



## Breast Pump Prescription Form

### Patient Information

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Patient Insurance ID#: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_

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### Prescription Information

Prescriber's Name (Please Print): Nathan R. Bertoldo MD MPH

Prescriber's NPI #: 1851731558

#### Equipment:

Double Electric Breast Pump and Replacement Supplies

Hospital Grade Breast Pump and Replacement Supplies

Length of Need: 12 months

#### Diagnosis (Check Applicable):

|                                     |                                                |
|-------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> | Z39.1 – Care of lactating mother               |
| <input checked="" type="checkbox"/> | O92.79 – Postpartum engorgement/Milk retention |
|                                     | Other, please specify:                         |

Doctor Signature:  Date: \_\_\_\_\_

## 3<sup>rd</sup> Trimester Concerns and Issues

*Women's Health*  
& AESTHETICS  
NATHAN R. BERTOLDO MD MPH



The following is a list of things Dr. Bertoldo is most commonly concerned with during your pregnancy. You may remember him mentioning many of these issues during your last visit and wondered how you were going to remember them all. Here they are again in review:

- Preeclampsia: Headaches not relieved by 1000mg of Tylenol after 1 hour, changes in your vision especially blacked out areas of your vision or signs of a curtain closing under vision; pain in the middle of your stomach or up under the right side of your rib cage; nausea and vomiting; rapid increase in swelling of your hands or feet especially the area on the front of your calves
- Vaginal bleeding: Bleeding that is anything like a period. Light brown spotting with passage of mucous plug is normal. This typically happens around 36-38 weeks and is a sign of labor preparing to start. Bleeding otherwise during pregnancy is abnormal and you should see your doctor.
- Loss of fluid: Is not uncommon towards the end of pregnancy to have issues with urinary retention or loss. As you probably already know, increased weight of the uterus on your bladder causes you to need to urinate more often. The thing that is concerning is if you have a big gush of fluid and continue to have small gushes of fluid following that first gush. Also concerning is any loss of fluid followed by contractions. This is suspicious for rupture of the amniotic membrane surrounding your baby. You should call your doctor or proceed to labor and delivery if this happens.
- Contractions: Part of the warm up for labor is the start of Braxton Hicks contractions. These are commonly described as a tightening of the abdomen that starts in the sides and wraps around the front of the belly. They can be uncomfortable but typically are not painful. Labor contractions on the other hand, are painful & often start in the back and radiate around towards the front sometimes down into the groin. They will be rhythmic and will increase in frequency with time. They also tend to increase in strength. If you're having more than a couple of these an hour and are prior to 37 weeks, you should call your doctor or proceed to labor and delivery. If you're having more than 5 contractions an hour and are past 37 weeks, you should go to labor and delivery as this is likely labor.
- Round ligament pain: As the uterus enlarges at stretches many of the structures within the pelvis. Two of these structures that are stretched are "ligaments" that attach to the top portion of the uterus. In addition attaching to the uterus they also reach down and attach to the labia majora which are located just to the outside of the opening of the vagina. As the uterus enlarges and pulls on these ligaments it causes sharp pain (some refer to it as a knifelike or stabbing pain) down into the groin. These are often made worse with movement, walking, especially any type of twisting motion. Rest and abdominal support are the mainstay for treating these annoying side effects of pregnancy. If you have questions or concerns please call your physician.
- Decreased fetal movement: After 28 weeks you should feel your baby moving on a regular basis. If you ever feel as though the movement is abnormal then you should lay down and do a kick count. You should eat or drink something sugary, lay on your left side, and count the number of movements you have during a 2 hour period. You should have at least 10 movements during that period. If you do not have those movements during that time proceed to your physician's office or labor and delivery immediately. If it is before 28 weeks and you feel the movement is not normal, you should call and discuss this with your physician immediately.

In the end trust your maternal instincts. If you feel that something is not right call your physician or proceed to labor and delivery for evaluation.

# My Birth Plan

Name: \_\_\_\_\_ Doctor: Nathan R. Bertoldo MD MPH

Spouse/Support Person: \_\_\_\_\_ Facility: \_\_\_\_\_

Use this checklist to guide your discussion with your physician. It's best to keep a copy of this in your hospital bag for when it comes time to deliver. We want to make this the best experience possible for you, but we need to all realize that this is a very unpredictable event at times and our overall goal is the safety of you the patient and your baby!

## LABOR

- I would like to photograph or video some or part of my labor and delivery.
- I want to walk during the first part of my labor as much as possible and would like wireless fetal monitoring.
- I understand that the labor process can be stressful for my baby and I want to be monitored throughout that process.
- I do not want my water broken unless it is necessary to help monitor my baby or move my labor forward.
- I would like my IV placed when the nurses draw my labs initially.
- I want IV pain meds during my labor and likely an epidural at some point during my labor.
- I want to try for a natural labor without medications for pain.

## DELIVERY

- I want to avoid a cesarean section unless needed, and to do so would be open to using forceps or a vacuum if medically necessary.
- I want to push how and when I feel I should.
- I would like to be coached on how to push and for how long.
- I would like to touch my baby's head as it crowns.
- I would like to use a mirror to help me push.
- I would like to delay cord clamping.
- My spouse or support person will cut the cord.
- I would like to do skin to skin with my baby immediately.
- I plan to breastfeed.

If there is anything else you would like to add feel free to do so on the back or add another page! Thanks!