SAN GABRIEL VALLEY PERINATAL MEDICAL GROUP, INC

You have been evaluated in our Perinatal Center. The risk of certain complications (as listed below) may be higher in your pregnancy.

I. Preterm labor (i.e. when labor begins before 37 weeks)
Signs and symptoms of preterm labor may include some or all of the following symptoms:
- ❖ Regular or frequent contractions (tightening of the uterus), equal to or greater than 6 times in an hour.
- ❖ Menstrual – like cramps or abdominal cramps
- ❖ Low backache
- ❖ Pelvic pressure
- ❖ Increase or change in vaginal discharge (watery, mucus, or bloody)
- ❖ Leakage of clear water or bleeding from the vagina

Call your doctor if you notice any of the above symptoms

II. Preeclampsia (high blood pressure during the second half of pregnancy and can affect all organs)
Symptoms of preeclampsia which require attention:
- ❖ Headache not relieved by Tylenol
- ❖ New onset of major visual disturbance
- ❖ Pain in right upper abdomen
- ❖ Decreased fetal movement

Call your doctor if you notice any of the above symptoms

III. Placenta Previa
If you are diagnosed of having placenta previa, call your doctor if you experience any of the following symptoms:
- ❖ Bright red vaginal bleeding
- ❖ Leakage of clear water from vagina
- ❖ Regular or frequent contractions, equal to or greater than 6 times in an hour

Avoid douching, strenuous activity, heavy lifting, sexual activity or sexual stimulation until advised.

Call your obstetrician if you have any questions or problems

* Please go to L&D if you are concerned with baby's well being or your baby's movements are less than normal.

* Please bring your glucometer to all appointments at the Perinatal Center if you have diabetes mellitus.

* Take all prescribed medications as instructed. Do not skip doses.

* It is important to keep all of your scheduled appointments as instructed. Failing an appointment may delay the appropriate diagnosis and management.

I have received, read, and understood the above instructions.

Patient signature: _____ **Date:** _____

Witness signature: _____ **Date:** _____