grace
OBSTETRICS & GYNECOLOGY, P.A.

GRACE OBGYN, PA
PATIENT INFORMATION

In order to comply with new national standards, meeting meaningful use,
we must have answers to the following questions.

ACCOUNT # _____ DATE_____

PATIENT'S LEGAL NAME _____RACE _____ETHNICITY_____

SOCIAL SECURITY# _____ DATE OF BIRTH _____ AGE _____

MAILING ADDRESS _____

HOME PHONE _____ CELL_____ MARITAL STATUS _____

EMPLOYER_____ WORK PHONE _____

OCCUPATION_____ EMAIL _____

POLICYHOLDER IF NOT YOU _____ DATE OF BIRTH _____

SSN# OF POLICYHOLDER _____EMPLOYER OF POLICYHOLDER _____

(We must have this information in order to file your visit today.)

IN CASE OF EMERGENCY, NOTIFY _____ PHONE_____

NAME OF PRIMARY CARE PHYSICIAN _____(We must have this information.)

HOW DID YOU HEAR ABOUT OUR PRACTICE?_____

Lifetime Insurance Authorization: I hearby authorize the undersigned physician to release any information acquired in the course of my examination or treatment to the social security administration, or its intermediaries, or carriers involved in processing and collection of a claim. I understand that I am financially responsible for the charges not covered by this authorization.

_____ _____
Signature Date

IF PATIENT IS A MINOR, PLEASE COMPLETE:

I, _____, give permission to _____to examine my daughter _____.

Patient or Guardian: _____ Date: _____

Witness _____ Date: _____

PRENATAL GENETIC SCREEN

NAME _____ DOB _____ DATE _____

1. Will you be 35 years or older when your baby is due? Yes _____ No _____

2. Are either you or the baby's father adopted? Yes _____ No _____
If yes, which of you? _____
Is the birth family's medical history available? Yes _____ No _____

3. Do you or the baby's father have a birth defect? Yes _____ No _____
If yes, which of you? _____
What type of defect? _____

4. Have you, the baby's father or anyone in either of your close families ever had any of the following:
   - Down Syndrome (Mongolism) Yes _____ No _____
   - Cystic Fibrosis Yes _____ No _____
   - Hemophilia Yes _____ No _____
   - Muscular Dystrophy Yes _____ No _____
   - Other chromosomal abnormality Yes _____ No _____
   - Neural Tube Defect, Spina Bifida (open spine) or Anencephaly Yes _____ No _____
   - Fragile X Syndrome Yes _____ No _____
   - Phenylketonuria Yes _____ No _____
   - Any other type of mental retardation (indicate below) Yes _____ No _____
   - Any other family disorder (indicate below) Yes _____ No _____
   - Any other type of birth defect (indicate below) Yes _____ No _____

   If yes, indicate the relationship to you or the baby's father: _____
   Indicate the cause, if known: _____

5. In any previous marriage or relationship, have you or the baby's father had a child born, either alive or stillborn, with any birth defect not listed above? Yes _____ No _____
If yes, what type of defect and who has it? _____

6. In any previous marriage or relationship, have you or the baby's father had a stillborn child or three or more first-trimester miscarriages? Yes _____ No _____
Have either of you had a chromosomal study? Yes _____ No _____
If yes, indicate who and the results: _____

7. Certain ethnic groups have increased risk of specific medical problems. If either you or the baby's father are any of the backgrounds listed below, please indicate if you have been tested for the specified problem and give the results.
   - African American: Sickle Cell Anemia You ____ Result _____ Father _____ Result _____
   - Jewish: Tay-Sachs Disease You ____ Result _____ Father _____ Result _____
   - Italian, Greek or Mediterranean: B-Thalassemia You ____ Result _____ Father _____ Result _____
   - Philippine or Southeast Asian: A-Thalassemia You ____ Result _____ Father _____ Result _____
   - Not Applicable _____

8. Have you ever had any unusual craving for any substance other than food, such as clay, laundry starch, dirt, ashes, etc. during this pregnancy or at any other time? Yes _____ No _____
If yes, what substance? _____

9. Excluding your prenatal vitamins and iron, have you taken any medication, prescription or over-the-counter, herbs or minerals, or used any recreational drugs or alcohol since becoming pregnant or since your last menstrual period?

   Yes _____ No _____

   If yes, give name of medication or substance and time taken during pregnancy: _____
   _____

PLEASE COMPLETE ALL HISTORY INFORMATION AS IT PERTAINS TO YOU, THE PATIENT.

NAME: _____ Date of Birth: _____

PAST MEDICAL HISTORY			
Major Illness	**If Yes, Date**	**Major Illness**	**If Yes, Date**
Anemia		Hepatitis / Yellow Jaundice	
Arthritis		High Blood Pressure	
Asthma		High Cholesterol	
Back Problems		HIV / AIDS	
Blood Clots in Lungs or Legs		Irritable Bowel Syndrome	
Blood Clotting Disorders		Kidney Disease / Problems	
Blood Transfusions		Kidney Infections / Stones	
Broken Bones		Liver Disease	
Cancer		Migraines: [ ] w/aura [ ] w/o aura	
Chickenpox		Pneumonia / Lung Disease	
Colitis		Reflux / Hiatal Hernia / Ulcers	
Collagen Vascular Disease (Lupus)		Rheumatic Fever	
Depression or Anxiety (circle)		Seizures / Convulsions / Epilepsy	
Diabetes		Stroke	
Eating Disorders		Thyroid Disease	
Gallbladder Disease		Tuberculosis	
Glaucoma		Other:	
Heart Disease			

GYNECOLOGICAL HISTORY					
Problem	**Yes**	**No**	**Problem**	**Yes**	**No**
Abnormal Bleeding			Infertility		
Abnormal Hair Growth			Lichen Sclerosis		
Abnormal Pap Smear / Dysplasia			Osteoporosis		
Bartholin's Cyst / Abscess			Sexual Problems		
Breast Problems			Sexually Active / # of partners in last yr: _____		
DES Exposure			Sexually Transmitted Disease		
Endometriosis			Uterine Abnormality		
Fibroid Uterus			Urinary Leakage		

GYNECOLOGICAL SURGERIES			
Surgery	**Yes**	**No**	**Date / Comments**
Abdominal Surgery			
C/Section			
Dilation & Curettage (D&C)			
Hysterectomy [ ] Vaginal [ ] Abd. [ ] Lap.			
Hysteroscopy			
Laparoscopy			
Urinary Incontinence Surgery / Sling			
Vaginal Surgery			

OTHER OPERATIONS / HOSPITALIZATIONS			
Date	**Diagnosis**	**Procedure**	**Findings**

PLEASE COMPLETE ALL HISTORY INFORMATION AS IT PERTAINS TO YOU, THE PATIENT.

NAME: _____ Date of Birth: _____

FAMILY HISTORY									
					Grandmother		Grandfather		
Illness	**Mother**	**Father**	**Brother/ Sister**	**Child**	**Maternal**	**Paternal**	**Maternal**	**Paternal**	**Other**
Alcohol									
Alzheimer's Disease									
Birth Defect									
Blood Clots in Lungs or Legs									
Blood Clotting Disorders									
Breast Cancer									
Colon Cancer									
Depression									
Diabetes									
Endometriosis									
Fibroid									
Heart Disease									
High Blood Pressure									
High Cholesterol									
Mental Illness									
Osteoporosis									
Ovarian Cancer									
Stroke									
Thyroid Disease									
Other:									

SOCIAL HISTORY	
Preferred Name:	Primary Physician:
Occupation:	Number of People in Household:
Marital Status (Circle one) Single Married Widowed Divorced Separated Living w/Partner	Name of Significant Other:
Education (Last Grade Completed):	How many days per week do you exercise?
Seat Belt Use (Circle one) Always Frequently Occasionally Never	Occupational Risk (Circle all that apply) None Bio-hazard Chemical Physical Labor
How many caffeinated beverages do you consume per day?	How many times per week do you drink alcohol?
Do you smoke? If yes, how many per day? Yes No	Do you use any of the following? (Circle all that apply) Cocaine Hallucinogens Marijuana Narcotics
Have you ever been or are you currently being physically, verbally or sexually abused?	Other Social History that you feel is important:

ANNUAL CARE	Yes	No	WHEN WAS YOUR LAST …	Year
Do you examine your breasts?			Bone Density?	
Do you get 1200 – 1500 mg of calcium per day?			Colonoscopy?	
Have you seen your Primary Care MD in the last year?			Mammogram?	
Do you currently use contraception?				
If yes, what type of contraception do you use?				

PLEASE COMPLETE ALL HISTORY INFORMATION AS IT PERTAINS TO YOU, THE PATIENT.

NAME: _____ Date of Birth: _____

OBSTETRICAL HISTORY						
		Full Term	Preterm (< 20 wks)	Miscarriage	Abortion	Ectopic
Number of times you have been pregnant:						
Number of children living:						
Number of adopted / stepchildren in the home:						
Pregnancy #	**1**	**2**	**3**	**4**	**5**	**6**
Pregnancy Outcome T = Full Term P = Premature M = Miscarriage						
Delivery Date						
Weeks at Delivery						
Number of Hours in Labor						
Epidural / Anesthesia						
Delivery Type V = Vaginal C = C/Section VE = Vacuum Ex.						
Did you have preterm labor?						
Delivery Location						
Who delivered your baby?						
Baby's Weight						
Baby's Sex						
Baby's Name						

COMPLICATIONS (Check all that apply) **Pregnancy #**	**1**	**2**	**3**	**4**	**5**	**6**
4th Degree Tear						
Gestational Diabetes / Insulin						
Infection / Separation of C/Section Incision						
Macrosomia (> 9 lbs)						
Multiple Gestation						
Post Dates (> 41 wks)						
Postpartum Hemorrhage						
Preeclampsia						
Preterm Delivery						

CURRENT MEDICATION LIST

Patient Name: _____ Date: _____

Date of Birth: _____

Preferred Pharmacy & Location: (ABC Drugs, Patton Ave.) _____

Please TYPE or PRINT each medication you are taking, dosage (amount you take), frequency and prescribing MD. Also include any over-the-counter medications, vitamins and herbal supplements that you take frequently as well as medication allergies in the spaces provided.

	MEDICATION NAME	DOSAGE	FREQUENCY	PRESCRIBING MD
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

OVER-THE-COUNTER MEDICATIONS

1. _____ 3. _____
2. _____ 4. _____

VITAMINS / HERBAL SUPPLEMENTS

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

ALLERGIES TO MEDICATIONS

MEDICATION NAME	REACTION

Grace OBGYN

2 Yorkshire Street | Asheville, NC 28803
(p) 828.252.1050 | (f) 828.253.0457

Patient Release of Medical and/or Financial Information Authorization

Patient Name: _____ Date of Birth: _____ MRN: _____

**** PLEASE NOTE, IF YOU ARE 18 OR OLDER, BUT ARE STILL BEING SUPPORTED BY YOUR GUARDIANS/PARENTS YOU MUST SIGN FOR CONSENT REGARDING FINANCIAL INFORMATION. We cannot speak with your guardian/guarantor/parent about any bills, insurance information or payments unless you give financial consent.**

I, _____, give consent to Grace OBGYN to provide medical record information and/or financial information to the person(s) named below:

1. _____ Relationship: _____
2. _____ Relationship: _____
3. _____ Relationship: _____
4. _____ Relationship: _____
5. _____ Relationship: _____

Phone Calls and Voice Mail Preferences

May we leave messages on your voice mail regarding appointment reminders, return call messages, etc?

Home Phone: Yes No With Family Members: Yes No

Cell Phone: Yes No

Please list any other specific instructions regarding phone calls and messages:

_____

_____

Patient Signature: _____ Date: _____

Grace OBGYN Obstetrical Patient Financial Policy

We understand that healthcare billing and insurance coverage can be confusing. To help you better understand your financial responsibilities during pregnancy, we have provided the following overview of how your obstetrical care will be billed and paid.

Obstetrical Global Billing

Obstetrical services are typically billed as a **global fee** (referred to as **GLOBAL**), which is a bundled charge that covers routine prenatal care, delivery, and postpartum care. Your insurance company determines the specific services included in the global fee. Any services that fall outside the scope of routine obstetrical care may result in additional charges (referred to as **NON-GLOBAL**). These charges may include, but are not limited to: Ultrasounds, deductibles, non-routine or non-pregnancy-related office visits, coinsurance amounts, additional monitoring or diagnostic testing ordered by your physician, laboratory services, and other medically necessary services not included in your global obstetrical package. Any **non-global** balances accrued are separate from your prepayment and are due upon receipt of the invoice. At the beginning of your pregnancy, we will contact your insurance company to verify your maternity benefits. We also encourage you to contact your insurance carrier directly to confirm your coverage and understand your financial responsibility. If your insurance coverage changes at any time during your pregnancy, please notify our office as soon as possible to ensure accurate billing and timely claims processing.

Payment Policy

Our Obstetrical Financial Policy requires patients to prepay their estimated global coinsurance responsibility during the first five (5) months of pregnancy. The first payment is due at either your initial obstetrical visit or your second obstetrical visit, followed by four (4) consecutive monthly payments. Any remaining balances or additional charges not covered by your insurance plan are your responsibility and are separate from your global prepayment amount. If you transfer your care to another practice during your pregnancy, your account will be billed for the services provided while you were a patient of Grace OBGYN.

Self-Pay Patients

All self-pay patients are required to establish a payment plan to ensure their account is paid in full within the first six (6) months of pregnancy. Payment arrangements may be made with our obstetrical financial representative.

FMLA and Disability Forms

All FMLA, short-term disability, and related employment forms, including forms for a spouse or partner, must be submitted to our office at least two (2) weeks before they are due to your employer or insurance company. To avoid delays, please ensure that all required signatures are completed, the patient's name appears on all forms, instructions are provided regarding where completed forms should be sent, and any known dates related to work restrictions or leave are included. *Effective January 2023***,** the following administrative fees apply: $25.00 for the initial form and $5.00 for each additional form.

Important Information

Please note that Grace OBGYN does **NOT** accept Medicaid as primary or secondary insurance. However, you may be eligible to use Medicaid for certain hospital and/or laboratory charges. If you have Medicaid coverage for hospital services and are planning to undergo a tubal ligation procedure, you must notify our office at least sixty (60) days prior to the procedure so that the required consent forms can be completed in accordance with Medicaid regulations.

Accepted Forms of Payment

We accept the following forms of payment: Cash, Check, Visa, Mastercard, Discover, American Express, and CareCredit

Financial Contact

During your obstetrical care at Grace OBGYN, our financial services team is available to assist you with questions regarding insurance coverage, billing, payment arrangements, and other financial matters related to your care. If you have any questions, please call our office at **828-252-1050** and ask to speak with a member of our financial team.

_____

Signature Date

grace
OB/GYN PHYSICIANS

Change of Insurance Policy and/or Loss of Insurance Coverage During Pregnancy

If your insurance changes during your pregnancy, it is important to let us know as soon as possible. The unique way that pregnancy is billed can be quite confusing when two insurers or policies are involved. To avoid any unnecessary patient balances or self-pay costs, we are asking that you call or meet with us when your new policy is announced OR within 14 days so we can begin transitioning your billing to the new policy.

If you have both a primary and secondary insurance policy, **it is your responsibility to ensure proper Coordination of Benefits (COB)** is established and maintained with each insurance carrier. You must notify both insurance companies of the other coverage and confirm which policy is primary. Accurate COB information is essential to prevent claim denials, delays, and billing errors. Insurance changes and updated coverage information must be reported to Grace OBGYN within 14 days. Failure to provide timely and accurate COB or insurance information may result in claims being processed incorrectly, denied by your insurance company, and becoming your financial responsibility.

_____ I understand that it is my responsibility to bring in my new insurance information within 14 days of the new policy being issued. I understand that if I do not inform Grace OBGYN of my new insurance information, I could be responsible for any denied charges from my insurance companies.

If you lose insurance coverage during your pregnancy, we ask that you let us know immediately. We can bill your pregnancy care up until the loss of coverage to your previous insurance company. After that you will be considered SELF-PAY and a self-pay fee schedule with discounts will be presented to you and a payment plan will begin.

PLEASE NOTE: We ***DO NOT*** accept Medicaid as a primary or secondary payer as a means of coverage. If you become covered under Medicaid at any time during your pregnancy, we do not and will not file this coverage. You may use this type of coverage with labs, ultrasounds (done at Mission). Please let our nurse know you have Medicaid for ultrasounds, and any other hospital charges.

If you plan on applying for Medicaid for your baby, (if approved) please know that with most major insurance companies, your coverage with them will automatically terminate the mother's insurance coverage on the day before delivery, therefore leaving your delivery and OB care without coverage.

_____ I understand that I must notify Grace OBGYN if I lose coverage of my current insurance policy within 14 days.

_____ I understand that if I do not inform Grace OBGYN of my loss of coverage, I will be responsible for the total amount of pregnancy charges due to denials from insurance company for timely filing.

_____ I understand that Grace OBGYN will not accept Medicaid for their provider services.

_____ I also understand that if my baby is approved for Medicaid, my coverage can be terminated as of the date prior to delivery. If this happens, I will be responsible for my obstetric care as self-pay.

_____ I understand that if I have primary and secondary insurance coverage, I am responsible for ensuring Coordination of Benefits (COB) information is accurate and updated with both insurance carriers.

Patient Signature: _____ **Date:** _____

If you have any questions, please do not hesitate to call the billing department at **828-252-1050.**

Pregnancy: What to Expect

Congratulations, Pregnancy is an exciting time filled with new experiences and questions. This guide provides important information about your prenatal care. Please read it before your first visit and keep it for future reference.

During this visit:

- Your doctor will perform a physical exam, including a Pap smear (if needed) and an ultrasound to confirm your due date.
- A registered nurse will review your medical history, discuss nutrition and exercise, explain laboratory testing, and answer your questions.

Please bring a list of all medications, vitamins, supplements, and herbal products you are taking.

Laboratory Testing

- Lab services are available Monday–Friday, 8:15 a.m.–3:30 p.m.
- Routine Prenatal Labs
- Blood Type, Rh Factor, and Antibody Screen
- Complete Blood Count (CBC)
- Hepatitis B, HIV, and Syphilis (RPR) Screening
- Rubella Immunity
- Urine Culture and Urine Drug Screen
- Gonorrhea and Chlamydia Screening
- Additional testing may be ordered based on your individual needs.

Later Pregnancy Testing

- Glucose screening for gestational diabetes (28 weeks)
- Hemoglobin screening
- Group B Strep culture (36 weeks)

Optional genetic and condition-specific testing may also be offered.

Prenatal Education

At your 12-week and 28-week visits, you will receive additional information about pregnancy, labor, delivery, and newborn care. We will also discuss hospital registration, childbirth classes, and other available resources.

Important Information

North Carolina law requires HIV testing during pregnancy unless a signed refusal is provided. If HIV status is unknown at delivery, the newborn will be tested with a rapid HIV test.

Please feel free to ask questions at any time. We are committed to providing you with the information and support needed for a healthy pregnancy.

General Information

Contacting Grace OB/GYN

Office Telephone Number: 828-252-1050

Select **Option 5** for the RN Line, then choose:

- **Option 1** – Urgent concerns only
- **Option 2** – Financial questions
- **Option 3** – All other concerns

Please notify our office as soon as possible if you have any questions, concerns, or health issues during your pregnancy. Our team will help determine whether you should be evaluated by one of our providers or referred to another specialist if necessary.

If you have a problem or concern that requires prompt attention, please call the office as early in the day as possible. Telephone hours begin at **8:00 a.m.** When calling, briefly describe the nature of your concern and provide a phone number where you can be reached during the day. Our nursing staff returns calls based on the urgency of the situation and will respond as quickly as possible.

After-Hours Calls

After-hours calls should be reserved for **urgent concerns only**. Call our main office number, and your call will be forwarded to our answering service. The answering service will contact the physician on call, who will return your call as soon as possible.

To avoid delays:

- Keep your phone line available while waiting for a return call.
- Do not screen incoming calls.
- Have your pharmacy telephone number available if medication may be needed.

Important: Calls cannot always be returned to blocked or restricted telephone numbers. If you are expecting a call from our office or one of our physicians, please ensure your caller ID settings allow for incoming return calls.

Educational Materials

Learning about pregnancy, labor and delivery, and newborn care can help reduce anxiety and make this exciting experience more enjoyable and rewarding. At your first prenatal visit, and throughout your pregnancy, our nursing staff will provide educational materials and handouts specifically designed for our patients. These resources answer many common questions about pregnancy and prenatal care. As you review these materials, write down any additional questions and discuss them with your provider at your next appointment. While the internet can be a valuable source of information, it can sometimes be overwhelming. The following websites may be helpful:

- www.whattoexpect.com
- www.strongmoms.com

Frequently Asked Questions and Common Concerns in Early Pregnancy

Backache

Back pain is common throughout pregnancy. Mild discomfort may be relieved by:

- Using a firm mattress, maintaining good posture, Applying a heating pad on a low setting

Please contact our office if your back pain is accompanied by:

- Cramping or contractions, Vaginal bleeding, Painful urination

Bleeding

Bleeding during the first trimester (the first 12 weeks of pregnancy) may indicate a threatened miscarriage and should be reported to our office immediately.

Light spotting may occur after a pelvic examination or sexual intercourse. This type of spotting is usually temporary and resolves on its own. If bleeding continues or becomes heavier, please notify our office.

Dental Care

Most dental care can be safely performed during pregnancy. Be sure to inform your dentist and dental hygienist that you are pregnant.

Recommendations include:

- Avoid general anesthesia whenever possible.
- Local anesthetics such as Novocain are generally acceptable.
- Delay non-urgent tooth extractions during early pregnancy when possible.
- If dental X-rays are necessary, appropriate abdominal shielding should be used.

Dizziness or Feeling Faint

Dizziness and lightheadedness are common during pregnancy and are often related to normal changes in blood pressure.

If you feel faint: Lie on your left side for 10–15 minutes, avoid becoming overheated, Rise slowly from sitting or lying positions.

Occasional dizziness is common; however, recurrent episodes may be related to anemia or other conditions and should be discussed with your provider during your routine prenatal visits.

Exercise

Regular exercise is encouraged during pregnancy; however, high-impact activities should be avoided.

Recommended forms of exercise include:

- Walking (1–2 miles, 3–4 times per week), Swimming, Stationary bicycling

Aerobic exercise should be low-impact or specifically designed for pregnant individuals. While exercising:

- Avoid becoming overheated or overly fatigued, do not allow your heart rate to exceed 140 beats per minute unless otherwise directed by your provider, increase your water intake to maintain adequate hydration.

Prenatal yoga classes may also be beneficial and are available through local community and hospital programs.

Sexual Activity

Sexual intercourse may generally be continued throughout pregnancy unless complications arise, such as:

- Vaginal bleeding, Cramping, Vaginal infections, Preterm labor, Ruptured membranes (water breaking)

Light spotting and mild, temporary contractions may occasionally occur after intercourse.

Please contact our office if you experience:

- Bleeding comparable to a menstrual period, Contractions lasting longer than one hour

Following delivery, sexual intercourse should be avoided for at least four (4) weeks or until cleared by your healthcare provider.

Leg Cramps

Leg cramps are common during pregnancy. To help reduce their frequency:

- Drink plenty of fluids, ensure adequate calcium intake, perform regular stretching and circulation-promoting exercises, and avoid pointing your toes when stretching.

Medications

Please inform your healthcare provider of all medications, vitamins, supplements, and herbal products you are currently taking.

For guidance regarding over-the-counter medications, please refer to the medication list included in this packet. Do not start any new medication or supplements without consulting your healthcare provider.

Nausea and Vomiting

Nausea and vomiting are common during the first and third trimesters but may occur at any time during pregnancy.

Strategies that may help reduce symptoms include:

- Eating small, frequent meals throughout the day
- Choosing high-carbohydrate foods
- Eating a few crackers before getting out of bed
- Rising slowly and avoiding sudden movements
- Drinking ginger ale or consuming ginger-containing products
- Eating popsicles or other cold foods

Additional recommendations can be found in the “Helpful Hints for Nausea and Vomiting During Pregnancy” handout included in this packet.

When to Call the Office

Prolonged vomiting can lead to dehydration. Please contact our office promptly if:

- You are unable to keep fluids down for 24 hours or longer.
- You are urinating less frequently than normal or only minimal throughout the day.

Nutrition

Good nutrition is essential for healthy pregnancy. While your nutritional needs increase during pregnancy, you do not need to eat twice as much food.

During your first prenatal visit, your healthcare team will review your individual nutritional needs, dietary habits, and recommended weight gain goals.

General nutrition recommendations include:

- Reduce caffeine intake from coffee, tea, soft drinks, and other sources.
- Read food labels carefully and limit foods containing artificial sweeteners.
- Focus on a balanced diet that includes lean proteins, Fresh fruits, Vegetables, Whole grains
- Limit: Fried foods, High-fat foods, Sweets, pastries, cookies, and candy, High-mercury seafood and fish

Alcohol

Alcohol should be completely avoided during pregnancy.

This includes all alcoholic beverages, such as beer, wine, and liquor.

Smoking and Tobacco Use

The use of cigarettes and all tobacco products is strongly discouraged during pregnancy.

Smoking has been associated with:

- Increased risk of miscarriage, Premature delivery, Impaired fetal growth and development, other pregnancy complications

Resources are available to help you quit smoking. If you have not completely stopped using tobacco before your first prenatal appointment, we encourage you to begin reducing your tobacco use immediately and discuss cessation options with your healthcare provider.

Travel

Travel is generally safe during an uncomplicated pregnancy. Travel by automobile, train, airplane, or cruise ship is typically permitted unless you are experiencing complications such as:

- Cramping, Vaginal bleeding, Preterm labor

Many patients find that travel is most comfortable during the second trimester (14–28 weeks).

Additional recommendations:

- For trips lasting more than one hour, take frequent breaks to walk and stretch; extended travel is generally discouraged during the final month of pregnancy.

Please discuss travel plans with your provider if you have any concerns or pregnancy-related complications.

Employment and Work Restrictions

Most individuals can continue working throughout pregnancy. Work restrictions or medical leave are generally recommended only when medically necessary due to pregnancy-related complications. Common pregnancy discomforts such as nausea, swelling, and back pain may not qualify as medical disabilities under employer policies. All work restriction notes, leave documentation, and accommodation requests must be reviewed, approved, and signed by a physician.

Helpful Hints for Nausea and Vomiting During Pregnancy

Pregnancy Comfort Measures & Safe Over-the-Counter Medications

Nausea & Vomiting: Nausea and vomiting are common in early pregnancy.

Helpful Tips

- Eat small meals or snacks every 2–3 hours.
- Avoid an empty stomach.
- Drink small amounts of fluid frequently throughout the day.
- Try foods that are easy to tolerate, such as:
    - Crackers, toast, rice, pasta, potatoes
    - Salty foods with protein
    - Pickles
    - Lemonade
    - Mild Mexican foods

Vitamin B6 & Unisom

Vitamin B6 (Pyridoxine): 25 mg by mouth 3 times daily
Unisom® (Doxylamine): 12.5 mg (½ tablet) with Vitamin B6

- May cause drowsiness and may take 2–3 days to become effective

Other Options

- Ginger products (maximum 1,000 mg/day), Sea-Band acupressure wristbands, Dramamine Less Drowsy (Meclizine), Dramamine (Dimenhydrinate), Emetrol® (avoid if diabetic unless approved by your provider)

Call the Office If

- Unable to keep fluids down for 24 hours
- Urinating fewer than 3–4 times daily
- Signs of dehydration or worsening symptoms

Fever or Pain

Tylenol® (Acetaminophen)

- 325 mg: 2 tablets every 6 hours as needed
- 500 mg: 1 tablet every 4–6 hours as needed
- Maximum: 3,000 mg in 24 hours

Medication Safety During Pregnancy

- Avoid medications whenever possible, especially during the first trimester.
- Do not stop prescription medications without discussing them with your healthcare provider.
- Avoid herbal and homeopathic products unless approved by your provider.
- Always read medication labels carefully.

Common Pregnancy Symptoms & OTC Options

Symptom	Generally Accepted Options
Allergies	Claritin®, Zyrtec®, Benadryl®, Chlor-Trimeton®, Flonase®
Cold/Congestion	Mucinex®, Mucinex DM®, Robitussin®, Robitussin DM®, saline spray/rinse, Vicks®
Constipation	Colace®, Citrucel®, Metamucil®, Miralax®, Senokot®, Milk of Magnesia
Diarrhea	Imodium A-D®
Gas/Bloating	Gas-X®, Mylicon®
Hemorrhoids	Preparation H®, Tucks®, Anusol-HC®
Headache	Tylenol® (Acetaminophen)
Heartburn/Indigestion	Tums®, Pepcid®, Maalox®, Mylanta®, Tagamet®
Rash/Insect Bites	Hydrocortisone 1% cream, Benadryl® cream, Caladryl®, Aloe Vera
Leg Cramps	Tums®, Viactiv® Calcium Chews
Sleep Difficulty	Unisom®, Tylenol PM® (occasional use)
Sore Throat	Cepacol®, alcohol-free Chloaseptic®, Hall's® (zinc-free), saltwater gargles
Yeast Infection	Monistat®

Contact Our Office

Call **828-252-1050 (Option 5, then Option 3)** if:

- You have persistent fever (>101°F)
- Nausea/vomiting prevents you from keeping fluids down
- You are concerned about dehydration
- Symptoms are severe, worsening, or not improving

Questions About Medications?

If you have questions about whether a medication, supplement, vitamin, or over-the-counter product is safe to use during pregnancy, please contact our office before taking it. Our healthcare team is happy to help guide you toward the safest options for you and your baby.

Final Notes

We hope this information has answered many of your questions about pregnancy and prenatal care. Please keep a list of any additional questions or concerns and bring them to your prenatal appointments for discussion with your healthcare provider.

Urgent concerns will be addressed according to our Telephone Call Policy. If you experience a medical emergency, call 911 or seek immediate medical attention.