. Since finding out that I was pregnant, I have had beer, liquor, or wine.		2
7. I have gained more than 1 pound per week since I became pregnant.		2
8. I have been feeling sick since I found out I'm pregnant and have lost weight.		2
9. My last pregnancy was less than two years ago.		3
10. I am currently breast feeding a child.		3
11. I had anemia with my last pregnancy or was anemic prior to becoming pregnant.		2
12. I had gestational diabetes during a past pregnancy or had diabetes prior to getting pregnant.		Yes
13. I have or had in the past an eating disorder (anorexia or bulimia).		Yes
14. I don't always have enough money to buy the food I need.		Yes
15. I am using over the counter medication (other than vitamins, minerals or medications prescribed by my doctor) or herbal supplements. If yes, please list: _____		Yes
16. Since becoming pregnant, I have been constipated or had heartburn.		1
17. I use tobacco products.		2
18. I do not eat eggs, meat, fish, or poultry.		Yes
19. I have a family history of diabetes.		Yes
20. Since becoming pregnant, I have continued to follow the weight reduction diet I was on. If yes, please list: _____		Yes
21. I have experienced unusual cravings for non-food items such as clay or starch.		Yes
22. I am expecting more than one child.		Yes
TOTAL		

PATIENT IDENTIFICATION:

** This packet is for you to keep **

**WELCOME TO
NAVAL HOSPITAL SIGONELLA'S
OBSTETRICS DEPARTMENT**



OBSTETRICS (OB) ORIENTATION

Congratulations!! You are entering one of the most exciting times of your life. This can also be a very overwhelming time. The aim of this class is to help calm some of your fears and answer your questions. This class is for you, so please feel free to ask questions throughout the class as necessary. There is no silly question! Chances are there will be someone else in the class with the exact same question, so please don't be shy and ask away!!! This class is always more fun when we have participation.

Review of anatomical terms you will be hearing/learning about over these next few months:

- **UTERUS**: A hollow, muscular organ. It is normally the size and shape of a pear; it expands to hold baby inside. The uterus is divided into three parts: the upper part, which is the fundus; the body; and the lower aspect or cervix. The cervix, which extends into the vagina, is a small passageway that is normally tightly closed. During labor, the uterus contracts and causes the cervix to dilate or open.
- **VAGINA**: Connects the bottom of the cervix to the outside of the body.
- **AMNIOTIC SAC**: A fluid-filled bag that holds the amniotic fluid, placenta, umbilical cord and baby. It is sometimes called the "bag of waters" or "membranes."
- **AMNIOTIC FLUID**: Fluid, inside the amniotic sac, in which the baby floats. Acts as a kind of "shock absorber" for baby.
- **PLACENTA**: A spongy structure, which attaches to the uterus during pregnancy and supplies baby with oxygen and nourishment.
- **UMBILICAL CORD**: The cord, which attaches the placenta to the baby. Oxygen and nourishment travel to the baby through this cord.
- **ROUND LIGAMENTS**: Ligaments that attach the uterus to the anterior or front part of the abdominal wall.
- **PELVIS**: The bony structure of the mother's body through which the baby must pass during delivery.
- **PERINEUM**: The area between the vagina and the rectum.
- **PELVIC FLOOR**: The muscle layers at the bottom of the pelvic area, which support the bladder and uterus.

Because of the growing pregnancy, you're body will go through many changes. The stomach, intestines, and rectum can become crowded, the bladder compressed and the backbone may take on an exaggerated curve. Some discomforts may arise due to these changes but most cause no major concern.

ESTIMATED DUE DATE

The first day of your last menstrual period (LMP) will be used to initially calculate your due date. An ultrasound will be performed at your 1st OB appointment (NOB appointment) to verify your gestational age. If there is more than a 7 day difference from the due date calculated from your LMP, you will be given a corrected due date.

LABORATORY TESTS

You will be required to have initial lab work drawn. The tests performed will include:

- *Blood typing
- *CBC (Complete Blood Count)
- *Prenatal Antibody Screening
- *RPR (Syphilis Screen)
- *Rubella Titer
- *Hemoglobin Electrophoresis
- *Varicella Titer
- *Urinalysis
- *Urine Culture
- *Hepatitis B
- *HIV Test (virus associated with AIDS)
- *Cystic Fibrosis

At the 15-18 week visit, lab work will include:

*MSAFP (Maternal Serum Alpha Fetal Protein)-to detect neural tube defects and Downs Syndrome (this test is optional—please feel free to speak with your Health Care provider if you have any questions/concerns).

At the 28-week visit, lab work will include:

- *CBC
- *1-hour glucose test—if you have a history of diabetes in your family, you may be screened earlier
- *Prenatal Antibody

At the 36-week visit, lab work will include:

*GBS screening – a vaginal/rectal swab will be taken to test if you carry the group beta strep virus in your normal vaginal flora. This test is performed to aid in your treatment during labor and prevent the spread of GBS to your newborn.

Following delivery: Postpartum lab work, especially if you are a member of WIC.

ULTRASOUND

Routine ultrasounds are recommended as part of your standard of care. An initial ultrasound to confirm gestational age will be completed on your first OB visit, at 10-12 weeks gestation. Between 18-22 weeks of gestation, an ultrasound will be ordered and performed in the Radiology Department.

HEALTH CARE PROVIDER COVERAGE

OB/GYN Physicians: The OB/GYN Clinic has two physicians. If you should be followed by one of our OB physicians, you will see that same physician throughout your pregnancy; however, you will probably see both providers at least once in your pregnancy. Generally, our

PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTHCARE INFORMATION PERTAINING TO YOU.

1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN)

Sections 133,1071-87, 3012, 5031 and 8012, title 10, United States Code and Executive Order 9397.

2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED

This form provides you the advice required by The Privacy Act of 1974. The personal information will facilitate And document your health care. The Social Security Number (SSN) of member or sponsor is required to identify and retrieve health care records.

3. ROUTINE USES

The primary use of this information is to provide, plan and coordinate health care. As prior to enactment of the Privacy Act, other possible uses are to: Aid in preventive health and communicable disease control programs and report medical conditions required by law to federal, state and local agencies; compile statistical data; conduct research; teach; determine suitability of persons for service or assignments; adjudicate claims and determine benefits; other lawful purposes, including law enforcement and litigation; conduct authorized investigations; evaluate care rendered; determine professional certification and hospital accreditation; provide physical qualifications of patients to agencies of federal, state, or local government upon request in the pursuit of their official duties.

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

In the case of military personnel, the requested information is mandatory because of the need to document all active duty medical incidents in view of future rights and benefits. In the case of all other personnel/beneficiaries the requested information is voluntary. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED.

This all inclusive Privacy Act Statement will apply to all requests for personal information made by health care treatment personnel or for medical/dental treatment purposes and will become a permanent part of your health care record.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

SIGNATURE OF PATIENT OR SPONSOR

SSN OF MEMBER OR SPONSOR

DATE

OB physicians take turns being on call. When you check in to the MCU (Maternal Child Unit), the nurse on duty will evaluate you and notify the provider on call.

Family Practice Physicians: Family Practice currently has 6 physicians who are credentialed in Obstetrics. If a Family Practice physician follows you, that physician will monitor your entire pregnancy as well as the care of your newborn. If you are being followed by our Family Practice Physicians and develop a specific problem/complication, one of the Obstetricians will be consulted, in which case you may be referred for follow-up.

APPOINTMENTS

Following this class, an initial OB appointment will be made. During this visit, your provider will perform a complete physical exam, breast examination, and obtain a Pap smear and cervical cultures. This appointment will be approximately 40 minutes in length. The remainder of your OB appointments will be approximately 10-15 minutes in length provided you are not experiencing any complications, which would warrant a longer appointment.

After your first appointment, your provider will advise you as to when to schedule follow-up visits. It will be up to your health care provider as to how often he/she wants to schedule your appointments.

Appointments can be made at the central appointment desk located outside of the OB/GYN hall. You may also call the Appointment desk at 624-2273.

CLINIC HOURS

The Clinic's normal working hours are from 0730-1600 daily. Wednesday afternoons are reserved for staff training so no appointments will be made during that time (1200-1600). For normal concerns (i.e., cold, sinus, flu-like symptoms) we ask that you first call the clinic to check for possible available appointments.

*If your condition is of a non-pregnancy related emergent nature after-hours or on the weekend, report directly to the emergency department.

*If your condition is an urgent or emergent pregnancy related concern then follow these rules:

*Before 20 weeks—report to the Emergency Department for evaluation – tell them you are pregnant and your expected due date.

*After 20 weeks—report to the Maternal Child Unit.

VITAMINS AND IRON SUPPLEMENTS

All women who are expecting are prescribed prenatal vitamins. Take one prenatal vitamin daily. This supplements the extra vitamins and minerals your body is using during your pregnancy. Iron supplements are no longer given automatically when a woman becomes pregnant. Depending on your CBC (Complete Blood Count), your provider may prescribe an iron supplement.

GENERAL INFORMATION

- A) **SMOKING:** Smoking has been linked to: risk of miscarriage, premature birth, low birth weight, increased incidence of SIDS (Sudden Infant Death Syndrome).
**Second-Hand Smoke---ask family members/friends to refrain from smoking around you. The effect of second hand smoke is the same as if you were smoking yourself.
- B) **ALCOHOL:** No one has established what the safe level of alcohol intake is. **ABSTINENCE** from alcohol is a **MUST** during pregnancy as it is associated with Fetal Alcohol Syndrome, which can cause physical/mental defects and growth retardation in the infant.
- C) **MEDICATIONS:** You should always consult your physician before taking medications even for common ailments during pregnancy. Avoid over-the-counter medications such as aspirin, ibuprofen, Excedrin, Naproxen.
- ~~D) **LOCAL WATER:** It is not recommended for cooking, drinking, or food preparation. Use bottled water for drinking and formula preparation.~~
- E) **CAFFEINE/ARTIFICIAL SWEETENERS:** One source per day is okay; this includes coke, black tea, or coffee. American coffee is recommended, as Italian coffee is very high in caffeine. The effects of artificial sweeteners (i.e., Equal and Saccharine) on the baby are not known
- F) **WEIGHT GAIN:** Normal weight gain is 19 to 35 pounds. During the first 3 months a gain of 3 pounds is normal and 1 pound per week is normal for the remaining prenatal period. This is not the time to go on a diet.
- G) **EXERCISE:** It is perfectly fine to maintain a regular exercise program throughout your pregnancy. It is important to ensure you keep your heart rate at 140 beats/minute or below. If you go above 140 beats/minute, you enter into an anaerobic zone, which is not good for you or the baby. Make sure you keep yourself adequately hydrated before, during, and after exercising. If you should experience any vaginal bleeding or uterine contractions while exercising, stop what you are doing and notify you health care provider as soon as possible.
- H) **SEX:** Can be continued throughout the pregnancy, unless your provider has instructed otherwise, based on your pre-existing medical condition. You may find that your desire for sex may increase or decrease. As your pregnancy progresses you may find changes in positioning may be more comfortable. The cervix has a mucus plug to protect the baby and reduce the chance of infection.
- I) **CATS/BIRDS:** Cats and birds have been found to be the host for the organism that causes toxoplasmosis, which can cause certain birth defects (i.e., intrauterine growth retardation, hydrocephalus, or microcephaly). This organism is found in cat and bird

feces. Care in handling cats and birds should be observed, particularly when changing litter boxes or cage liners.

- J) CAR SEATS:** It is mandatory to have car seats that are approved by the Department of Transportation. The hospital will not discharge your baby without a car seat.

ADDITIONAL RESOURCES

Naval Hospital website - <http://www.sig.med.navy.mil>

Military One Source - <http://www.militaryonesource.com>

What to Expect When You're Expecting, Third Edition by Heidi Murkoff, Arlene Eisenberg, and Sandee Hathaway (Loaner book)

Your Pregnancy Week by Week, Fifth Edition by Glade B. Curtis and Judith Schuler

The Girlfriends' Guide to Pregnancy by Vicki Iovine

The Expectant Father: Facts, Tips and Advice for Dads-To-Be by Armin A. Brott

Caveman's Guide to Pregnancy

Babycenter.com

Babyfit.com

Babies R Us

Target

Shipitapo.com

Amico Baby – Misterbianco

Prenatale – Misterbianco

Auchan

IMPORTANT PHONE NUMBERS:

Appointment Desk: 624-CARE (2273)
Flight Line Appointments: 624-5455
Ambulatory Care Clinic: 624-4622/23
Maternal Child Unit (MSW): 624-4732
Nurse Hot Line (toll free): 800-877-660
Flight Line Clinic: 624-2825
Emergency Department: 624-3844
Health Promotions: 624-4710
Family Service Center: 624-4291
WIC office: 624-3198
Navy & Marine Corps Relief Society: 624-4212

If you are calling off base, please dial 095-56 and the last four digits.

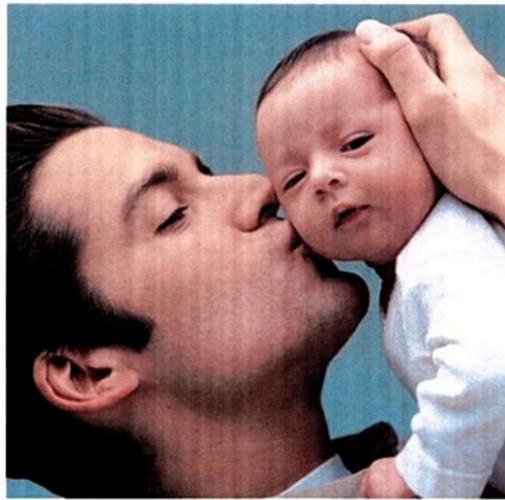
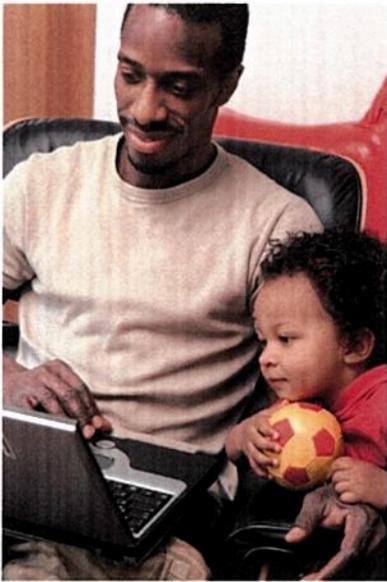
SIGNS OF LABOR YOU SHOULD CALL THE HOSPITAL OR COME IN IF YOU EXPERIENCE:

- (1) Low dull backache or abdominal tightening (contractions) that have a regular pattern, becoming increasingly frequent and stronger (more than 6 in one hour)
- (2) Pelvic pressure
- (3) Blood tinged discharge or a gush fluid from the vagina

OTHER WARNING SIGNS THAT REQUIRE NOTIFYING YOUR PROVIDER:

- (1) Fever greater than 100.4
- (2) Shortness of breath or productive cough with rust/blood tinged sputum
- (3) Cold that persists longer than 7-10 days
- (4) Severe nausea and vomiting that lasts longer than 12-24 hours
- (5) Pain, burning, and itching on urination
- (6) The presence of any unexplained vaginal discharge
- (7) Severe pain in abdomen
- (8) Very bad or persistent headaches unrelieved by Tylenol
- (9) Blurred vision, flashes of light, or spots before the eyes
- (10) Sudden and unexplained weight gain of five (5) or more pounds/week
- (11) Decreased or no fetal movement starting at 28-30 weeks of gestation. You will be given more information on how to count fetal kick counts in your 3rd trimester.
- (12) If you just don't "feel right" or have any questions about your health or the pregnancy call the provider for advice. If you are unable to contact your provider for any reason, GO TO THE MATERNAL CHILD UNIT.

Daddy & Mommy Boot Camp



Becoming a new Dad? Already a parent?

This class is for **You!**

Get straight talk and learn practical tips from the healthcare professionals and a dad who has been there!

Contact New Parent Support to register for this class



Fleet & Family Support Center at 624-4291
to reserve your spot today!

PRENATAL CLASSES IN THE SIGONELLA COMMUNITY

New OB Class: Mandatory for all newly diagnosed pregnant patients and transfer pregnant patients. To register, call 624-2273 or 095-56-2273.

Healthy Pregnancy Healthy Baby: For all expecting mothers and partners, this class teaches the process of labor, including relaxation and breathing exercises and the care of the newborn. Offered through the American Red Cross, call 624-4900 for class schedule and registration.

Adult & Pediatric CPR/First Aid/AED: This class is highly recommended for expecting and recently new parents. Contact the American Red Cross for class schedule and registration, 624-4900.

Budgeting For Baby: Provides insight into actual expenses you may incur from birth to college. A free "Baby's First Sea Bag" with gifts valued at \$75 is provided. Contact the Navy-Marine Corps Relief Society at 624-4212 for class dates.

Breastfeeding Support: This support can be found by various resources in the community- New Parent Support Visiting Nurse, NMCRS Visiting Nurse, and hospital nurses can assist pregnant women and breastfeeding moms to make informed decisions about breastfeeding.

Mommy and Daddy Boot Camp: This class is for Moms and Dads! Get straight talk and practical tips from healthcare providers and Dads who have been there! Register with the Fleet & Family Support Center at 624-4291.

Brought to you through a collaborative partnership of these local service organizations and your prenatal care provider.



The
Fleet & Family Support
Center



**American
Red Cross**



BABY'S COMMUNITY RESOURCES

NEW PARENT SUPPORT PROGRAM (NPS)

- Home Visits- Education, Information & Child Development Services
- Office Visits- Parental and Community Support
- Playgroups for ages 0-4 years old
- Mommy and Daddy Boot Camp
- Infant Massage

For more information call 624-4291

NAVY-MARINE CORPS RELIEF SOCIETY (NMCRS)

- Budgeting for Baby
- Visiting Nurse
- Prenatal/Postnatal Visits

For more information call 624-4212

American Red Cross (ARC)

- Healthy Pregnancy and Healthy Baby
- Infant and Adult CPR and First Aid
- Babysitting Classes for Teens

Call office at 624-5446 to register for classes

Women, Infants, and Children Overseas Program (WIC)

- Provides eligible participants with supplemental nutritious foods
- Nutrition Counseling and Education
- Nutrition Health Screening
- Breastfeeding Pumps

For more information call 624-3198

Educational and Developmental Intervention Services (EDIS)

- Information about your newborn baby's development.

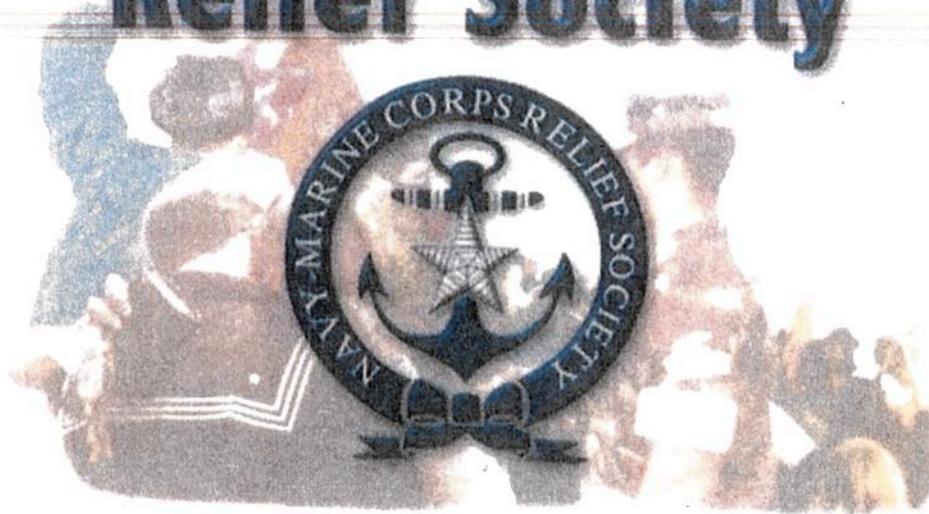
Call EDIS office at 624-4536

Obstetrics Clinic (OB)

- Provides comprehensive care and support for women's health issues.
- Our services include Obstetric care that is delivered by both Family Practice and OB/GYN Physicians.



Navy-Marine Corps Relief Society



VISITING NURSE REQUEST

If you would like to participate in any of the many services offered by NMCRS to include visiting Nurse services during pregnancy please fill out the below questionnaire so that the NMCR nurse can contact you and discuss your desired topics or questions.

Name: _____ Age: _____

Ages of children (if any): _____

Estimated Due Date: _____

Contact Information:

Home #: _____ Work or Cell#: _____

Email: _____

_____ **YES**, I would like prenatal visits in my home and I give permission for NMCRS Visiting Nurse to contact me.

_____ **No**, I do not want prenatal visits at this time. I understand that I may change my mind at any time and call to request a visit.

_____ **I am INTERESTED** in the program and would like to be provided more information about it by NMCRS Nurse. Therefore I give permission for NMCRS Visiting Nurse to contact me.

SIGNATURE: _____