

YOUR GUIDE FOR PREGNANCY

Sandhills
Women's Care



A Lexington Medical Center Physician Practice



Lexington Medical Center



Congratulations on your pregnancy.

We share your joy and excitement at this special time in your life. We know that pregnancy can also be a very stressful time; it is our goal to do everything we can to make this a healthy, comfortable and enjoyable experience.

We hope this pregnancy guide will answer some of your questions along the way.

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OFFICE VISITS

During each prenatal visit, your weight, blood pressure and urine will be checked and, after 20 weeks, your uterus will be measured. We will always check the baby's heart rate after the first trimester. You will be seen monthly until 28 weeks, then every two weeks until 36 weeks. After that, you will be seen weekly until delivery. Your partner is always welcome to attend your prenatal visits. You may bring your children to a visit so that they can hear the baby's heartbeat or to view an ultrasound; however, children should be attended at all times by an adult other than you.

We are happy to address any questions or concerns you may have. Many patients have found it helpful to write down questions as they think of them. A pregnant woman often receives unsolicited advice from family, friends and even strangers. Some of your most helpful tips may be obtained this way but not all advice that may be shared with you, however, is helpful. Please let us assist you with any of your concerns or fears as we travel this journey together.

Please note: For reasons of confidentiality and safety, only the patient is allowed in the laboratory area. Your partner and/or children may join you in the examination room.

CALLING THE OFFICE

For all non-emergency phone calls, we ask that you call the office during routine office hours. Please state your question or concern to the receptionist, who will refer you to the appropriate person. Our nurses are very capable of answering many questions. If unable to answer your question, the nurse will speak to the doctor and return your call as soon as possible. You will find a list of problems that commonly occur in pregnancy and helpful tips for each of them on page 17. Non-emergent call messages received after 4:00 p.m. may be returned the next business day. All other non-urgent call messages will be returned the same day once the patient care in the office is complete.

EMERGENCY PHONE CALLS

If you experience an emergency or urgent problem during normal business hours, please inform the receptionist that you feel you have a problem that warrants immediate consideration from our medical staff. The call attendant will immediately connect with a nurse or physician while you wait on the line. This medical provider can then assess your medical situation and best decide when and how your care needs to proceed.

If you experience an emergency after business hours, go directly to Labor and Delivery. You may reach the on-call physician by calling (803) 758-4167 and speaking to the answering service. They will contact the on-call physician immediately and you will promptly receive a return call.

PATIENT AND FAMILY EDUCATION

We are committed to keeping you well informed during your pregnancy. We believe a knowledgeable patient is better able to cope with the many changes of pregnancy.

Many educational classes are available through Lexington Medical Center and we highly recommend them. Classes include Preparing for Childbirth, Super Sibling, Caring for You and Baby, Breastfeeding, and Infant Massage.

Teaching the childbirth classes are certified childbirth educators while the breastfeeding classes are taught by nurses who are certified lactation consultants. For more information on all of the maternity programs at Lexington Medical Center, please ask our staff for a brochure.

FEES

Our fee for your obstetrical care includes routine prenatal care, normal vaginal delivery, hospital care after delivery, and your 6-week post-partum checkup. Lab tests, tests to check on your baby's growth or wellness, and sonograms (ultrasounds) for any complications are not included in the fee for routine care. Also, there are additional charges for cesarean section delivery, tubal ligation, prenatal admissions to the hospital, emergency room visits, some other pregnancy-related procedures, and circumcision.

Fees for our services will be discussed with you by your third visit. We will be happy to file your insurance for you after delivery, but a deposit may be required by your third visit. The estimated amount not paid by insurance due to deductibles and/or copays will be paid on a monthly basis set up by our office. The terms will be issued to you in writing.

If you have no insurance, a 25% deposit will be expected at the second visit and a payment plan will be issued based on full payment by the end of the seventh month. By the sixth month you should also contact the hospital to make an appointment to meet with a financial counselor. Please feel free to ask any questions you may have regarding the hospital fees.

SUGGESTIONS OR COMPLAINTS

The physicians and staff of Sandhills Women's Care strive to provide you with quality care that meets your needs. We welcome any suggestions you may have and encourage you to bring to our attention any areas of concern.

YOUR DUE DATE

Your due date is calculated by your physician based on your last menstrual period and ultrasound measurements. Once established, your due date will never change during your pregnancy. In fact, ultrasound becomes less accurate as pregnancy progresses. Although many people speak of pregnancy as a nine-month time span, you will hear us refer to your progress in terms of weeks. You will be at 40 weeks gestation on your due date. Term is considered 37 to 42 weeks.

TESTS AND PROCEDURES

Ultrasound Exam

Ultrasound, also known as a sonogram, is a test that uses sound wave echoes to return a real-time visual image of your baby. Ultrasound is safe for both baby and mother. Our office also has advanced ultrasound capabilities that include 3D and 4D imaging although these services are not part of routine ultrasound examinations. We are happy to make a DVD of your ultrasound so that these images can be preserved for a lifetime.

Generally, two ultrasounds are performed during a pregnancy. The first ultrasound is performed at your initial visit to confirm your due date, look for twins and to document the health and progress of your pregnancy. The second ultrasound is usually performed at about 20 weeks gestation as this is the optimal time to visualize fetal anatomy such as the heart, lungs and kidneys.

Unfortunately, despite our best efforts and attention to detail, some details cannot be seen by ultrasound including some fetal abnormalities. If there are clinical or laboratory suspicions of an abnormality, other testing may be recommended.

Additional ultrasounds may be performed during the pregnancy for a variety of medical reasons. The reason for any additional studies, as well as the results, will always be discussed with you. Common reasons for additional ultrasounds include baby measuring small or large during an office exam, hypertension and diabetes. Additional ultrasounds incur a separate charge; however, these are covered by insurance as they are medically necessary.

Biophysical Profile

This is an ultrasound test that gives us information regarding your baby's well-being. Amniotic fluid is measured as well as body and breathing movements. It is generally not done until 32 weeks or later; however, in some circumstances it may be done as early as 28 weeks. The indications for doing biophysical profiles are numerous, including diabetes and hypertension. The reasons for ordering this testing will always be discussed with you by your physician.

Non-stress Test

The non-stress test, also known as an "NST," is another office test to assess fetal well-being. Two small monitors sit on the abdomen recording both your baby's heart rate and uterine contractions. These are the same monitors used during labor in the hospital. There are many reasons for performing non-stress testing and they will be discussed with you should we recommend it for you and your baby.

Early Screen

Early Screen, or 1st trimester screening, is a simple blood test combined with an 11–13 week ultrasound exam. It is offered to all women less than 35 years of age with no family history of chromosome abnormalities. The Early Screen can help determine your chances of having a baby with Down syndrome, trisomy 18 or trisomy 13.

Multiple Marker Screening

While most babies are born healthy, some will have birth defects. Prenatal testing can provide women with information about the health of their unborn baby. Multiple marker screening (MMS) is a blood test that identifies pregnancies at increased risk for certain types of birth defects such as Down syndrome, neural tube defects and trisomy 18. The MMS should be drawn between 15 and 18 weeks of pregnancy. Elevated or decreased levels of certain markers in a woman's blood suggest that the chance for a birth defect is increased. Approximately 5% of pregnancies will have abnormal MMS results, and of those, only a small number have a birth defect on confirmatory testing. If you elect to have an MMS, the results will be discussed with you by your physician and further testing offered if indicated.

Cystic Fibrosis

Cystic fibrosis, also known as CF, is a genetic condition that severely affects the digestive and respiratory systems, often shortening one's lifespan. Caucasians and Ashkenazi Jews are at increased risk of carrying the CF gene. If you would like more information about CF, please let us know. Your blood can be tested for the presence of the CF gene. Sometimes testing your partner will also be necessary. This optional testing allows us to assess your child's risk of inheriting CF.

Gestational Diabetes

Gestational diabetes is a condition of elevated blood sugar in pregnancy. Three to five percent of patients are found to have this condition. It is detected by drawing a blood sample one hour after drinking a sweetened liquid. This test is typically done between 24 and 28 weeks. If you are found to have gestational diabetes, your physician will discuss how to manage it with you.

Sickle Cell

Sickle cell disease is a blood disorder most commonly found in descendants of people from sub-Saharan Africa. It is a chronic and lifelong disease characterized by periodic painful crises and resulting complications. Sickle cell screening is a blood test that is routinely performed for mothers at increased risk of carrying the gene. Partner testing may be required to accurately assess your child's risk of inheriting sickle cell disease.

Group Beta Streptococcus

Group Beta Streptococcus (GBS) is a type of bacteria that 10–30% of women carry in their digestive and reproductive tracts. It is not sexually transmitted and poses no health threat to those who have it. However, the baby can contract a GBS infection from the birth canal during normal labor. To identify those with GBS, a rectal and vaginal culture is collected painlessly with a cotton swab at 36 weeks gestation. If you test positive for GBS, you will be treated with IV antibiotics during labor to prevent transmission to your baby.

Urine Culture

Urine culture checks to see if you might have a urinary tract infection (these can occur without any symptoms in pregnancy and can have serious consequences, for example, preterm labor has been associated with infection like these). Every week, the medical assistant will check your urine for signs of infection. If there are any signs, we may send it for culture.

Pap smear

This may or may not be performed at one of your prenatal visits; if you have had one in the past year which was normal, you do not need to have one performed during your pregnancy and can put this off until your postpartum visit (usually occurs six weeks after delivery).

GCC

Your provider may perform either a swab of the cervix or a urine test for Gonorrhea and Chlamydia; these tests are recommended by ACOG (the American College of Obstetrics and Gynecology).

BLOOD WORK

Complete Blood Count (CBC)

This test is to see if you are anemic as well as to see if your platelet (these help your body form clots) count is normal.

HIB

You can opt out of this test, but it is recommended by ACOG and most pediatricians prefer that we perform this test.

Hepatitis B Surface Antigen

This is the screening test to see if you have had Hepatitis B in the past; if you have been immunized to Hepatitis B through your job, your Hepatitis B surface antibody will be positive, but we do not test for this.

Blood Type and Antibody Screen

This test determines your blood ABO type (A, B, O, or AB), your Rh factor status (+ or -), and whether or not you have any antibodies in your blood to other blood types/Rh factors. About 95% of women are Rh+; if you are Rh negative and your partner is Rh+, you will have to receive medicine called Rhogam to prevent your body from attacking your baby's blood cells (since the baby could be Rh+).

Rubella Antibody Screen

This test determines whether or not you are still immune to Rubella (you were vaccinated as a child); approximately 5 – 50% of women lose their immunity to Rubella over time; if you are one of these women who is no longer immune to Rubella, you will have to be re-vaccinated following delivery to prevent congenital Rubella syndrome in your next child (this vaccine is theoretically not safe to give during pregnancy).

RPR

This is a test for syphilis (past or present); there are other diseases (for example, lupus) which can make this test come back as a false positive; again, this test is recommended by ACOG.

Hemoglobinopathy Profile

This test determines whether your hemoglobin (the part of your blood that carries oxygen) is normal or whether you have something like sickle cell trait, sickle cell disease, or thalassemia; these disorders can affect the baby; if you are a carrier for one of these diseases, you should consider getting your partner to get tested as this would help you to know the risk of the baby being born with one of these diseases.

Varicella Antibodies

This test determines whether or not you have had chicken pox; most women remember whether or not they have had chicken pox in the past, but some women cannot remember and occasionally, as with Rubella, some women lose their immunity over time. This test is recommended by ACOG, but is optional. We believe that this test is in your best interest for the following reason: if you are exposed to a child with chicken pox while pregnant and do not remember if you are immune or if you happen to be one of those women who have lost their immunity, we would have to test you then. Since these lab tests take several days, we would have to administer a medicine called VZIG (Varicella Immune Globulin) to prevent the disease from affecting you (pneumonia from Varicella during pregnancy can be life-threatening) and wait several days to find the results of your antibody testing. As you can imagine, this situation can create a lot of anxiety.

DIET AND WEIGHT GAIN

Eating a healthy diet is essential at all times of life but none more so than during pregnancy. Being selective about what you eat and choose not to eat is one of the most powerful and easy ways to have a healthy pregnancy. It is important for you to eat a variety of foods that meet your nutritional needs without exceeding your caloric needs.

Where Does It All Go?

Approximate breakdown of a weight gain of 29 pounds

Blood	3 pounds
Breasts	2 pounds
Womb	2 pounds
Baby	7.5 pounds
Placenta	1.5 pounds
Amniotic fluid	2 pounds
Fat, protein & other nutrients	7 pounds
Retained water	4 pounds

March of Dimes, February 2008

Prenatal Vitamins

All women should take a prenatal vitamin during pregnancy. These vitamins are a dietary supplement and should never replace a healthy, well-balanced diet.

Aspartame (NutraSweet®)

Aspartame is a common artificial sweetener. It is used in many soft drinks and is sold under the names Equal® and NutraSweet®. The amount of this sweetener, if any, that might be safe for an unborn child is not known. The most current studies have not shown aspartame to cause any problems with fetal development.

Caffeine

The relationship between high consumption of caffeine during pregnancy and birth defects is not known. It is best to limit your intake of coffee, tea, cola beverages or chocolate during pregnancy. Caffeine may also interfere with sleep.

Iron Rich Foods

Iron is a mineral that supplies your cells with oxygen for growth and energy. Iron also makes red blood cells, and helps to build strong bones and teeth.

As a general rule, women do not receive enough iron to meet their bodies' needs and are often anemic. Because of this and because the pregnant body must also make extra blood for the growing baby, it is especially important for women who are pregnant to increase their intake of iron-rich foods and take an iron supplement. Mothers who are anemic have a greater chance for delivering premature and/or low birth-weight babies. Women who do suffer from anemia during pregnancy are less able to deal with heavy bleeding at the time of birth and are more prone to infection.

To increase the absorption of your iron supplement, take it on an empty stomach. Vitamin C will also help you absorb the iron, so when possible take your iron supplement with orange juice. Since caffeine can decrease your absorption of iron, try not to drink caffeinated beverages close to the time you take your iron supplement. You can also eat a diet rich in iron to help maintain healthful iron levels during pregnancy.

Here are some of the best food sources of iron:

- Liver
- Lean red meat (beef, pork)
- Seafood (oysters, clams, tuna, salmon, shrimp)
- Beans (kidney, lima, navy, black, pinto, soy beans, lentils)
- Iron fortified whole grains (cereals, breads, rice, pasta)
- Greens (collard greens, kale, mustard greens, spinach, turnip greens)
- Tofu
- Vegetables (broccoli, Swiss chard, asparagus, parsley, watercress, brussel sprouts)
- Chicken and turkey
- Blackstrap molasses
- Nuts
- Egg yolks
- Dried fruits (raisins, prunes, dates, apricots)

RECOMMENDED DAILY FOOD GUIDE

Bread, Cereal, Rice and Pasta ~ 9 servings per day

Serving: 1 slice of whole-grain bread; or 1/2 hamburger bun; or 1 small roll, biscuit or muffin; 4–6 crackers; or 1/2 cup cooked cereal, rice, grits, spaghetti or macaroni; or 1 cup of ready-to-eat cereal. Choose whole-grain foods more often. Eat a variety of foods from this group.

Fruit ~ 3–4 servings per day

Serving: 1 fresh medium-sized piece of fruit, such as an apple, banana, orange, grapefruit half or melon wedge; or 1/2 cup of juice; or 1/2 cup cooked, canned or frozen fruit; or 1/4 cup dried fruit. Eat raw fruits as often as possible. Eat a variety of foods from this group.

Vegetables ~ 4–5 servings per day

Serving: 1/2 cup cooked or raw chopped vegetables or 1 cup leafy raw vegetables, such as cabbage or spinach; or 3/4 cup vegetable juice. Choose a dark green leafy vegetable several times a week. Eat raw vegetables as often as possible. Eat a variety of foods from this group.

Meat, Poultry, Fish, Dried Beans, Eggs and Nuts ~ 6 ounces per day

Serving: A serving of lean meat, poultry or fish is 3 ounces. A piece of meat the size and thickness of a deck of cards is about 3 ounces. Count 1/2 cup cooked dried beans and peas or 2 tablespoons peanut butter or 1 egg as 1 ounce of meat. Choose dried beans or peas several times a week. Eat a variety of foods from this group. Please refrain from eating wild game. We also recommend heating up deli meat before eating.

DO

Eat up to 12 oz weekly of low-mercury fish and shellfish.

- Trout, salmon, pollock, catfish
- Canned light tuna or sardines
- Shrimp, crab, scallops, herring

DON'T

- Eat things made with raw egg. This includes raw cookie dough, cake batter and homemade Caesar salad dressing.
- Eat shark, swordfish, king mackerel or tilefish.
- Eat more than 6 oz of albacore “white” tuna weekly.
- Eat more than 6 oz of fish weekly if caught in local waters and you are unable to verify safety with local authorities.
- Eat any raw meats, i.e., sushi, raw oysters, very rare beef.

Milk, Yogurt and Cheese ~ 3 servings per day

Serving: Examples of one serving of dairy include 1 cup of milk (whole, skim, or soy), 2 slices of American cheese, 1 cup of cottage cheese, one cup of yogurt, or 2 pieces of part skim mozzarella string cheese. Remember you may want to select reduced fat or skim milk choices to avoid the calories that come with the whole milk products. You should not eat or drink any unpasteurized cheese or milk products.

Fats, Oils, Sweets, Sweetened Drinks ~ Eat sparingly 2–3 servings per day

Serving: Limit fats, sweets, sodas and other sweetened beverages. Choose liquid vegetable oil more often than solid fats and shortenings. Avoid fried foods such as bacon, sausage and other high-fat meats.

Remember the following:

1. You only require an additional 200–300 calories per day when pregnant. This guideline will help keep you on track to appropriate weight gain associated with a healthy pregnancy.
2. Eat to satisfy your appetite. Don't go around feeling hungry.
3. Drink plenty of liquids; 48–68 oz of water per day.
4. Eat a VARIETY of foods every day.
5. Keep your foods as wholesome and unprocessed as possible. (example: fresh fruits and vegetables; whole-grain breads and cereals, no artificial additives and colorings).
6. Snacks that are high in protein and high in nutrition are almost always necessary for you to achieve the recommended daily allowance of essential nutrients.
7. Limit high-calorie, low-nutrient drinks such as sodas and sweetened drinks.

MISCELLANEOUS

Medications

Almost all medicine that you take during pregnancy crosses the placental barrier to the baby. It is best to avoid all medicines during pregnancy although we know that this is not always possible. A list of common problems and suggested remedies have been included. Try non-medicine remedies first. To the best of our knowledge, the medicines listed are safe, but warnings about “use in pregnancy” are listed in each medication’s insert. Use only the medicines we suggest. Take the medicine as directed on the package. Never use old prescription medicines, expired medications or medicines prescribed for someone else.

Smoking

Smoking is harmful to the well-being of your baby. The nicotine in cigarettes make the fetal heart rate speed up and interrupts the baby’s respiratory movements, which is the baby’s way of rehearsing breathing. Nicotine makes the blood vessels in the placenta constrict so that less oxygen and fewer nutrients reach the baby. Cigarettes have a direct effect on the growth of the baby. Smokers have a higher risk of miscarriage, sudden infant death syndrome (SIDS), crib death, preterm delivery and delivery of a low birth-weight baby. There will never be a better time for you to quit smoking than now! You should also avoid second-hand smoke. Once your baby is born, it is important that your child not be exposed to second-hand smoke.

Alcohol

Drinking alcohol in excess in pregnancy alters fetal development and can have lifelong consequences for your baby. Use of alcohol, including beer and wine, should be eliminated in pregnancy.

Dental Care

If you visit your dentist during your pregnancy, let him/her know that you are pregnant. Many dental procedures may be done during pregnancy. If an X-ray is necessary, your abdomen should be covered with a lead shield. Local anesthetics such as Novocain may be used. If needed, we can provide you or your dentist with a letter regarding X-rays and medications for the pregnant patient.

Sex

Unless you are told otherwise, you may continue to have intercourse during your pregnancy until labor begins. A small amount of spotting after intercourse may occur and is no reason for alarm. If you should have bleeding or leakage of water from your vagina, please let us know. If you have cramping or irregular contractions after intercourse, using a condom may be helpful. Human semen contains hormones that can cause contractions. Most couples will have some changes in their sexual patterns or drive during pregnancy. More than ever, mutual understanding and open communication is important.

Travel

Common sense will be your best guide. If you are traveling a long distance, your comfort level will increase if you allow yourself to stretch, walk and empty your bladder every two hours. Air travel is fine, but some airlines require written permission from your doctor if flying during the last trimester. During the last trimester of your pregnancy, it might be wise to stay near home. If you have had any complications during your pregnancy or have risk factors for complications, you should discuss your travel plans with your doctor before the plans are finalized.

Toxoplasmosis

Toxoplasmosis is a disease caused by a common organism found in our environment. If a woman becomes infected for the first time during pregnancy, it can have serious consequences for the baby. For that reason, we suggest you use some simple precautions. Do not eat raw or undercooked meat. Avoid deer meat, including all wild game meat, entirely. You should not handle cat litter at all. Wash your hands with soap and water after handling pets.

Automobile Safety

Wearing a safety belt greatly lowers your chance of serious injury or death in an automobile accident. A pregnant woman should fasten the lower strap of the seatbelt across the upper thighs and underneath the abdomen. The shoulder belt should be placed between the breasts.

ACTIVITY AND EXERCISE

Most of your daily activities can be done throughout pregnancy. If you run or jog on a regular basis, there is no need to stop. Brisk walking is an excellent way to exercise and can be done almost anywhere. Wear supportive athletic shoes and walk on flat surfaces. You will notice that you tire easily and as the pregnancy progresses you are more prone to losing your balance. Therefore, skating, skiing, horseback riding or any activity that could cause you to fall should not be undertaken.

Exercise helps improve posture, enhance circulation, alleviate minor discomfort and provide a feeling of well-being. Keeping in shape will help you perform better during the stress of labor.

Body Changes During Pregnancy

♦ Center of gravity shifts forward and downward

Recommendations:

- Keep all motion smooth and slow.
- Use good posture (stand tall, tilt pelvis back, knees slightly bent).
- Do not wear high heels.
- Avoid activities that may cause you to lose your balance.

♦ Hormonal changes may soften more ligaments and cause joints to easily strain

Recommendations:

- Do not start new exercise programs without consulting your physician.
- Do exercises that are free of sudden or exaggerated motions.
- Do not do momentum swinging exercises.

♦ Baseline heart rate increase and easy fatigability occurs with exercise

Recommendations:

- The heart rate increases as pregnancy progresses due to the increased cardiovascular demand of carrying more weight and an extra passenger. This extra person alone requires $\frac{1}{2}$ liter of blood a minute at term

- When you are exercising, a good rule of thumb to gauge exertion level is to simply assess your ability to speak normally. You should be able to talk clearly without shortness of breath. If you stay within this boundary while you exercise, you can be assured that your cardiovascular system is not overtaxed and your baby is safely receiving the oxygen and nutrients he or she needs. Try to limit your pulse rate to less than 135 beats per minute.
- Avoid lifting anything heavier than 25 pounds.

♦ **Sciatic nerve irritation**

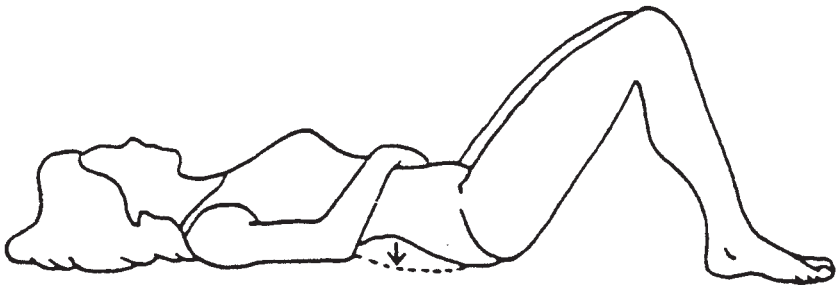
Recommendations:

- Lie on your side with your top leg resting on a pillow.
- Never swing your extended leg out to the side.

Recommended Daily Exercises

Pelvic Tilt

Lie on the floor with knees bent. Inhale. While exhaling, flatten your back against the floor so that there is no space between your back and the floor. Tighten abdominal and buttock muscles as you flatten your back. Repeat ten times, twice daily.



Kegel

Slowly tighten your pelvic muscles and hold. Release the muscles slowly. Repeat 50–100 times a day. A good way to tell if you are tightening the right muscles is to tighten the muscles as you urinate (pass water). If you are able to stop the flow of urine, you are tightening the pelvic muscles.

Walking

Half to one mile each day.

DISCOMFORTS OF PREGNANCY

Your body is constantly changing during pregnancy. The changes are both wonderful and, at times, uncomfortable. Common sense will always be your best guide to treating the normal aches and pains of pregnancy. If you are hungry, eat. If you are tired, rest. The suggestions below are general guidelines you may follow in handling some of these discomforts.

Nausea (feeling sick to your stomach), Vomiting (throwing up)

Causes: Slowing of digestion. Increased hormone levels.

Suggested Treatment: Eat small, frequent, non-spicy meals. Try crackers and toast.

Keep small amounts of food in your stomach — avoid becoming too empty or too full. Sip carbonated drinks. Do not eat fatty, fried or highly spicy foods. If maternal vitamins cause nausea, they may be withheld in early pregnancy. Vitamin B6, 25 mg, one to three times a day is safe and may be helpful.

For extreme cases of nausea: ½ Unisom tablet (12.5 mg) in the morning the same 6 hours later and a whole tablet just before bed. Each dose of Unisom is combined with a 25 mg dose of a B6 vitamin. If unable to maintain minimal intake for more than 48 hours please call the office for an evaluation.

Constipation (unable to have bowel movement)

Causes: Increase in hormone levels cause the bowel to relax. Slow digestion.

Pressure from the uterus.

Suggested Treatment: Drink lots of fluids, especially fruit juices. Increase the fiber in your diet by eating fresh fruit, vegetables, bran and whole grain. Dried fruits and prune juice may help. If these measures fail and your stools are very hard, stool softeners such as Colace® or Surfak® may be taken as directed on the label. If you do not have a bowel movement for more than three days, you may use Peri-Colace® or Senekot®. All of these drugs are available without a prescription. You may also use Glycerin® or Dulcolax® suppositories.

Indigestion and Heartburn

Causes: Increase in the level of stomach acid. Slowing of digestion.

Suggested Treatment: Avoid eating spicy or hard-to-digest foods. Frequent small meals are best. Avoid lying down for two hours after eating. If symptoms are worse at night, try to eat supper earlier and do not eat any after-dinner snacks. Sipping a few ounces of milk may help. You may use Maalox,[®] Mylanta,[®] Riopan,[®] or Tums[®] if needed. If the above measures fail, discuss with your physician. Pain in your right upper abdomen that does not go away with suggested treatment should be reported to your doctor right away.

Hemorrhoids (swollen veins near rectum)

Causes: Straining during bowel movements. Pressure from the uterus on veins in the rectum.

Suggested Treatment: Prevent constipation. Soak in a tub of warm water several times a day. When possible, try to keep hemorrhoidal tissue inside the rectum, behind the anal sphincter. This can often be done by gently pressing with a soapy finger during baths or after bowel movements with Vaseline[®] or K-Y[®] jelly. Apply Cortaid Cream[®] after each bowel movement. Anusol,[®] Wyanoids[®] cream or suppositories, and Tucks[®] are all available without a prescription at most drug stores.

Common Cold with Nasal Stuffiness or Full Sinuses

Causes: Virus (colds during pregnancy tend to last longer and be more severe).

Suggested Treatment: A cold must “run its course.” You must get plenty of rest to allow your own “defenses” to fight the virus. Try Tylenol[®] for aches, fever or headaches. Drink plenty of fluids. You should not take any over-the-counter medicine that contains ibuprofen. Sudafed[®] is okay to take. Use a cool air vaporizer in rooms where you spend much of your time (i.e., bedrooms). Salt water or saline nasal spray is also helpful.

Cough

Causes: Cold or flu virus.

Suggested Treatment: Same as above for common cold. You may try Robitussin[®] or any other cough syrup as long as there is no alcohol in it. Take the cough syrup as directed on the label. Try sleeping with a cool air vaporizer in the room.

Sore Throat

Causes: Cold virus. Allergy.

Suggested Treatment: Add 1/2 teaspoon of salt to 8 ounces of warm water and gargle. Chloraseptic Spray® or Sucrets® are soothing.

Stretch Marks

Causes: Heredity. Stretching of skin due to rapid growth in size of breasts and uterus.

Suggested Treatment: There is no way to completely prevent stretch marks. Using a lotion such as lanolin, cocoa butter or Vitamin E cream may help keep your skin moist. Eat a healthy diet. Try to avoid a sudden weight gain. Wear a support bra.

Leg Cramps

Causes: Low calcium level. Pressure from uterus on blood vessels and nerves. Decreased circulation.

Suggested Treatment: Try to increase the calcium in your diet. If you are not taking the recommended amount of calcium daily, try Os Cal® or Cal Sup® tablets, 500 mg, three times each day. Taking Tums® four times a day may also be useful. You do not need a prescription for the above medicines. To improve circulation, walking is the best remedy. Flexing your feet toward your face may also help.

Varicose Veins (enlarged veins, usually found in legs or vulva)

Causes: Heredity. Increase in pressure on veins in the pelvis and legs caused by the growing uterus.

Suggested Treatment: Rest with legs raised several times each day. Avoid standing or sitting in the same spot for a prolonged period of time. Wear support hose. It is best to put on support hose before you get out of bed. Do not cross your legs while sitting.

Dizziness, Feeling Faint

Causes: Pressure from the uterus on blood vessels. Hormone changes.

Suggested Treatment: Avoid lying on your back. Lie on your left side. These “spells” are not dangerous but be careful not to fall or have an accident. When you feel faint or dizzy, stop what you are doing and sit or lie down. The symptoms should pass in a few minutes. If you should lose consciousness, someone should call the doctor.

Unable to Sleep

Causes: Hormone changes. Thinking about the pregnancy, baby, labor, delivery, etc.

Suggested Treatment: Get up and walk around. Try reading. Drinking warm milk may help. Do not drink caffeine drinks. Tylenol PM® is okay to take.

Headaches

Causes: Hormone changes. Sinus stuffiness. Tension.

Suggested Treatment: Try lying in a darkened room with a cool washcloth on your face.

If sinuses feel full, try Sudafed®. Tylenol® may be used as needed as directed on the label. If swelling of hands and ankles or changes in vision occur with headache during the last three months of the pregnancy, call the office.

Shortness of Breath

Causes: Hormone changes. Enlarged uterus.

Suggested Treatment: Use good posture and rest with arms above your head. Lie on your left side. Shortness of breath should go away within a few minutes. If shortness of breath occurs with pain or coughing up of blood, call the office.

Swelling of Hands and Ankles

Causes: Hormone changes. Growing uterus. Decrease in circulation.

Suggested Treatment: Increase your water intake. Do not eat salty foods. Increase your daily intake of protein (meats, eggs, dairy, nuts and beans). Most important is to increase the time you lie down so that the extra fluid can be reabsorbed. If headache or changes in vision occur with swelling during the last three months of the pregnancy, call the office.

Nosebleed

Causes: Increase in blood flow and congestion of mucous membrane.

Suggested Treatment: Tilt your head back and gently apply pressure to the bleeding nostril with a damp towel or cloth for five minutes. Using a vaporizer at night may be helpful if nosebleeds continue to occur.

Bleeding Gums

Causes: Hormone changes.

Suggested Treatment: Keep up your normal routine of brushing and flossing teeth. You may want to change to a soft bristle brush.

Needing to Urinate (pass water) Often

Causes: Enlarged uterus pressing on bladder.

Suggested Treatment: To prevent waking up in the middle of the night and needing to go to the bathroom, avoid drinking fluids 2–3 hours before bedtime. If you have burning upon urination, cloudy urine, blood in your urine, fever or back pain, call the office.

Increased Vaginal Discharge

Causes: Hormone changes.

Suggested Treatment: Increase in the amount of vaginal discharge is normal. Color of discharge may range from cream to yellow. If accompanied by foul odor, burning, itching or irritation, call the office. Do not douche during pregnancy.

Stomach Virus Associated with Nausea, Vomiting and/or Diarrhea (loose bowel movements)

Causes: Virus.

Suggested Treatment: Avoid dehydration. We suggest sips of cola, ginger ale, Gatorade® or weak tea. Try dry toast or crackers. To control diarrhea, you may use Imodium®. If symptoms persist for more than 24 hours, call the office.

Low Back Pain

Causes: Shift in weight. Change in the center of gravity. Uterus pressing on nerves.

Suggested Treatment: Do the pelvic tilt exercises as explained earlier. Apply a heating pad on medium heat to the lower back. Soak in a warm bath tub. Use good posture. Never bend at the waist when lifting an object. Always squat and bring the item close to your body and lift using your leg muscles. Wear good-fitting, low-heeled shoes. Tylenol® is okay to take for the pain.

Sudden, Grabbing, Pulling, Aching Pains in Lower Abdomen

Causes: Spasm of muscles surrounding the uterus.

Suggested Treatment: Stop what you are doing and rest. The pain should subside quickly. Soaking in a warm tub may be helpful. Avoid quick, jerky motions. Always change position in a slow, smooth manner.

YOUR CHANGING BODIES

WEEK 1 – 4

BABY

Embryo is less than half inch long. Brain, eyes, ears, heart, and lungs all begin to take shape. Arm buds and legs appear. Placenta covers 1/15 of uterine interior.

MOTHER

Ovaries increase “pregnancy-maintaining” hormone progesterone. First period is missed. Breasts begin to feel tender.

WEEK 5 – 8

BABY

Embryo is a little longer than one inch. A heartbeat can be seen on ultrasound. The face is complete with eyes, nose, lips, tongue and primitive teeth. External ears develop. Finger and toe buds appear.

MOTHER

May feel nauseated, any time of day. May feel extremely sleepy and tired. Uterus grows larger and softer, but still hidden behind pubic bone.

WEEK 9 – 12

BABY

Embryo is now considered a fetus, is about two inches long and weighs 1/2–1 ounce. Genitalia is now well-defined, can recognize baby’s gender. Critical time for eye and ear development. Eyelids finish forming and seal shut. Internal organs begin to function. Placenta and umbilical cord reach complete functional maturity.

MOTHER

Your breasts increase in size and areolae darken. Vaginal secretions may increase and the tissues become bluish. Nausea and fatigue may continue. May feel uterus as a small lump above pubic bone. Can begin to hear baby’s heartbeat with the Doppler.

WEEK 13 – 16

BABY

Heart is beating 120–160 times a minute. Musculoskeletal system has matured and nervous system begins to have some control. Reflex movements allow baby to kick, grasp and swallow. Kidneys circulate fluid swallowed by baby back into amniotic sac. Baby is about three inches long and seven ounces.

MOTHER

You are noticing some weight gain. Nausea and fatigue should decline. You may perspire more than usual. You may notice unusual mood swings. Your appetite may noticeably increase and become an urgent matter.

WEEK 17 – 20

BABY

Fine downy hair (lanugo) appears on baby's body. Oily coating (vernix) covers baby's skin and protects it. Eyebrows, eyelashes and hair on head appear. Baby sleeps, wakes, turns and sucks. Baby is about 10 inches long and half a pound.

MOTHER

Your uterus grows to just below your navel. Weight gain increases. Fetal movements are strong enough for you to feel. Dark line may appear down the center of your abdomen (*linea nigra*). You may feel your uterus contract or harden from time to time.

WEEK 21 – 24

BABY

Skeleton is developing rapidly. Skin is reddish in color, but still covered with white, cheesy vernix. Fingernails continue to grow. Eyelids begin to open and close. Baby is 11–14 inches long and 1-1/2–2 pounds.

MOTHER

May begin to notice patterns of the baby's quiet times and active times. Uterus can be felt at navel or just above. Breasts begin producing colostrum and may leak from nipples.

WEEK 25 – 29

BABY

Baby's movement can be seen and felt through the abdominal wall. Baby can respond to noises from the outside and hiccup. If born now, there is a chance of surviving with special care. Baby is about 14–15 inches long and 2–2-1/2 pounds.

MOTHER

May sometimes feel baby's hiccups. Braxton-Hicks contractions of the uterus may become more noticeable. Stretch marks may appear on your abdomen, breast or hips. You will be checked for gestational diabetes.

WEEK 30 – 34

BABY

Fat deposits build beneath the skin to help insulate the baby. Baby's digestive tract and lungs now nearly fully matured. Brain and nervous system grow quickly. Iron is being stored.

MOTHER

Uterus is moving close to ribcage. You may feel awkward and tire easily. Your hands, feet and ankles may swell.

WEEK 35 – DELIVERY

BABY

Is gaining approximately half a pound per week. Mom is sharing her immune system antibodies to assist the baby's immune system during the first six months of infancy. There is about one quart of amniotic fluid. Baby settles into head-down position.

MOTHER

May be experiencing numerous physical complaints as baby occupies most of your abdominal cavity. Baby descends deeper into the pelvis.

OTHER IMPORTANT TOPICS

A Doctor for Your Baby

Your newborn will need a physician to provide his/her care after birth. There are pediatricians and family practice physicians in our area well qualified to manage your baby's growth and development, and provide care should an illness occur. A list of pediatricians and family practitioners is available at the front desk or you can call the Physician Referral Line at (803) 791-2271. You may want to set up appointments with a few doctors to determine which doctors are accepting new patients and who would be the best provider to meet your baby's needs.

Breastfeeding

Breast milk is the food of choice for an infant's first year of life. The benefits of breastfeeding for both mother and baby are well documented. We encourage any mother who is thinking about breastfeeding her baby to give it a try. Attending a lactation class available through Lexington Medical Center prior to your due date will ensure proper technique and make it a successful and rewarding experience. While in the hospital after delivery, a certified lactation consultant will be available to assist you with questions or problems. The lactation consultant will even follow up with you at home to see how you are doing. If you choose not to breastfeed, infant formulas provide an acceptable substitute. Breastfeeding information is available in our office. Please ask one of our nurses.

Tubal Ligation and Vasectomy

After careful consideration, you may decide that your family is complete. If so, you may want to discuss methods of permanent sterilization such as vasectomy for men and tubal ligation for women. A vasectomy is an office procedure and may be performed by a urologist or family practitioner. Tubal ligation is performed by an obstetrician in the hospital. If you choose to have a tubal ligation while in the hospital, it is usually done the day after birth. These procedures are considered permanent but all have a small failure rate. Your physician will be happy to discuss the details of these procedures with you and your partner. Please note that some insurance carriers require written consent 30 days prior to performing sterilization.

Circumcision

Existing scientific evidence demonstrates potential medical benefits of newborn male circumcision; however, these data are not sufficient to recommend routine neonatal circumcision. As this procedure is not essential to the child's current well-being, parents should weigh the potential benefits and risks and determine what is in the best interest of their child. Be advised that circumcision revision is later indicated in 5% of males for reasons unrelated to the original circumcision. According to the recommendations of the American Academy of Pediatrics, circumcision is only performed on infants who are stable and healthy.

YOUR HOSPITAL EXPERIENCE

Your baby will be delivered at Lexington Medical Center. The hospital offers lovely birthing rooms staffed with skilled and supportive nurses. We encourage you to visit the hospital before your delivery. Tours may be arranged by calling (803) 791-BABY (2229). A hospital tour is included in the Super Sibling and Childbirth classes.

Packing for the Hospital

You should pack your suitcase several weeks before your due date. Suggested items include nightgowns, nursing bras if planning to breastfeed, a robe, slippers, shampoo and other personal items for you and your baby. Other items you may find useful include a signature book for visitors, breastfeeding book, camera, birth announcements, small gift or treat for the sibling(s). During your labor, you may find that lip balm, mouthwash and socks help keep you comfortable.

Admission

Enter the hospital through the Emergency Department entrance and check-in at the admissions desk. You will be escorted to a labor/birthing room on the second floor. Labor and delivery suites are designed to enhance a couple's comfort and sense of well-being. Providing that both mother and baby are doing well, your newborn baby may remain with you after birth. Siblings and other family members are allowed to visit with the parents and the newborn in the birthing room right after delivery. Keep in mind that visitors should remain in the family waiting area when not in the labor/birthing suite and cannot wait in hallways in Labor and Delivery.

Cesarean Birth

With the consent of your doctor, one visitor may be present at cesarean birth. During surgery, he/she will be seated near the mother's shoulder to offer emotional support and celebrate the birth with her. After the birth, he/she may carry the baby alongside a staff member to the nursery where the entire family can view the baby.

Rooming-in

Rooming-in means that you want to keep your baby with you during most of your stay in the hospital. Rooming-in may be started at any time. We will show you how to bathe, diaper and feed your baby as needed. Our staff will check on the baby and are available to help you with the baby at any time. Even if you are rooming-in, you may request that the baby be taken to the nursery at any time.

Videotaping in Labor and Delivery

Lexington Medical Center knows that many of you would like to have the birth experience taped. We will always attempt to accommodate a couple's desire to videotape their child's birth based upon the guidelines written below:

- Discuss your videotaping wishes with your doctor during a prenatal visit.
- If complications occur, the doctor or nurse makes the final decision as to the ability to begin or continue videotaping.
- Video cameras must be battery operated. The use of electrical cords cause a safety hazard.
- When the video camera is being used, you may also use an audio recording device.
- At no time during the delivery may you use a tripod, third-party photographer or light sources not contained within the camera.
- In Labor and Delivery, videotaping is not allowed during direct patient care procedures.
- The camera operator must be stationary at the head of the bed. Walking around the room while using the camera is not allowed. The nurse in the room will determine when the support person/father may move from the head of the bed to the infant warmer.
- If your baby is delivered via cesarean section, you will be taken to a recovery area after surgery. If there is more than one patient in the recovery area, we may not allow you to videotape while in that area. This allows us to protect the privacy of all of our patients and family members.
- We do not permit videotaping of cesarean section deliveries. The support person/father may videotape the infant at the discretion of the doctor and nurse.

Visitors

The support of family and friends can be an important component of fond memories during the birth of your baby. For this reason, visitors are welcome in Labor and Delivery. For safety purposes, our policy places the following limits on the number of visitors allowed during delivery:

- ♦ Routine vaginal delivery and recovery in the delivery suite: maximum of three visitors
- ♦ Cesarean section with spinal or epidural anesthesia: one visitor
- ♦ Cesarean section under general anesthesia: no visitors. The rare use of general anesthesia for cesarean sections is reserved for true emergency situations as we will explain to you if necessary.
- ♦ Recovery room after cesarean delivery: one visitor who must be the same individual who wears the nursery arm band that matches the baby's arm band.

If you want one of your children, 15 years old or younger, to attend your baby's delivery, then he or she will need to attend the Sibling at Delivery class prior to the birth. Please register by calling (803) 791-2144.

Safety and Security

Due to unfortunate events related to infant abduction, we would like to share some information about infant security:

- ♦ We know that you are very excited about the birth of your baby and want your friends and neighbors to know of the arrival. Placing signs in your yard or bows on your mailbox or other forms of public display, however, may make you the target for a potential abductor.
- ♦ If you want your baby's birth placed in the newspaper, the proper release to do so will be obtained while you are in the hospital; however, this does not mean that we are encouraging you to do this. This service is provided only at your request.
- ♦ If you want your baby's picture placed on the Internet, we will also do that but only with the parents' first names. No demographic data is included that would allow anyone to locate you. The parents must complete a consent form for an Internet photograph. This is a free service.
- ♦ While you are in the hospital, you and one family member will be asked to wear a hospital identification band that associates you with your baby. Do not remove the band until you have taken your baby home from the hospital.
- ♦ Additional security measures will be discussed with you while you are in the hospital.

LABOR

Preterm Labor Prevention

Labor occurs when the uterus begins to contract in a regular and frequent pattern and causes thinning and dilation of the cervix. Labor is considered preterm when it occurs more than three weeks before your due date.

The cause of preterm labor is often not known. Certain risk factors increase your chance of an early delivery, and therefore place a woman at a higher risk. Risk factors include carrying more than one baby (multiple birth), having had a preterm delivery in a prior pregnancy, having had an episode of preterm labor with this pregnancy, or having an abnormal uterus or cervix.

The signs and symptoms of preterm labor can easily be confused with some of the common complaints of pregnancy. If you experience any of the warning signs, a careful exam and monitoring are very helpful. Symptoms include an increase in contractions, menstrual-like cramping, low dull backache, pressure or pain in the lower abdomen, back or thighs, pelvic pressure, or changes in vaginal discharge. Be sure to report any concerns you have so we can provide the reassurance you need or timely medical treatment.

Patient education, modification of daily activities, medicines to reduce uterine activity, and aggressive prenatal care have helped many women carry their pregnancies to term.

What is True Labor?

During pregnancy your uterus contracts and relaxes in a mild, painless and irregular manner. These contractions are called Braxton-Hicks contractions. These contractions help your uterus grow and become toned for labor. No one knows why or when, but at some point these contractions become labor contractions. Labor contractions occur at regular intervals and often feel like menstrual cramps that radiate around to the lower back. Labor contractions cause the lower portion of the uterus (the cervix) to thin out (efface) and open (dilate). They also slowly push the baby through the pelvis and birth canal.

What is False Labor?

Sometimes Braxton-Hicks contractions become regular and uncomfortable, and therefore resemble true labor contractions. These contractions will not change the cervix. Tips on how to tell between Braxton-Hicks and labor contractions:

1. False labor is rarely felt in the low back. True labor is felt in the low back most of the time.
2. Walking or doing some other form of exercise often causes contractions to cease with false labor.
3. Most of the time the contractions do not get closer together, stop after a while and don't increase in intensity with false labor.

Signs of Labor

1. Uterine contractions that get closer together, do not go away and increase in intensity.
2. Vaginal discharge with bleeding similar in quantity to that of menstrual-like flow. This is otherwise known as bloody show.
3. Ruptured membranes (water leaking from vagina).

Note: If you have contractions, whether painful or not, every 10 minutes or more before you are 37 weeks pregnant, get off your feet and drink 3–4 glasses of water. Call the office if the contractions continue for one hour. This could be a sign of preterm labor.

Breech Presentation

Breech presentation occurs when a baby is positioned in the uterus with its head toward mom's chest rather than toward the cervix and vagina. In certain cases, it is reasonable to attempt to turn the baby. The procedure is called a cephalic version and is done in Labor and Delivery by your physician with careful fetal monitoring. If your baby is breech and you are a candidate for the version, your doctor will explain this optional procedure to you in detail. Otherwise, vaginal breech delivery has high risks of potentially bad outcomes for your baby. The risks of cesarean delivery are negligible when compared with the risks of delivering a baby vaginally from the breech position. For this reason, you will be offered a cesarean section if your baby has a breech position at the time of delivery.

When to Go to Labor and Delivery

1. When contractions occur at regular intervals, approximately 5–6 minutes apart for 2 hours and last for 45–60 seconds each.
2. When membranes rupture. When this occurs you will have a gush of clear colorless fluid leading from the vagina or just a slow leaking of fluid that cannot be stopped by tightening your pelvic muscles. This fluid does not smell like urine.
3. If you have bloody discharge similar to your normal period.
4. If you have constant abdominal pain.
5. If you have pain in your right upper abdomen that does not go away with suggested treatment.
6. If you have a headache and blurred vision.

POST-PARTUM INSTRUCTIONS

Be patient...healing after birth takes 6–8 weeks. Just as each pregnancy and birth is different, so is each post-partum recovery. Use good common sense when caring for yourself. During the first week, plan on only taking care of yourself and your newborn. Someone else will need to carry out the normal household chores. After the first week, you may begin to slowly increase your activities, but include rest periods often. You may begin a moderate exercise program at this time if you had a vaginal delivery.

For specifics on caring for yourself and your baby, please refer to the *Bringing Your Miracle Home* booklet given to all patients during their stay in the hospital.

MASTITIS

What is it? Mastitis (mass-ti-tis) is an infection of the breast. The infection is in the breast tissue and not in your milk. Most of the time only one breast is affected.

Causes: Bacteria usually causes mastitis. Bacteria enter the body through a break or crack in the skin of your breast or nipple. A plugged milk tube or not emptying the breasts of milk completely may also cause mastitis. Using certain creams on your breast can cause mastitis. If you have had mastitis before, you are more likely to get it again.

Signs and Symptoms:

- Small cut in the nipple or the areola (dark area around the nipple)
- Body aches or tiredness
- Breast tenderness with redness, swelling or hardness in one area of the breast
- Chills or fever
- Headache
- Tenderness under your arm
- Breast may also feel hot or itch

What To Do if You Develop Mastitis

If you have symptoms that suggest you have mastitis, you'll need to heed the following advice:

- Contact the office immediately.
- Continue breastfeeding, starting on the affected side.
- If your baby doesn't feed well or will not feed on the affected breast, empty the breast using a piston-type hospital breast pump.
- Drink more fluids.
- Reduce your salt intake.
- Take acetaminophen or ibuprofen to reduce fever and discomfort so milk letdown will occur and the breast can be emptied.
- Apply moist heat to speed up milk letdown and ease soreness; cool packs may be used initially to decrease swelling.
- Apply gentle massage to move the milk forward and increase drainage from the infected area.
- Avoid breast shells and tight-fitting bras.
- Avoid tight clothing and underwire bras.

- Wash your hands before handling the infected breast.
- Lanolin creams may be used to treat nipples. Your physician may prescribe medication if you develop a fungal infection of the nipple.
- Make sure your baby is in a comfortable nursing position and does not pull excessively on your nipple; if necessary, talk to a lactation consultant to evaluate your nursing technique.
- If you have a fever, the doctor may prescribe antibiotics for seven to 10 days.

RECOMMENDED READINGS

What to Expect When You're Expecting. By Heidi Murkoff, Arlene Eisenberg and Sandee Hathaway.

New York: Workman Publishing Company

What to Eat When You're Expecting. By Heidi Murkoff, Arlene Eisenberg and Sandee Hathaway.

New York: Workman Publishing Company

The Womanly Art of Breastfeeding. By La Leche League International

New York: The New American Library, A Plume Book

Mayo Clinic's Complete Book of Pregnancy & Baby's First Year. By Mayo Clinic

YOUR PREGNANCY DIARY

For your own interest, you may want to keep a record of the coming months.

Appointment Date	Doctor Seen	My Weight	Size of Uterus	NOTES

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LEXINGTON
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OFFICE HOURS

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