

A watercolor-style silhouette of a pregnant woman in profile, facing right. The silhouette is filled with a soft, multi-colored wash of pink, purple, and yellow. The background of the entire page is white with a repeating pattern of light gray, stylized leaf or petal shapes.

A Brief Guide to *Pregnancy*



A Lexington Medical Center Physician Practice

For Women, By Women.



Back row, left to right:

Elizabeth S. Lambert, MD, FACOG • Brooke Naffziger, DO, FACOG
Jennifer A. Greene, MD, FACOG • Julie A. Reed, MD, FACOG

Front row, left to right:

Allyson I. Jones, MD, FACOG • Samantha S. Morton, MD, FACOG

Not Pictured:

Jenny Rush, WHNP-BC • Michelle E. Toole, FNP-BC

Congratulations!

Pregnancy is an exciting and somewhat unpredictable experience. We are truly happy you have chosen Carolina Women's Physicians to provide prenatal care for you and your growing family. Our all-female team of obstetric physicians, nurse practitioners, nurses and office staff strive to provide you the best care possible throughout this remarkable journey. We will provide you with education, guidance, support and exceptional medical care along the way. Our goal is the same as yours: delivery of a healthy baby by a healthy mom.

About Our Practice

We have eight obstetric providers at Carolina Women's Physicians.

- Jennifer A. Greene, MD, FACOG
- Allyson I. Jones, MD, FACOG
- Elizabeth S. Lambert, MD, FACOG
- Samantha S. Morton, MD, FACOG
- Brooke Naffziger, DO, FACOG
- Julie A. Reed, MD, FACOG
- Jenny Rush, WHNP-BC
- Michelle E. Toole, FNP-BC

Each physician has a nurse and a medical assistant to complete her team.

Your primary obstetrician will see you at your pregnancy confirmation visit. From this visit to 24 weeks gestation, you will rotate between your primary obstetrician and one of our nurse practitioners. Then you will meet the other physicians and nurse practitioners in the practice at your subsequent appointments.

You will return to your primary obstetrician in the last few weeks of your pregnancy to plan the timing and method of your delivery, unless you have already made these decisions.

The physicians at Carolina Women's Physicians are happy to help provide your obstetric care — even if your delivering physician is not your primary obstetrician. While all of the physicians at the practice are different, their goals are the same: to provide excellent care for you during your pregnancy and deliver your new baby as safely as possible.



Allyson I. Jones, MD, FACOG

Table of Contents

Contacting Us	Third Trimester	29
Non-Emergent Questions.....	Tests.....	29
Emergent Questions	Ultrasound.....	30
Medical Emergencies	Common Symptoms	30
Secrets to a Healthy Pregnancy	Advice and Recommendations.....	32
5	Labor and Delivery.....	34
Healthy Diet	Hospital Tours.....	34
Nutrition in Pregnancy	Preregistration.....	34
Healthy Weight Gain	Packing for the Hospital	34
Activity and Exercise	Doula Services	34
Vaccination in Pregnancy.....	Signs and Symptoms of Labor	35
Travel	Postpartum	36
Falls.....	Care in the Hospital.....	36
Tobacco Use	Care at Home.....	38
Ultrasound	Education.....	40
16	Books	40
First Trimester	Community Classes.....	40
19	Fees and Payments	41
Due Date and Gestational Age	Family Medical Leave Act.....	41
Medical Care Team.....	Medical Records	42
Lab Tests and Ultrasound.....	Concerns.....	42
Common Symptoms	LMC MyChart.....	43
Advice and Recommendations.....		
24		
Second Trimester.....		
25		
Tests.....		
25		
Ultrasound.....		
25		
Common Symptoms		
26		
Advice and Recommendations.....		
27		

Contacting Us

To provide you with the highest quality service, please read and consider the following information when contacting Carolina Women's Physicians:

Non-Emergent Questions and Concerns

For topics in which you are curious, please write down these questions and concerns, and bring them with you to your scheduled visits. Doing so will give your provider time to discuss your specific questions and concerns with you in the office.

For questions that require a same-day response, call the office during normal business hours, 7:30 a.m. to 3:30 p.m.

Carolina Women's Physicians strives to return calls on the same day. Calls made late in the afternoon, however, may be returned the following business day.

Emergent Questions and Concerns

To ensure that all patients receive necessary emergency care, please read and consider the following information for issues requiring immediate medical advice and attention:

During Business Hours

Please direct only your most emergent calls to our emergency line. Call the main office number at (803) 936-7590, and follow the prompts for emergency calls. A nurse or member of our staff will connect you with a member of our medical team to address your emergency.

After Business Hours

Please call the main office number at (803) 936-7590. The Carolina Women's Physicians answering service will accept your call. The service will then pass along your message to the on-call provider team (nurse practitioner/physician). They will promptly return your phone call and address your emergency.

To ensure a prompt return phone call, please speak clearly. You will need to state and spell your name, state your date of birth, provide your preferred contact telephone number and give a brief summary regarding the reason for the call.

LMC MyChart messages can be sent at any time, and our providers strive to return messages within one business day or sooner, as time permits.

Medical Emergency

If you believe you are experiencing a true medical emergency, arrive quickly and safely to the Lexington Medical Center Emergency department for evaluation and management.

Secrets to Healthy Pregnancy

Fluid intake is important to having a healthy life prior to and throughout pregnancy. Some women drink an adequate amount prior to pregnancy, and some do not. Pregnancy requires adequate oral fluids. To feel your best and be your healthiest throughout pregnancy, you should aim to drink 2.3 liters/76 fluid ounces/10 cups daily.

Begin drinking in the morning as soon as you wake up. Your urine should look clear by lunch time. Have your last beverage with dinner to help prevent the urge to use the bathroom at night.

Hormonal changes with normal pregnancy can lead to an increase in kidney function. Because you produce more urine, you'll go to the bathroom more frequently. This change begins early in your pregnancy (first trimester). You will need to make sure you replace these fluids.

Dehydration can result if you do not drink enough fluid to replace the urine your body passes. You may experience any of the following: fatigue; constipation; dry or itchy skin; stiff or achy muscles; pre-term contractions; headaches; dizziness; and general lack of wellness.

Nutrition

Prenatal vitamins should be started daily at least three months prior to pregnancy. They serve as a supplement to a healthy, well-balanced diet, and provide extra folic acid and iron. The need for these nutrients increases with pregnancy.

You can take prenatal vitamins at any time during the day (morning afternoon, night). If you feel sick in the mornings, try taking your vitamins in the afternoon or at bedtime. Make sure it's safe to take your prenatal vitamins with your other medicines. Some medicines must be taken alone so your body can absorb them properly. If you have questions about your medicines and prenatal vitamins, bring them to your next appointment or call your primary obstetrician's nurse.

To feel your best and be your healthiest throughout pregnancy, you should aim to drink 2.3 liters/ 76 fluid ounces/ 10 cups daily.





Jennifer A. Greene, MD, FACOG

Healthy Diet

Healthy eating is important to help meet the added demands placed on your body by pregnancy. Your growing baby requires a balanced diet for his or her healthy growth and development.

If you already eat a healthy diet, add approximately 300 calories per day by the end of your pregnancy. You will not need as many extra calories at the beginning of pregnancy. If you do not usually eat a healthy diet, pregnancy is a great time to improve it. You'll be teaching your little one how to eat well soon.

Nutrition is about balance — combining and eating the necessary nutrients daily.

Protein

Nutrients to repair tissue, grow and repair muscles.

Sources:

- Meat: Beef; Chicken; Pork; Fish
- Beans, Peas
- Dairy: Cheese; Milk; Yogurt
- Eggs
- Nuts, Seeds

Carbohydrates

Nutrients broken down to sugar (glucose) in the body for energy.

Simple carbohydrates break down and absorb rapidly for immediate use. They are high in calories (e.g., fruit, table sugar, honey, maple syrup, regular soda, candy, sweets).

Limit simple carbohydrates to natural sugars in small quantities.

Complex carbohydrates take the body longer to break down. They provide more energy (e.g., bread, rice, pasta, potatoes and starchy vegetables such as corn, carrots and peas).

Fats

Necessary for health and normal body functions.

Saturated fats are mainly from meat and dairy, and are usually solid when chilled.

Unsaturated fats are mainly from plants (olive, canola, peanut, sunflower, fish oils) and are usually liquid.

Trans fats are chemically processed unsaturated fats. They are solid at room temperature, used to make foods last longer and enhance flavor (e.g., shortening, margarine, crackers, cookies, chips, snack foods).

Non-Essential Foods

Foods that taste good, but are not a part of a balanced diet.

These items should be eaten very sparingly, if at all. They usually taste good, have high caloric content and offer little nutritional benefits (e.g., cookies, cakes, pastries, ice cream, doughnuts, chocolate, candy).

Recommendations for Healthy Diet

Visit [USDA.gov](https://www.usda.gov) for daily dietary guidelines.

Protein: 5 to 6 oz per day

Vegetables: 2-1/2 to 3 cups per day

Fruit: 1-1/2 to 2 cups per day

Calcium: 3 cups (milk, cheese, yogurt, cottage cheese, etc.) per day

Grains: 6 to 8 oz per day

Portion control is important for a healthy diet. Refer to the serving sizes on product labels.

Caffeine

Researchers have conducted many studies regarding the safety of caffeine in pregnancy. Most experts agree less than 200mg of caffeine daily is safe in pregnancy. Examples include coffee, tea, soda, chocolate and energy drinks. Coffee can range in caffeine content from 95 to 200mg per 12 oz cup. Regular soda fluctuates between 30 and 35mg per 12 oz can.

IMPORTANT: Read food and beverage labels to stay informed.

Alcohol

The safety of alcohol consumption in pregnancy is unknown; however, alcohol is a teratogen, which is a chemical substance that results in negative effects. Alcohol affects the growth and development of your baby. While the effects of alcohol on pregnancy vary by the amount consumed and a woman's ability to metabolize it, alcohol does freely

cross the placenta. Most professional medical organizations recommend that women avoid alcohol during conception and pregnancy.

Foods to Avoid

Listeriosis is a bacterial infection more commonly seen in pregnant women. It leads to flu-like symptoms and can result in pre-term delivery, miscarriage and stillbirth.

Sources

Unpasteurized milk, soft cheeses (queso blanco, feta, brie, Camembert and blue-veined cheeses — unless label indicates pasteurization), hot dogs, lunch meats, cold cuts (unless heated to steaming before serving), paté and refrigerated meat spreads

Eating Schedule

Breakfast
Mid-morning snack
Balanced lunch
Afternoon snack
Dinner
Evening snack

High Mercury Fish

- Limit consumption of swordfish, shark, tilefish, king mackerel and albacore tuna to 6 oz per week.
- Eat shrimp, salmon, catfish and canned tuna (non-albacore) throughout pregnancy.
- Avoid raw and undercooked fish and eggs due to the risk of infection and parasites.

Healthy Weight Gain

Body Mass Index (BMI): measure of your height in proportion to your weight

- Underweight BMI: <18.5
- Normal BMI: 18.5-24.9
- Overweight BMI: 25-29.9
- Obese BMI: >30

Recommended Weight Gain for Single Fetus	
Underweight BMI: <18.5	28 to 40 lb total weight gain
Normal BMI: 18.5-24.9	25 to 35 lb total weight gain
Overweight BMI: 25-29.9	15 to 25 lb total weight gain
Obese BMI: >30	10 to 20 lb total weight gain
Morbidly Obese BMI: >40	0 to 10 lb total weight gain

Excessive weight gain in pregnancy can lead to increased risks for the following complications:

- Gestational diabetes
- Large for gestational age
- Fetal macrosomia (larger than normal)
- Shoulder dystocia
- Birth trauma (third and fourth degree perineal lacerations)
- Cesarean delivery

First Trimester

You'll experience minimal weight gain in this trimester as the pregnancy remains small and requires few extra calories. Gaining no weight to 5 lb is normal.

Second and Third Trimesters

Normal weight gain is 0.5 to 1 lb per week if you start your pregnancy at a normal BMI. You will want to gain less than this range if your BMI is higher in the beginning your pregnancy. Paying attention to your weight gain in these trimesters will help to keep you healthy and decrease your risk of weight-related complications.



Activity and Exercise

Activity

Normal activities of daily living (walking, climbing stairs, driving, shopping) are recommended in pregnancy. As the pregnancy progresses, activities that could lead to injury or trauma should be avoided.

Examples of Activities to Avoid:

Riding a bicycle — in mid-second and third trimesters due to center of gravity change and risk of falls.

Climbing ladders — due to balance changes and risk of falls

Adventure activities — avoid during pregnancy because of the unnecessary risk of injury (ziplining, bungee jumping, sky diving, jet skiing, water skiing, skiing)

Exercise

Doctors recommend exercise before, during and after pregnancy. Despite the changes in your body with pregnancy, regular exercise does not increase pregnancy complications. Benefits of exercise in pregnancy far outweigh any risks.

Benefits of Regular Exercise in Pregnancy

- Maintains physical fitness
- Helps to control weight gain
- Decreases the risk of gestational diabetes in obese women
- Improves psychological well-being
- Decreases the risk of cesarean delivery
- Decreases the risk of vacuum or forceps delivery
- Decreases postpartum recovery time
- Improves tolerance to labor
- Decreases length of labor and delivery

According to the US Department of Health Human Services, women should participate in 150 minutes of moderate-intensity



exercise weekly (30 minutes, 5 times per week). This activity can be brisk walking. Women engaging in regular vigorous activity (e.g., running) can continue this activity throughout an uncomplicated pregnancy and into the postpartum period.

Activity levels can be adjusted with progression of the pregnancy (increasing gestational age) and with development of pregnancy-related complications.

Please discuss your current physical activity level and your plans for exercise through your pregnancy with your obstetricians.

Back Pain

Sixty percent of pregnant women experience back pain with the normal increase in the curve of the lumbar spine to accommodate the increasing weight of a baby.

To help prevent back pain, strengthen your back and abdominal muscles before pregnancy.

During pregnancy, stretch regularly, drink adequate fluids and complete strengthening exercises for the back and abdominal muscles.

After pregnancy, bend at the knees, stretch and slowly re-start strengthening exercises for the back and abdominal muscles.

Heat

Regulation of temperature depends on hydration and environment during pregnancy. Wear loose clothing, stay hydrated by drinking plenty of water, and avoid high heat and high humidity environments.

Sexual Health

In a healthy pregnancy without complications, sex is a low-risk, normal activity. The human female body is designed for sex and for pregnancy. Regular sexual intercourse poses no risks to a healthy, uncomplicated pregnancy.

If complications develop with your pregnancy, you may be placed on pelvic rest. You should not engage in vaginal penetrative sex, manual or oral stimulation, or any activities that could lead to female orgasm. These activities can lead to uterine contractions.

IMPORTANT: Physical inactivity is the fourth leading risk factor for early death worldwide. In pregnancy, it can lead to excessive weight gain and increase the risk for gestational diabetes.

Vaccination in Pregnancy

Influenza

- Influenza season occurs annually in the United States from October to March, although some cases have been reported into April.
- The Centers for Disease Control and Prevention, the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics and the American Academy of Family Physicians recommend influenza vaccination for all pregnant women. The vaccine is safe in all trimesters of pregnancy.
- Clinicians recommend this vaccination by the end of October each year.
- Pregnant women receive the non-live virus (inactivated or recombinant) vaccine, so becoming sick from the influenza vaccine is highly unlikely.
- Pregnant women are at greater risk for severe complications related to influenza due to changes in their immune system. These changes make fighting severe infections during pregnancy more difficult.
- Pregnant women with influenza are at a much greater risk for hospital admission, intensive care unit admission or transfer to an intensive care unit, pre-term labor and pre-term delivery due to pregnancy-related changes in their immune system.

Tdap (tetanus, diphtheria, pertussis)

- Clinicians recommend this vaccine in the third trimester of each pregnancy (27 to 36 weeks). It may be administered outside this timeframe.
- Vaccination in each pregnancy passes antibodies to the developing child that will protect him or her until he or she can be vaccinated for whooping cough, beginning at 2 months of age.
- Most Americans receive their last Tdap vaccine at age 11 as part of the final set of required pediatric vaccines.

Tetanus

- Tetanus, or lock jaw, results from wounds contaminated with soil, wood, rust or other organic materials. Lock jaw leads to severe muscle stiffening and, even with medical treatment, can lead to death.
- Vaccination is important as it is the best way to prevent tetanus — a difficult-to-treat and often fatal illness.
- Tetanus-only vaccination—without diphtheria or pertussis—is recommended for adults every five years for protection from dirty wounds (rusty nail injury, cuts or scratches) or every 10 years throughout healthy, adult life.

Diphtheria

- This bacterial infection can be passed from person to person with respiratory droplets (coughing, sneezing, etc.). Effective vaccination programs make it uncommon in the United States; however, it still causes significant illness worldwide.
- Diphtheria leads to upper respiratory symptoms (sore throat, weakness, fever), and it can lead to respiratory difficulty and death.
- Even with prompt treatment, one in 10 people infected with diphtheria will die.
- Vaccination is important due to disease severity and difficulty treating it successfully.

Pertussis

- Pertussis, or whooping cough, is a bacterial infection passed from person to person with respiratory droplets (coughing, sneezing) and leads to cold-like symptoms and excessive, prolonged, severe coughing.
- In children younger than age 1, the illness is more complex and likely results in severe complications.
- Most often, children younger than age 1 will need to receive care for whooping cough in a hospital setting rather than an outpatient clinic.

Gardasil® 9

- Gardasil 9 is not recommended in pregnancy; however, it is recommended for

boys, girls, women and men from age 9 up to age 46.

- This vaccination helps the body form antibodies to protect against two low-risk sub-types and seven high-risk sub-types of human papilloma virus.
- Low-risk types are HPV 6 and HPV 11. They do not lead to cervical or genital cancers, but they do lead to the formation of genital warts.
- High-risk types are HPV 16, HPV 18, HPV 31, HPV 33, HPV 45, HPV 52 and HPV 58. These types can lead to the development of cervical cancer and other genital cancers (penile, vaginal, vulvar, anal), as well as head and neck cancers.
- Clinicians administer Gardasil 9 in three doses:
 - Initial dose
 - Second dose — 2 months after the first dose
 - Third dose — 6 months after the first dose

Travel

Travel is safe in uncomplicated pregnancies prior to 37 to 41 weeks gestation. Late third trimester travel increases the possibility of delivery away from home. Pregnancies with complications possibly requiring emergency care should refrain from travel until the complication resolves or the pregnancy delivers.

- When traveling away from home, your routine can change.
- Be sure to drink plenty of water. You will stop to go to the bathroom more, but it will help you get up and move, and stretch your legs.

Car Travel

Follow all safety measures in every trimester of pregnancy. Wear your seatbelt, drive the speed limit and obey all traffic laws. Blood clots are a potential risk with prolonged sitting. Decrease this risk with regular bathroom breaks. Stop the car and walk around for five to 10 minutes every one to two hours.

Make sure your car is up to date on maintenance services, such as oil changes, and tire balances and rotations.

Air Travel

Air travel is safe in all trimesters of pregnancy. Most commercial airlines limit air travel for pregnancy:

- Domestic Flights: <36 weeks
- International Flights: <28 weeks

Please verify the restrictions and limitations for pregnancy specific to your airline prior to purchasing any air travel tickets.

Wear your seatbelt as per the captain or flight crew's recommendations. Drink plenty of water as airplane cabins have less humidity. Go to the bathroom frequently to empty your bladder and stretch your legs.

Train Travel

Traveling by train is safe in all trimesters of pregnancy. Wear your seatbelt, follow your train conductor's instructions and obey train safety rules. Go to the bathroom frequently to empty your bladder and stretch your legs.

Maintain a healthy diet.

Trying new and different foods, such as local specialties, is good for you. Work to maintain a mostly healthy diet that's low in fat, filled with vegetables, and includes some fruit and lean proteins.

Share a sweet treat with a traveling companion. If you have gestational diabetes, follow your normal diet to keep your baby safe.



Falls

Your center of gravity changes as pregnancy progresses. As your abdomen increases in size, you will no longer be able to see your feet. You may not be as graceful or as steady on your feet as you were before pregnancy, and falls may be more likely to occur.

Advice and Recommendations

- Wear supportive, comfortable shoes.
- Hold handrails walking up or down stairs.
- Take your time when walking to appointments or destinations.
- Leave yourself extra time to arrive to avoid rushing, which may increase your risk of tripping or falling.
- Try not to carry too many things in your hands. Make multiple trips if needed.

Tobacco Use

Use of tobacco, smokeless tobacco and electronic cigarettes in pregnancy is known to be associated with frequent and significant complications including, but not limited to, the following:

- Ectopic pregnancy
- Miscarriage
- Placenta previa
- Placental abruption
- Fetal demise in utero or stillbirth
- Fetal anomalies
- Premature delivery
- Premature rupture of membranes
- Small for gestational age/growth restriction



Exposure to second-hand smoke is also unsafe for pregnancy and developing babies.

If you smoke at the beginning of pregnancy, you and your primary obstetrician will make a plan to help you quit smoking for the health and safety of the pregnancy and your child after delivery.

Ultrasound

Ultrasound uses sound waves to provide images of your baby during pregnancy. These scans are painless and do not harm the developing baby. To provide you the highest quality care, please arrive at least 15 minutes before all scheduled ultrasound appointments.

You will also need to follow the current guidelines set by Lexington Medical Center during your ultrasound.

- **No personal photos or videos are permitted** during ultrasound examinations.
- You'll receive printed images after your ultrasounds and a disk of images after your anatomy ultrasound.
- **Limit or avoid bringing small children (under age 5) to ultrasound appointments.** An ultrasound evaluation can take 30 minutes or longer, and young children may struggle with boredom and become an unintended distraction for you and your ultrasonographer. In addition, necessary transvaginal ultrasound is a challenge if small children are present at these appointments.
- **The number of guests in the ultrasound room is limited based on the room sizes at each office.**
 - West Columbia — Up to Three Guests
 - Irmo — Up to Two Guests



Please arrive at least 15 minutes before all scheduled ultrasound appointments.

Schedule of Prenatal Ultrasounds

First Trimester

8 Weeks: Transvaginal Ultrasound

- Determines gestational age (how far along the pregnancy is in weeks)
- Calculates due date (estimated date of delivery)
- Locates the pregnancy (if the pregnancy is inside the uterus)

12 Weeks: Abdominal Ultrasound; Vaginal Ultrasound (if necessary)

Nuchal Translucency (part of early screening for genetic abnormalities)

Second Trimester

18 to 20 Weeks: Abdominal and Transvaginal Ultrasound

This ultrasound will be the longest and most interesting of your pregnancy. The ultrasonographer will look at your baby's:

- | | | | |
|-----------|---------|-------------|-----------|
| • Arms | • Feet | • Lungs | • Bladder |
| • Anatomy | • Face | • Stomach | • Spine |
| • Legs | • Brain | • Diaphragm | • Gender |
| • Hands | • Heart | • Kidneys | |

Cervical length will be evaluated by transvaginal ultrasound.

Third Trimester

28 to 40 Weeks: Abdominal Ultrasound

Fetal growth ultrasounds measure fetal abdomen, head and long bone in the thigh for the following:

- **Complicated pregnancies:** gestational diabetes; gestational hypertension; chronic hypertension; low or high fundal height (measurement of the top of the uterus).
- **Amniotic fluid index:** measurement of the amount of fluid in your baby's amniotic sac (not too much (polyhydramnios) or not too little (oligohydramnios)).
- **Fetal presentation:** cephalic/head down; breech/bottom down; transverse/across maternal abdomen.
- **Biophysical profile (BPP)** to evaluate fetal well-being and overall health
- **Evaluation of the placental location** (placenta previa when the placenta is close to or covering the cervical opening). Most often, placenta previa resolves by the third trimester. Re-evaluation usually occurs at or after 28 weeks gestation.

Follow Up

Your obstetric team may need to monitor some findings from the anatomy ultrasound. Your physician will discuss any findings and your follow-up ultrasound schedule.



Samantha F. Morton, MD, FACOG

First Trimester

Conception to 14 Weeks

Due Date and Gestational Age

The first day of your last menstrual period will determine your due date or your physician may choose your due date based on your first pregnancy ultrasound. Ultrasound dating is used instead of the last menstrual period in the following situations:

- Irregular periods
- Uncertainty of the first day of the last menstrual period
- Change in due date based on first ultrasound versus last menstrual period

IMPORTANT: Your pregnancy due date will not change. Your due date represents the date your pregnancy reaches 40 weeks gestation. It is used to calculate gestational age in weeks at every prenatal visit.

Appointments: Every four weeks unless additional appointments are medically necessary

To provide you with the highest quality care, please arrive at least 15 minutes prior to your scheduled appointment time.

Medical Care Team

A team of physicians will provide your medical care through your pregnancy.

Your **Obstetrics team** will provide care related to the pregnancy and your baby (e.g., nausea and vomiting in pregnancy, constipation, hemorrhoids, heartburn, mastitis, fetal concerns, contractions, abnormal vaginal discharge).

Your **Primary Care team** will provide care related to your general medical health (e.g., sore throat, bronchitis, sinusitis, cough, common colds).

Your **Dental health** is very important for healthy pregnancy. Regular dental cleanings and care for dental cavities are

highly recommended in pregnancy. Poor dental hygiene can lead to the following complications:

- Serious infections in your bloodstream
- Serious infections involving your heart and heart valves
- Increased risk of preterm labor and preterm delivery

Please ensure your dental care is current. If you do not have a dentist, call your insurance provider early in your pregnancy for a list of in-network dental providers.

Lab Testing & Ultrasound

Prenatal Lab Panel

- **Cell blood count:** an evaluation of the cells in your blood to ensure that you do not have anemia, are not at increased risk for infection and your blood will clot normally.
- **Infection testing:** HIV; syphilis; hepatitis B; hepatitis C; varicella; urine culture. This test panel is the standard recommended by the Centers for Disease Control and Prevention. It is performed for all pregnancies and repeated with each new pregnancy.
- **Blood type/antibody test:** determine your blood group and if you'll need RhoGAM during and after your pregnancy. It also ensures you do not have antibodies in your blood that could affect the pregnancy.
- **TSH/free T4:** screen for previously undiagnosed thyroid disease.

Additional Labs Tests

Sickle Cell Screening: additional screening blood test offered in pregnancies for women with family history of sickle cell anemia, women of high-risk ethnicities (African, Mediterranean, Middle Eastern, Southeast Asian, West Indian), a partner with known sickle cell anemia or sickle cell trait, or CBC findings that warrant further evaluation.

Cystic Fibrosis Screening: additional blood test offered in pregnancies for couples who desire screening, couples with positive family history of first- or second-degree relative

with CF, Ashkenazi Jewish descent, or non-Hispanic white, Northern European descent.

Genetic Screening Tests: first line of tests for investigation of common genetic anomalies. These tests are optional. You can choose to have these screenings. Call your insurance carrier to determine your policy coverage for these tests:

- Trisomy 13 (Patau's Syndrome)
- Trisomy 18 (Edward's Syndrome)
- Trisomy 21 (Down Syndrome)
- Spina Bifida/Neural Tube Defects

Sequential Screen: collected at 11 to 14 weeks gestation

- Maternal blood sample
- Nuchal translucency ultrasound (measurement of the skin-fold thickness on the back of the baby's neck)

This information is used to calculate the risk of one of the listed abnormalities in your pregnancy.

Non-Invasive Prenatal Screening: collected at 10 to 40 weeks gestation

Maternal blood sample evaluates for fetal DNA/genetic material and can determine gender. This information is used to calculate the risk of one of the listed abnormalities in your pregnancy.

Genetic Confirmation Tests

These tests are the next step in evaluating an abnormal screening test.



Chorionic Villus Sampling: 10 to 13 weeks gestation

A maternal fetal medicine specialist performs this specialized testing. He or she collects a sample of placental tissue from the pregnancy transcervically (through the cervix) or transabdominally (through the abdomen). This sample permits almost definitive evaluation of fetal genes.

Amniocentesis: 16 to 22 weeks gestation

A maternal fetal medicine specialist performs this specialized testing. With ultrasound guidance, he or she collects a sample of amniotic fluid using a needle placed into the maternal abdomen. This sample permits definitive evaluation of fetal genes.

Ultrasound

Transvaginal ultrasound in the first trimester:

- determines gestational age (how far along the pregnancy is in weeks);
- calculates due date (estimated date of delivery and does not change);
- locates the pregnancy (if the pregnancy is inside the uterus).

Common First Trimester Symptoms

Nausea

This side effect of pregnancy is due to beta hCG pregnancy hormone production. It's common in early pregnancy, beginning at six weeks and usually resolving by 10 to 12 weeks gestation. Nausea is not dangerous to normal pregnancy. Because the pregnancy is small, calories needed are minimal.

Small snacks rather than big meals can help combat nausea. If it becomes too intense to eat or drink, however, there are safe medicines to treat you.

Vomiting

This side effect of pregnancy is due to beta hCG/pregnancy hormone production. It's common in early pregnancy, beginning at six weeks and usually resolving by 10 to 12 weeks gestation. While vomiting isn't dangerous, it can lead to dehydration if untreated.

Variations in Severity

Mild — once to twice daily, but still able to drink and eat

Moderate — three to five times per day, but still able to drink and eat

Severe — more than six episodes per day and unable to eat or drink without vomiting

Vomiting can be treated with medications at home, but dehydration may require a hospital stay. This side effect should be short lived—only during the first trimester.

Fatigue

Fatigue is due to the hormonal increases with early pregnancy. It's common and begins at six weeks, resolving by 10 to 12 weeks gestation.

Breast Tenderness

Breast tenderness is due to the hormonal increases with early pregnancy. It usually begins at approximately six weeks and ends by 12 weeks gestation.

Headaches

Hormonal changes in normal early pregnancy cause headaches. Drink plenty of water (2 to 3 liters per day) because dehydration can lead to headaches. Eat regularly: small breakfast; snack; small lunch; snack; small dinner; snack. Sleeping well and exercise can help. Use Tylenol® with headaches that should resolve as pregnancy progresses.

Increased Vaginal Discharge

This side effect of pregnancy is from increased blood flow to the genital organs and pelvis. It's usually creamy, white in color with no odor or associated symptoms (e.g., itching, burning).

Increased Urination

Hormonal changes that increase kidney function increase urine output. Drink more fluids to replace the ones your body flushes out.



Julie A. Reed, MD, FACOG

Constipation

Difficulty with hard and hard-to-pass stools is common in the first and third trimesters. Hormonal changes that relax the intestine, an increase in fluid output and decreased oral intake because of early pregnancy nausea and/or vomiting can lead to constipation.

Drinking more water and adding more vegetables and fruit in your diet can help. Stool softeners, fiber supplements, Miralax® and enemas are all safe ways to treat constipation at home. Continued drinking of adequate fluids and eating fiber will help normalize your bowel function in a few weeks.



Advice and Recommendations for the First Trimester

- **Eat small frequent, balanced meals.**
- **Don't let your tummy get totally empty.**
- **Drink plenty of fluids, especially water.** You may drink 1 or 2 percent milk and one 8 oz glass of juice daily.
- **Stay away from high-sugar drinks** (sodas, energy drinks, Gatorade®).
- **Rest.** Try to maintain a schedule, so you do not oversleep. Oversleeping is not healthy for the pregnancy either.
- **Exercise lightly, but regularly.** You'll feel energetic and well throughout your pregnancy.

Second Trimester

14 to 28 Weeks

Appointments: Every four weeks

To provide you with the highest quality care, please arrive at least 15 minutes prior to your scheduled appointment time.

Lab Testing

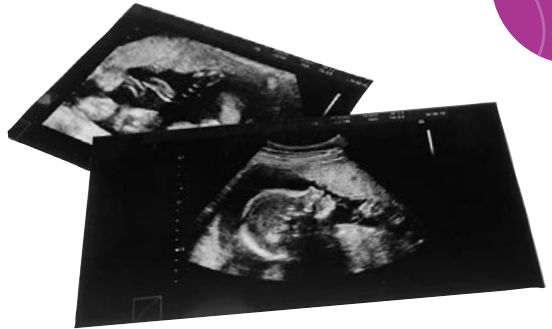
Early Glucose Tolerance Testing (GTT): 12 to 16 weeks gestation

If you have risk factors for gestational diabetes (BMI, family history, age, race), or have a history of gestational diabetes in a prior pregnancy, you may be asked to complete an early one-hour GTT. You will fast (nothing to eat or drink for one hour) prior to the GTT. Once the lab technician draws your blood for the test, you can eat and drink as normal.

Ultrasound

Anatomy Ultrasound: 18 to 22 weeks gestation

This ultrasound will be the longest and most interesting of your pregnancy. The ultrasonographer will look at your baby's:



- | | | | |
|-----------|---------|-------------|-----------|
| • Arms | • Feet | • Lungs | • Bladder |
| • Anatomy | • Face | • Stomach | • Spine |
| • Legs | • Brain | • Diaphragm | • Gender |
| • Hands | • Heart | • Kidneys | |

3-D Ultrasound: 26 to 30 weeks gestation

Your ultrasonographer will try to capture a beautiful image of your baby's face and profile.

Common Second Trimester Symptoms

Round Ligament Pain

Stretching of the ligaments that hold the uterus in place causes this pain or discomfort.

Women usually describe it as a pulling or sharp pain in the lower part of their abdomen. It can be on one or both sides of your tummy area.

Changing positions—rolling over in bed, leaning forwards to stand from seated position— and wearing a control-top tank top for support can help. Round ligament pain usually resolves itself by the third trimester.

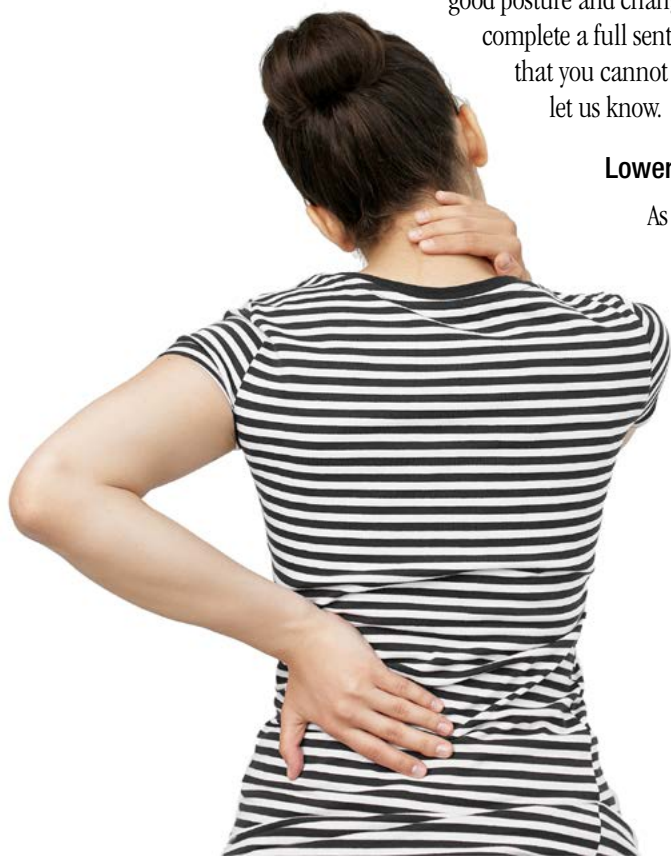
Shortness of Breath

As the uterus increases in size with the growing pregnancy, your intestines move up into your abdomen. Your rib cage will move slightly, and you may find it harder to take a deep breath. These symptoms may increase with certain positions, such as sitting or leaning forward. This change is normal in healthy pregnancies.

To help, take your time walking to your destinations, sit using good posture and change your position. If you cannot complete a full sentence without taking a breath or feel that you cannot catch your breath, call the office and let us know.

Lower Back Pain

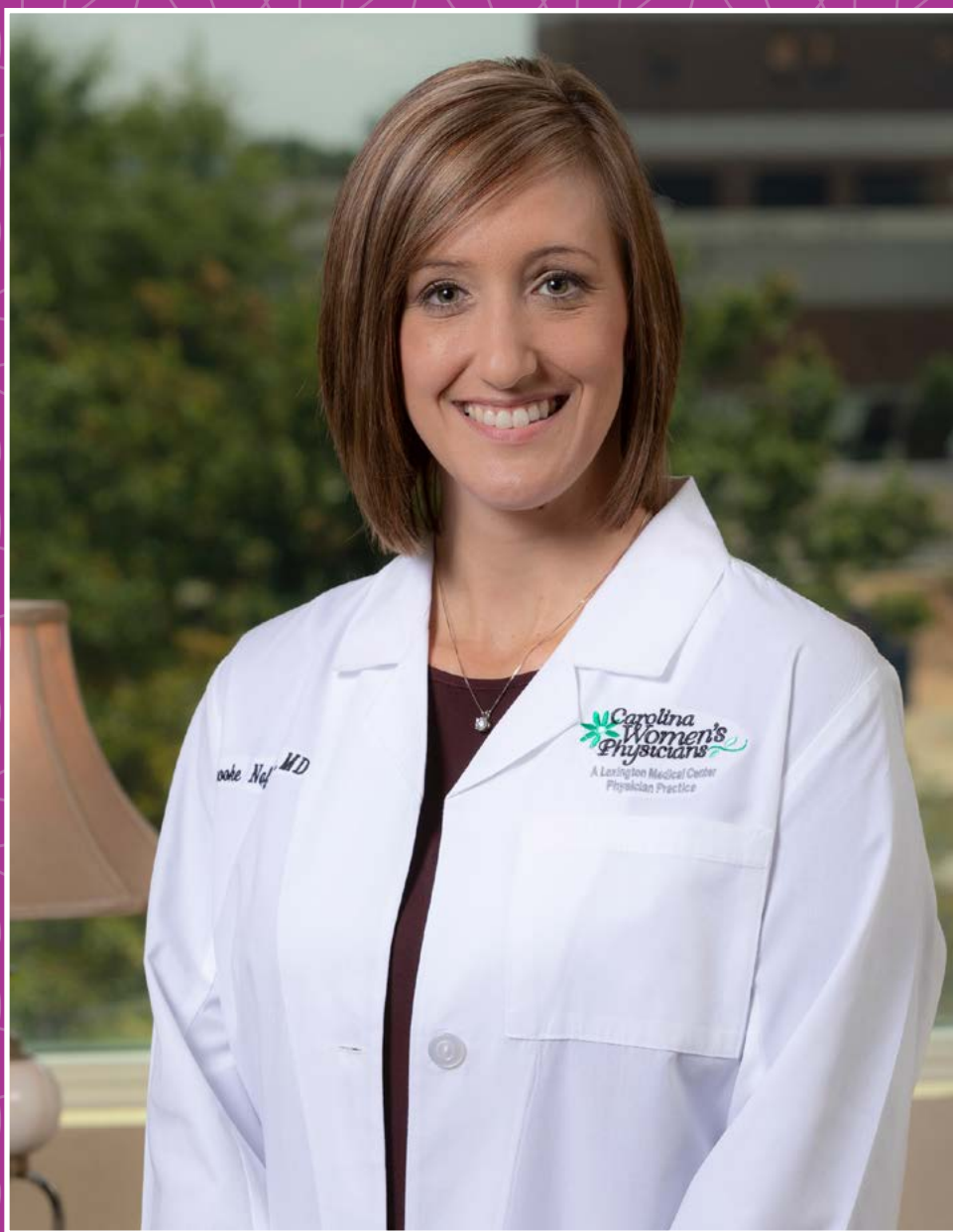
As the pregnancy progresses and your uterus increases in size and weight, the curve in your lower spine above your pelvic bones increases, which can lead to lower back pain. Daily stretching, applying a heating pad, taking warm baths and showers, gentle massage, and use of ThermoCare® patches, ICYHOT® and Tylenol can help.



Advice and Recommendations for the Second Trimester

- **Eat small, frequent, balanced meals** regularly throughout your day.
- **Drink plenty of fluids**, especially water.
 - ~ You may drink an 8 oz glass of 1 or 2 percent milk daily.
 - ~ You may drink at most one 8 oz glass of juice daily.
 - ~ Try to **stay away from high-sugar drinks** (e.g., sodas, energy drinks, Gatorade).
- **Rest when your body asks for it**, but maintain an active schedule. You will feel more energetic in the second trimester compared to the first trimester.
- **Stay active** to continue feeling well during this trimester.
- **Exercise regularly.** Strive for 15 to 30 minutes, three to five days per week.
 - ~ **Aerobic exercise:** brisk walking; swimming; stationary bicycle
 - ~ **Weight training:** low weights with high numbers of repetitions





Brooke Naffziger, DO, FACOG

Third Trimester

28 to 41+ Weeks

Appointments: Every two weeks during weeks 28 to 36; Weekly beginning at 37 weeks

To provide you with the highest quality care, please arrive at least 15 minutes prior to your scheduled appointment time.

Lab Testing

Glucose Tolerance Testing (GTT):

24 to 28 weeks gestation

This test screens for gestational diabetes, which is only present during pregnancy. It's common due to hormonal changes. Screening, diagnosing and controlling gestational diabetes are important for:

- your baby's health and well-being during and after delivery;
- your health and well-being during pregnancy and after delivery;
- ease, route and timing of your delivery.

Greater than 130gm/dL is considered abnormal. If your result is elevated, you will be asked to perform a three-hour fasting GTT.

Cell Blood Count (CBC)

You had this test as your first prenatal lab panel. It's repeated to re-evaluate the following:

- White blood cells
- Hemoglobin hematocrit (to check for anemia, which is common in pregnancy)

- Platelet count (needed to help with normal blood clotting at the time of delivery and for safe epidural anesthesia)

Antibody Screen

This screening test will re-evaluate your blood to ensure you did not develop antibodies that could complicate your pregnancy or cause complications with the baby.

Group Beta Streptococcus (GBS)

Culture: 35 to 37 weeks gestation

A sterile cotton swab will be used to collect a fluid sample from around the vaginal opening and the opening of your anus. This sample will be cultured to determine if you are colonized with GBS.

If you test GBS positive, you will receive antibiotics during your labor until you deliver to protect the baby from GBS-related illnesses after delivery. If you test GBS negative, you do not require antibiotics. If you are scheduled for a cesarean delivery, you will not require antibiotics for delivery as the baby will not pass through the birth canal.

Ultrasound

Growth

This measurement of the fetal head, abdomen and long bone of the thigh determines fetal weight and growth since your last ultrasound. It helps determine if your baby is growing normally, or above or below the expected weight for his or her gestational age.

Biophysical Profile

This ultrasound looks for fetal breathing, movement, tone and amniotic fluid as a measure of fetal well-being and health.

Other Pregnancy Testing

Non-Stress Test (NST) uses monitors on the maternal abdomen to trace the fetal heart rate and monitor the uterus for contractions. It is done in the office or at the hospital.

Vaccinations

Tdap: Tetanus/Diphtheria/Pertussis

This intra-muscular vaccine should be received once each pregnancy at 28 to 36 weeks gestation. Antibodies cross the placenta and offer protection to the newborn after birth.

Your partner, family members and friends should be encouraged to vaccinate or receive a booster vaccination two to four weeks before your expected delivery.

Influenza

October to March, Annually

This single intra-muscular vaccination is recommended for all pregnant women regardless of trimester. Influenza can lead to much more significant illness during pregnancy, including preterm labor, preterm

Please arrive at least 15 minutes before all scheduled ultrasound appointments.

delivery and maternal death. You should be vaccinated against influenza each year.

Kick Counts

28 weeks gestation to delivery

Pick a similar time each day to focus on your baby. Some women choose after work or after dinner. Lie down on your left side, and count fetal movements. Your goal is 10 fetal movements in two hours.

If you get 10 fetal movements in 10 minutes, you are finished. If you do not count 10 fetal movements in two hours, drink a cool drink, eat a snack and count again. If you do not get 10 fetal movements in the next two hours, please call the office.

Common Third Trimester Symptoms

Heartburn and Reflux

Pregnancy hormones and changes in anatomy (increased size of the uterus) make indigestion or reflux much more likely at the end of pregnancy. Lifestyle modifications can help. Try eating small, frequent meals, avoiding high-fat foods and meals, sitting upright for 30 to 60 minutes after meals, and avoiding spicy foods.

Additional Therapies

- Tums®: three to four per day

Acid reducers: prescribed if needed

- Zantac®, Pepcid®
- Nexium®, Protonix®

Leg Cramps

This symptom is common in the third trimester. Many women describe them as a charley horse.

Lifestyle modifications can help. Try drinking enough fluids (including low-calorie Gatorade), doing calf and leg stretches before bed, taking B-complex vitamins, or taking an iron supplement if you have anemia.

Insomnia

Hormonal changes and concerns about pregnancy, labor and delivery can lead to insomnia in pregnancy.

Lifestyle Modifications

- Establish a sleep routine. Have a regular bedtime, shower and avoid electronic devices before bed.
- Drink warm milk.
- Take a melatonin supplement at dinnertime to be effective at bedtime.
- Use relaxation breathing techniques.
- Journal the day's events or concerns to keep from thinking about them at night.

Bleeding Gums

Small blood vessels in the gums become enlarged as pregnancy progresses. Small amounts of bleeding with brushing your teeth or flossing can be normal in pregnancy. Continue to brush and floss your teeth daily. Consider using an electric toothbrush or a soft toothbrush until after delivery.

Nosebleeds

Small blood vessels in the nasal passages also become enlarged as pregnancy progresses. You may see blood when you blow your nose, especially in the winter when the air is cold and dry. Try using a saline nasal spray and sleep with a cool-mist humidifier. A thin coat of petroleum jelly in your nostrils can help maintain the moisture in your nose and decrease the fragility of the small blood vessels.

Varicose Veins

In the late third trimester, as your body prepares for delivery, your blood vessels hold more blood, and the increased size of your uterus will build pressure in the veins in your legs. The stretching of these vessels causes swelling, and some women may notice larger veins in their legs.

Lifestyle Modifications

- Exercise regularly.
- Wear compression stockings.
- Elevate legs.
- Drink plenty of water.
- Monitor salt intake to decrease swelling.
- Avoid standing still for long periods.

Hemorrhoids

Increased volume of blood in the hemorrhoidal veins and constipation cause hemorrhoids. They can lead to painful bowel movements and small amounts of bright red bleeding when wiping after bowel movements.

Lifestyle Modifications

- Drink enough fluids.
- Get enough fiber, or take fiber supplements or stool softeners.

Medical Therapies

- Hemorrhoidal ointment and suppositories
- Stool softeners

Pubic Bone Pain

One of the hormones produced in the third trimester — relaxin — leads to a small amount of mobility and flexibility at the center of the pubic bone. It can lead to sharp pain in the pubic bone with activities of daily living, such as getting into and out of the car or getting into and out of bed.

Lifestyle Modifications

- Move your legs together.
- Sit in your car and rotate your legs in together.
- Roll to your side to get out of bed.

Stretch Marks

Your skin will stretch as your baby grows. It stretches slowly during these 10 months. Stretch marks form because of your genetics, the size of your baby and the amount of weight gained in pregnancy.

Unfortunately, no home remedies or old wives tales treat or help with stretch marks. The best way to avoid them is prevention. Eat a healthy, balanced diet and exercise to ensure normal weight gain.

Swelling of Hands and Feet

Hands and feet swell as blood volume increases at the end of pregnancy and the uterus puts pressure on the veins in your legs. Swelling (edema) is common at the end of pregnancy. It's no longer a sign of preeclampsia.

To reduce swelling, monitor the amount of salt in your diet and drink plenty of water. Your body is less likely to hold on to excess fluid if you stay hydrated.

Fatigue

You may feel more tired during this trimester as your baby grows bigger. Try to maintain a normal sleep schedule. Exercise regularly to keep up your energy.

Advice and Recommendations for the Third Trimester

- Eat small frequent meals and snacks regularly.
- Drink plenty of water to prevent dehydration, pre-term contractions and constipation.
- When changing positions (e.g. lying to sitting, sitting to lying) wait a few seconds in the new position to prevent dizziness.



Elizabeth S. Lambert, MD, FACOG

Labor & Delivery

Delivering Hospital

Lexington Medical Center

2720 Sunset Boulevard
West Columbia, SC 29169
(803) 791-2000
LexMed.com



Hospital Tours

Call (803) 791-BABY/2229.

Carolina Women's Physicians encourages you to become familiar with Lexington Medical Center's Women and Children's Services before your admission for delivery. Tours are scheduled throughout the year. Call to schedule yours today!

Pre-registration

Call (803) 791-2358.

After 28 weeks of pregnancy, at the beginning of the third trimester, you can call and pre-register for your delivery.

Packing for the Hospital

Carolina Women's Physicians recommends you pack your hospital bag as if you are going away for a weekend trip. You will need your favorite toiletries and comfortable clothing, such as loose fitting pajamas with an elasticated waistband, a sleep shirt or a robe; slippers or flip flops; and a nursing bra or a nursing tank top. Don't forget a few cute outfits for the baby and a blanket for newborn portraits. You may also want to consider a signature book for visitors, a camera or a video camera.

Doula Services

Doulas are non-medical support staff at Lexington Medical Center. These highly trained women offer support, companionship and assistance through labor, delivery and early post-delivery. Lexington Medical Center provides doula services at no cost. If you would like a doula to attend your labor and delivery, request this service by notifying your nurse when you arrive at the hospital. Doulas are available on a first-come, first-served basis.

Entering the Hospital

Main Entrance: 5:00 a.m. to 8:00 p.m.

Walk through the sliding doors and continue straight, passing the Guest Services desk. Using the East Elevators on the right, go to the First Floor, exit the elevator and follow the signs to Labor & Delivery. Continue to the registration desk.

Emergency Department Entrance: After 8:00 p.m. or in case of emergency

If you need assistance, have your support person drive up to the Emergency department entrance and let the staff know that you need to be evaluated in Labor & Delivery Triage.

Signs and Symptoms of Labor

Regular Uterine Contractions

Every five minutes, lasting longer than 60 seconds for two consecutive hours

IMPORTANT: If your pain with contractions is more than you can manage comfortably at home, please call the office. Your providers can help you decide if you should come to the hospital.

- Braxton-Hicks contractions, are often described as tightening of the uterus or abdomen.
- Labor contractions are often described as menstrual cramps with varied intensity and frequency.

Actual labor refers to painful uterine contractions that do not go away with comfort care measures (e.g., a warm bath, Tylenol, walking, heating pad). If you have questions about labor, please call the office.

Leakage of Clear Water from the Vagina/Watery Vaginal Discharge

Mucus-like discharge at the end of pregnancy is common – even in considerable amounts. Clear fluid-like water that leaks from the vagina consistently, however, needs to be evaluated as it can indicate ruptured membranes.

Vaginal Bleeding

Light spotting can be normal at the end of pregnancy as the cervix softens. It's also common after a cervical check with your obstetrician. This bleeding or spotting is usually light, resolves overnight and should not require changing a pad.

Heavy vaginal bleeding, similar to the first heavy day of your menstrual period, is not normal in pregnancy and should be evaluated by your obstetrician. If you have questions about vaginal bleeding, please call the office.

Additional Signs and Symptoms

Call the office if you experience any of the following symptoms:

- Constant abdominal pain that you are unable to tolerate at home
- Decreased fetal movement (less than 10 fetal movements in two hours)
- Severe headache not relieved by rest or Tylenol
- Blurred vision or spots in your vision
- Severe fatigue that leaves you unable to perform normal daily activities

Postpartum Care in the Hospital

Skin-to-Skin Contact

Current pediatric guidelines recommend obstetricians place newborns immediately on the mother or father's chest following delivery for skin-to-skin contact.

Skin-to-skin contact helps the newborn maintaining his or her body temperature, soothes him or her with the sound of the maternal or paternal heartbeat, and aids in early breastfeeding.

Delayed Newborn Bathing

Current pediatric guidelines recommend delaying newborn baths for 24 hours after birth. New information reveals the vernix caseosa, the thick, creamy, white coating newborns have on their skin, serves as a protective barrier against infection and helps maintain stable body temperature in the first hours after delivery.

Breastfeeding

While neonatal and infant formulas are nutritious, they cannot provide the immunologic proteins that your clostrum (initial breast fluid) can provide. These immunoglobulins help decrease newborn fevers and illnesses.

Breastfeeding can be challenging. You and your newborn will have to learn new skills and work together as a team. If you want to breastfeed, begin within the first hour after delivery. Skin-to-skin contact will place your newborn near your breasts, and he or she will often begin to root for the breast. Rooting

means the newborn opens his or her mouth and moves his or her head towards the breast.

Your delivery nurse will help you begin breastfeeding in your delivery room within the first hour after your newborn's birth.

Lexington Medical Center Lactation Nurses

The nurses have specialized certification in lactation services. They are available during your hospital stay to help you start breastfeeding, address any issues, and provide best practices and advice.

When you go home, you can reach out to Lexington Medical Center's lactation nurses by calling (803) 791-2928. You can also schedule a consultation appointment if needed.

Vaginal Bleeding

Vaginal bleeding is normal after vaginal and cesarean delivery. The heaviest bleeding occurs immediately after delivery while you are still in the hospital.

This bleeding will lessen after the first few days to that of a heavy menstrual period. It usually continues intermittently for four to six weeks after delivery. You may pass some blood clots while in the hospital. Gumball- or golf ball-sized clots are common. Orange- or grapefruit-sized clots are not. If you pass a clot this size or larger, call the office.

Hospital Care

After an uncomplicated vaginal delivery, you will stay in the hospital for two to three days. After an uncomplicated cesarean delivery, you will stay three to four days.

In the Hospital

The providers at Carolina Women's Physicians will monitor your vital signs (heart rate, blood pressure, respiratory rate, temperature) and your bleeding. You'll be given medicines to help control your pain and soften your stool. The goal is to help you get back to doing the normal activities you would do at home:

- Walking around the house
- Going to the bathroom
- Taking medicines to control your pain
- Bathing and dressing
- Eating and drinking a normal diet
- Caring for yourself and your newborn

Once you can accomplish these tasks safely, you will be ready to go home.

Nutrition

Try to eat a healthy, balanced diet regularly. As you recover from delivery, your body will need nutrients and calories to help you heal and provide you the energy you will need to care for yourself and your newborn baby.

Fluids

You are no longer pregnant, but your body still needs adequate fluids as you begin your postpartum recovery. Drinking enough fluids prevents constipation, replaces fluids lost in

delivery and replenishes fluid in your tissues for healing.

Sleep

Newborns need to be fed every two to three hours, so you will need to learn to nap. After each feeding, changing and burping cycle, once your baby is asleep, you should try to sleep. If you are breastfeeding, all feeds will fall to you. Try to sleep or rest as frequently as you can to prevent exhaustion. Allow your partner or grandparents and friends to help care for the baby so you can rest.

Newborn Circumcision

This elective procedure is the surgical removal of the excess foreskin of the glans penis. It is usually performed by an obstetrician on the second day of life in the newborn nursery as a semi-sterile procedure. Some pediatricians perform circumcisions as well. If the anatomy of the penis is not normal, you will be referred to a pediatric urologist for evaluation and circumcision after hospital discharge.

Newborn Portraits

Bella Baby: (803) 791-2487

Newborn portraits are offered during your delivery hospitalization. Photos are for the newborn, with his or her siblings and with immediate family members. They are available for purchase.

Postpartum

At Home with Your New Baby

Discharge Home

If you recover well and without complications, you will be sent home two to four days after delivery. You will receive prescriptions for the medicines you received while you were in the hospital. These medications usually include non-steroidal anti-inflammatories and mild narcotics for pain and stool softeners to prevent constipation. Please make sure you record when you take your medicines and take them only as prescribed.

Your provider will review the instructions with you and give you printed forms that outline the activities you should and should not do until you see your obstetrician for your postpartum check-up appointment.

First Two Weeks at Home

Meals

Friends and family can help by bringing meals. Set up an every other day schedule. You'll have a fresh meal one night and leftovers the next. You and your partner will be well fed while you adjust to having a new baby at home.

Visitors

Only have visitors for short periods. This schedule will give you adequate time to breastfeed, nap and make sure all members of the family are bathed, clothed and fed.

REMEMBER...

- Drink something every time you feed the baby to replenish your fluids.
- Record the baby's wet and soiled diapers:
 - ~ for the pediatrician
 - ~to monitor breastfeeding
- Record the duration and sides from which you breastfeed:
 - ~for the pediatrician
 - ~to monitor breastfeeding
- Take your medicines as prescribed. Record which ones you take and when.
- Try not to skip your stool softeners. They will help you to avoid constipation, which can be very uncomfortable and difficult to manage.
- Sleep when you can! Learn to nap when the baby naps.

Nutrition

Eat balanced meals regularly.

It is easy to forget to eat when you are tired and focused on caring for your new baby.

Fluids

Drinking enough fluids prevents fatigue from dehydration, prevents constipation and replaces bodily fluids as you recovery from delivery.

Sleep

Nap when you can. Small, frequent periods of sleep will help you function better when you are awake. Your baby will sleep for longer periods as he or she grows. When grandparents and visitors come to see you, let them snuggle the baby while you take a nap.

Mastitis

If you breastfeed your baby, bacteria in your baby's mouth may infect your breast through cracks in the skin of the nipple. This bacterial infection of the breast often appears as a red streak or patch that is tender to the touch. Fever often develops, and many women say they feel achy.

Mastitis is treated with antibiotics, which can be prescribed by phone based on a clinical description. You should feel better in 24 to 48 hours if you take antibiotics as prescribed. If you do not feel better in this timeframe, you may need to be seen to rule out more serious breast pathology.

To help prevent mastitis, it's important to clean your nipples with a washcloth and warm water after feeding your baby. Moisturize with A&D® ointment, petroleum jelly, Aquafor® or other bland emollient.

Postpartum Mood Changes

Postpartum Blues

There is a lot to consider after the delivery of your newborn baby. Feelings of uncertainty are normal for new parents; however, sleeping well and proper nutrition can help you adjust to the new experiences and activities of life with a newborn.

- When you need sleep, take a nap.
- When you are hungry, eat.
- When you are thirsty, drink.
- If exercise makes you feel good, do something easy. Take a walk.

Postpartum Depression

If you experience any of the following feelings, please call the office.

- You feel unhappy.
- You do not want to touch or care for your newborn.
- You do not want to eat or drink.
- You do not want to get out of bed.
- You have thoughts of harming yourself, your baby or your partner.



Education

Books

There are many books that outline the changes you will experience as you progress through your pregnancy. Search online for a book that covers the information you feel will be important and useful to you.

Classes

Lexington Medical Center provides a number of classes geared towards pregnancy and delivery.

For a schedule of classes and to register, visit LexMed.com or call (803) 791-2869.

Your Special Delivery

This class is geared towards the childbirth experience. Topics include labor and delivery, anesthesia, pain control, doulas, and breathing and relaxation techniques.

Breastfeeding

Learn techniques and tips for breastfeeding.

Caring for You and Your Baby

This class teaches you how to provide care for your newborn and yourself after delivery.

Super Sibling

Children ages 3 to 10 years old learn basic safety regarding a newborn.

Introduction to CPR

Learn cardiopulmonary resuscitation techniques.

Hospital Tours

Lexington Medical Center Women and Children Services includes the Labor and Delivery, Postpartum and Newborn Nursery departments. Familiarity with these areas is helpful before, during and after delivery. Tours can be scheduled by calling (803) 791-BABY/2229. Consider taking a tour in your third trimester.



REMEMBER

If you read blogs, they are typically the opinions and feelings of one single individual. They are not usually based on any factual evidence.

Fees and Payments

The cost of obstetrical care is charged as a “global” fee. Your insurance carrier and specific plan for obstetric care determine your coverage.

Insurance carriers frequently cover the following services:

- Routine prenatal care appointments
- Normal vaginal delivery
- Hospital care after delivery
- Six-week postpartum check-up appointment

NOTE: The following services will be covered as is specific to your policy and carrier; they are not included in the global fee.

- Prenatal labs
- Additional medically indicated lab studies
- Additional ultrasounds for evaluation of fetal growth, fetal well-being or complications related to pregnancy
- Cesarean delivery
- Tubal ligation
- Visits to the Maternal Assessment Center during pregnancy
- Hospital admission
- Emergency department visits
- Neonatal circumcision

Carolina Women’s Physicians highly recommends that you contact your insurance company prior to pregnancy or

at the beginning of your pregnancy fully understand what your policy covers and your financial responsibilities.

Note: Obstetrical global fees cannot be paid using a health care flexible spending account card prior to delivery.

The fees for services provided by Carolina Women’s Physicians will be discussed with you at your 12-week visit.

Insured Patients

The office staff at Carolina Women’s Physicians will calculate the estimated amount not covered by insurance for deductibles or co-insurance. The practice will provide this information to you in writing.

IMPORTANT

Carolina Women’s Physicians requires the global fee payment in full by 28 to 30 weeks gestation. Office staff will file for other services with your insurance company after delivery.

Self-Pay Patients

These patients must make a 25-percent deposit at their 16-week visit and establish a payment plan based on the self-pay discount approved by Lexington Medical Center. Carolina Women’s Physicians encourages you to contact the hospital to meet with a financial counselor at 20 to 24 weeks gestation.

Forms and Paperwork

Family Medical Leave Act

You can drop off any FMLA paperwork with the check-in or checkout staff at Carolina Women's Physicians.

Fees

There is a \$20 fee to complete FMLA forms. You can pay for your forms when you drop them off or pick them up. You'll need to pay when you drop off the forms if you would like them faxed to your employer.

Timing

Return of FMLA paperwork can take one to two weeks once it's received by the practice.

To prevent delays in processing your paperwork, please complete your portion prior to submitting it to Carolina Women's Physicians.

Completed Forms

Office staff will scan these completed forms into your medical record. They can be faxed to your employer, mailed to your address on file with the practice or held at checkout for pick up during business hours.

FMLA Details

Standard leave for postpartum recovery, regardless of delivery method, is six weeks from the date of delivery, unless there is a medical necessity for additional time at home to recover.

Dates will be approximated based on your estimated date of delivery and adjusted after delivery. Partner FMLA permits a two-week standard for leave. If FMLA includes time away from work for prenatal appointments, note this information on your form to ensure your provider completes it correctly.

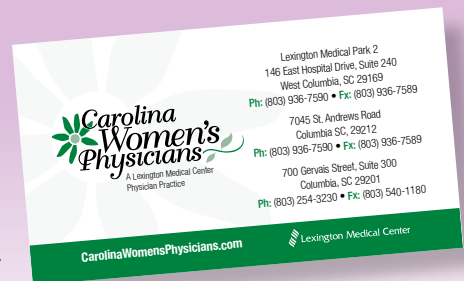
Concerns

Carolina Women's Physicians strives to provide the best possible care to you and your family throughout your pregnancy. If you have a concern regarding an experience at the practice, please let a staff member know so she can address it as soon as possible.

For Billing Concerns: Tammy Springs, office supervisor

For Clinical Concerns: Karen Blakeney, RN, clinical coordinator

For General Practice Concerns: Mitzi Almond, practice administrator



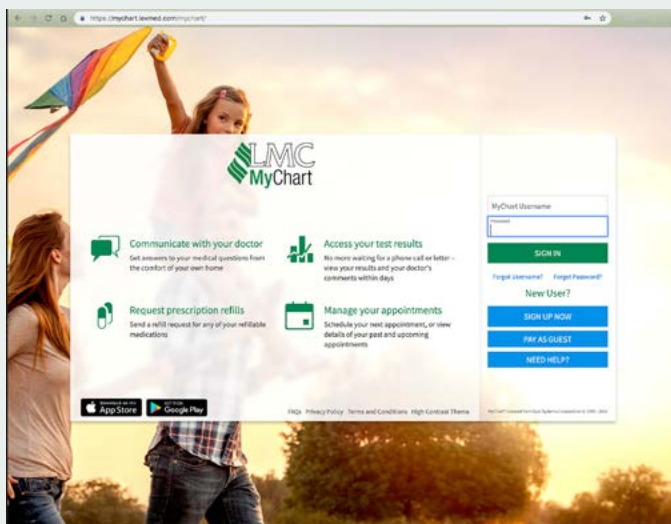
business

LMC MyChart

The information in your electronic medical record belongs to you. Lexington Medical Center makes it easy to keep up with your personal health information with LMC MyChart. Using LMC MyChart, you can keep up with your personal health information 24 hours a day, 7 days a week. It's free, simple to use and completely secure. It's also available on your mobile device!

LMC MyChart lets you:

- schedule annual appointments up to 12 months in advance.
- view lab results.
- request prescription renewals.
- pay bills.
- send messages to your nurses.
- update allergy and immunization records.
- provide medical/surgical and family histories.
- review discharge instructions.

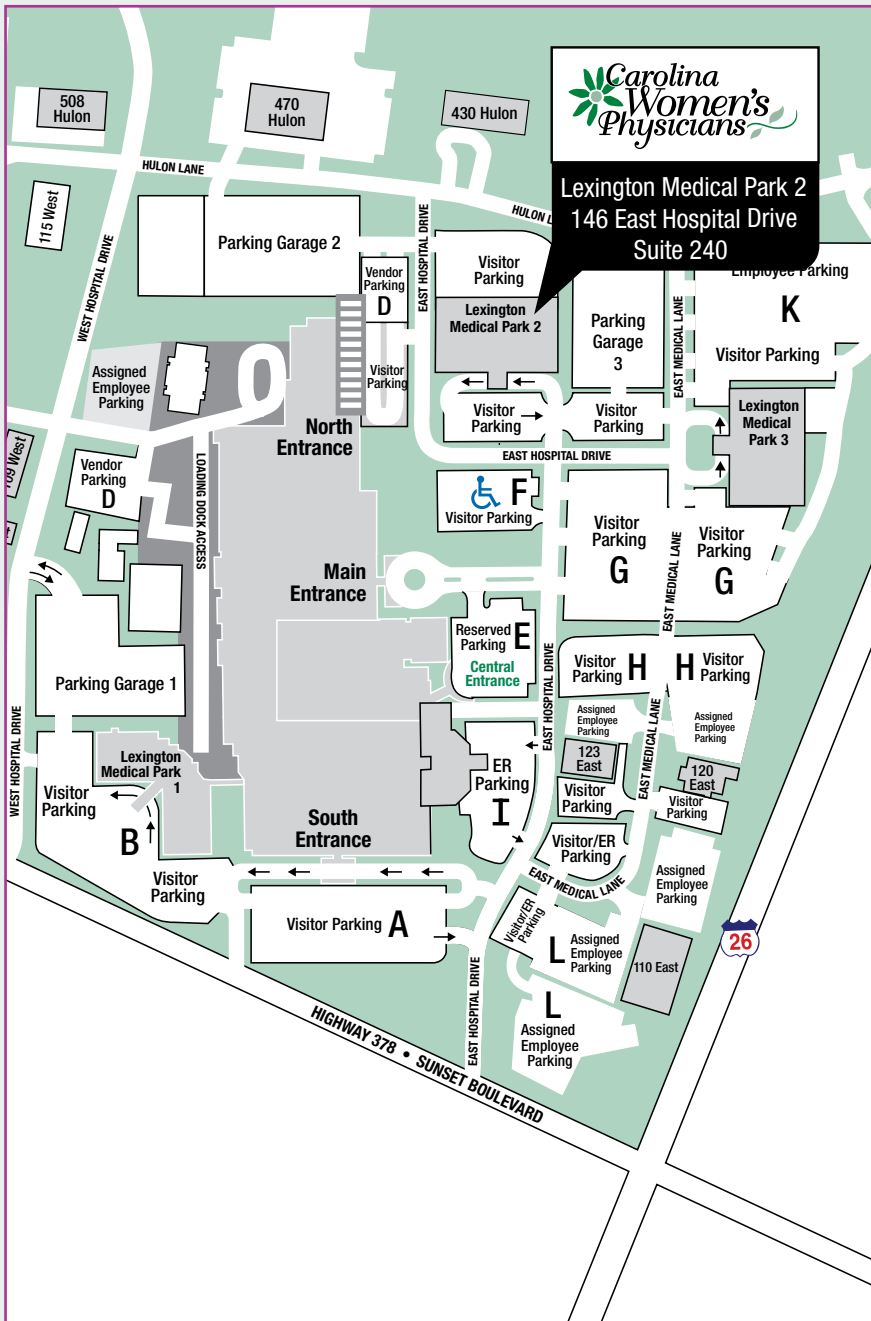


If you already have an LMC MyChart account and would like to start using these resources, visit LexMed.com/MyChart.

If you do not have an LMC MyChart account, call (803) 791-2300 to request an activation code or visit LexMed.com/MyChart.

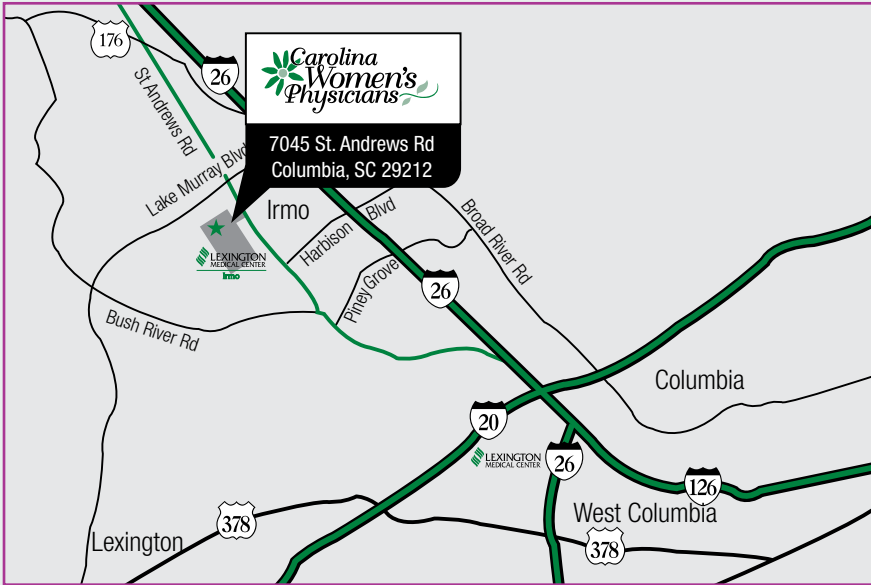
We want you to stay connected to your care at Carolina Women's Physicians. We encourage all our patients to enroll in LMC MyChart to be better informed about their health.

Office Locations



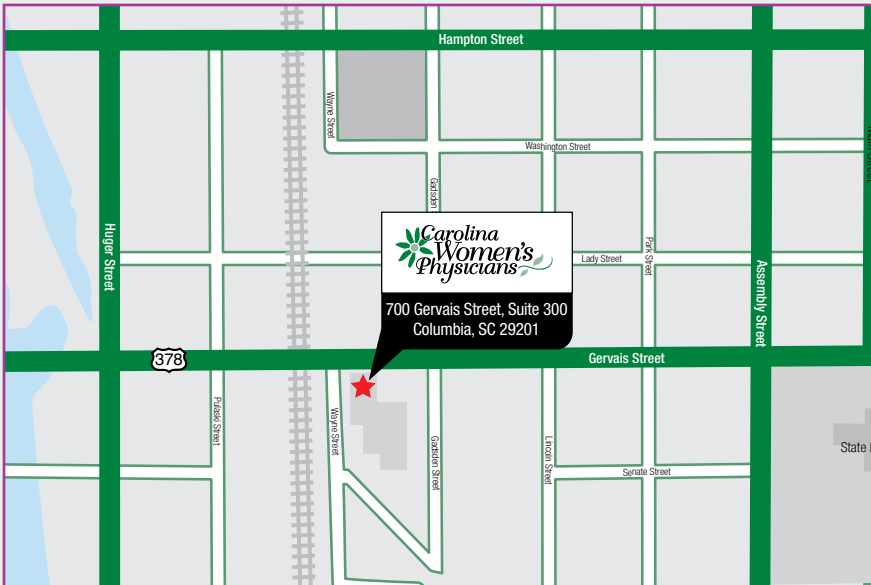
West Columbia Location

Lexington Medical Park 2 • 146 East Hospital Drive, Suite 240 • West Columbia, SC 29169
 Phone: (803) 936-7590 • Fax: (803) 936-7589



Irmo Location

7045 St. Andrews Road • Columbia, SC 29212 • Phone: (803) 936-7590



Vista Location

700 Gervais Street, Suite 300 • Columbia, SC 29201 • Phone: (803) 254-3230



A Lexington Medical Center Physician Practice

Lexington Medical Park 2

146 East Hospital Drive, Suite 240
West Columbia, SC 29169
Phone: (803) 936-7590
Fax: (803) 936-7589

Irmo

7045 St. Andrews Road
Columbia, SC 29212
Phone: (803) 936-7590
Fax: (803) 936-7589

Vista

700 Gervais Street, Suite 300
Columbia, SC 29201
Phone: (803) 254-3230
Fax: (803) 540-1180

Lexington Medical Center

2720 Sunset Boulevard
West Columbia, SC 29169
Phone: (803) 791-2000
LexMed.com

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