



Carolina Women's Care

TRIDENT HEALTH

Office Contact Information

104 A Morgan Place
Summerville, S.C. 29485
Office & After-hour Emergency (843) 851-3800
Fax (843) 851-7787

Regular Office Hours

Mon–Wed–Thurs: 7:30 a.m.–4 p.m.
Tue: 1:30 p.m.–7 p.m.
Fri 7:30 a.m.–12 noon

Hospital Contact Information

Summerville Medical Center
295 Midland Parkway
Summerville, S.C. 29485
(843) 832-5000

Cyndi Lawton, M.D.

Congratulations!

We are excited that you have chosen us to be part of your journey through pregnancy and childbirth and understand that it is both an exciting and scary time. Our promise is to provide you with the highest level of prenatal care, and our commitment is to be with you every step of the way.

This book is arranged by visit – what to expect and specific educational points that will be reviewed. Please read through the material at your earliest opportunity and bring your book to all of your appointments. Knowing what to expect eases anxiety and allows you to get the most out of each appointment. Review the educational points prior to your appointment and write down any questions. In the back of the book there is space for additional notes and a pocket to place to put any additional information.

If you have questions that are not answered in the book or have additional questions on topics covered during a prior visit, please feel free to ask at any visit.

We wish you a joyful pregnancy and delivery!

Sincerely,

The Carolina Women's Care Team

My Pregnancy Information

Initial Due Date _____

Finalized Due Date _____

Ultrasound #1 _____

Ultrasound #2 _____

1st Trimester Labs

Blood Type _____

Rubella, Varicella _____

Hepatitis B, HIV, Syphilis _____

Hemoglobin _____

Genetic Screening (mom) _____

Sickle Cell _____

Cystic Fibrosis _____

Other _____

2nd Trimester Labs

Genetic Screening (baby) _____

Gestational Diabetes Screening _____

Hemoglobin _____

3rd Trimester Labs

Hemoglobin _____

Platelets _____

GBS _____

Education Overview

Initial Visit: After hours care, Nutrition, Medications, Normal Symptoms, Exposures, Activity

10-12 weeks: Optional Screening, Appointments

16 weeks: Ultrasound, Due Date

20 weeks: Breastfeeding, Dental Care

24 weeks: Travel

28 weeks: Labor Precautions, Kick Counts

30 weeks: Hospital Information, Hospital Registration & Classes

32 weeks: Birth Control, Post-partum care

34 weeks: Pediatrician, Lactation

35-38 weeks: GBS, Am I in Labor, Pain management options, Preparing for Delivery

39 weeks: What if I pass my due date?

Initial Visit

Even if you are not new to our practice, your first pregnancy-related visit consists of a very thorough health/family history and physical exam. We also draw routine blood and problem-specific blood tests. Because we see you frequently throughout your pregnancy, test results will be discussed with you at your following visit unless there is a concern that will need to be addressed prior to it. We will schedule a vaginal ultrasound to help confirm your due date (usually done around 10 weeks).

Emergencies & After-hours care

A physician is on call after hours and on weekends for emergencies only. If you have an emergency at any time, please call the office at **(843) 851-3800** and use the answering service's emergency line to relay your emergency. Please do not use the emergency line for appointments, prescription refills or questions that can wait until regular business hours. If you feel that you need to go straight to the hospital, please call (or have someone call) 843-851-3800 to notify us that you are on your way.

Please call the office if you experience any of the following:

- Vaginal bleeding like a period or bleeding accompanied by abdominal pain.
- Prolonged severe pain in the abdomen.
- Severe headache that does not resolve with Tylenol.
- Seeing black spots before your eyes.
- Leaking of watery fluid from the vagina as if your water has broken.
- Vomiting for more than 24 hours that prevents you from keeping liquids down.
- Fever of > 100.4.
- Decreased fetal movements in the third trimester.
- If you think you are in labor (at term, regular painful contractions every 5 – 10 minutes for at least two hours).
- If you think you are in preterm labor.

Nutrition

Do not eat for 2! Your growing baby needs very little additional calories (especially in the beginning of pregnancy). Current weight gain recommendations may be surprising.

- Underweight – 28-40 pounds
- Normal weight – 25-35 pounds
- Overweight – 15-25 pounds
- Obese – 11-20 pounds

General Guidelines for Healthy Eating and Food Preparation

- Wash hands thoroughly with soap and water before and after handling foods, diapers, pets, and using the toilet.
- Wash cutting boards, dishes, utensils, and countertops with hot water and soap.
- Use one cutting board for meat/poultry/seafood and a different one for fruits and vegetables.
- Use a clean plate for cooked food.
- Reheat leftovers to at least 165°F.
- Boil gravies, sauces, soups.
- Refrigerator should be set at 40°F or below; Freezer should be set at 0°F.
- Defrost and marinate foods in the refrigerator, not at room temperature.

- Discard perishable foods left out for more than 1-2 hours.

Meats

- Do not eat raw or undercooked meat; cook to at least 165°F.
- Buy your lunchmeat pre-packaged rather than packaged at the deli counter and heat until steaming (165°F). You can eat cooked hot dogs but use moderation.
- Avoid eating wild game (turkey, venison, etc that was caught/hunted in the wild).
- Do not eat refrigerated meat spreads or pates.
- Avoid large amounts of liver (liverwurst, braunschweiger, paté).

Fish

- Do not eat raw fish, including sushi that contains raw fish.
- Do not eat shark, tilefish, king mackerel, or swordfish.
- Do not eat refrigerated smoked seafood unless it's in a cooked dish.
- Limit albacore ("white") tuna, to 6oz/week.
- Limit other cooked fish and seafood to 12oz/week.
- Use caution with tuna steaks and sushi tuna.
- Use caution with freshwater salmon – trim the fat and avoid the skin.
- A good rule of thumb is the larger the fish, the higher the level of mercury. A full listing of fish is available online through the Department of Natural Resources.

Dairy & Eggs

- Do not eat soft cheeses that contain unpasteurized milk (often imported and blue-veined cheeses).
- Do not eat any unpasteurized milk, milk products or eggs (also marketed as "raw" or "unprocessed". This is not the same as organic.
- Cook eggs until both the yolk and white are firm and egg-based dishes until they reach a temperature of 160°F.
- Refrigerate eggs and any cooked dishes that contain eggs.

Other

- Be sure to take your prenatal vitamin with at least 800mcg of folic acid.
- Drink 64-120 oz of water daily (four - six 20oz bottles).
- You can eat peanuts. This will not cause a peanut allergy.
- Use caffeine in moderation: no more than two cups of coffee or other caffeinated beverages per day.
- Limit green tea due to high caffeine content. It can decrease levels of folic acid.
- DO NOT DRINK ALCOHOL AT ALL. There is no safe limit of alcohol use in pregnancy.
- Artificial sweeteners are safe including Equal, Nutrasweet, Splenda, Sunett, Sweet One, and neotame in moderation. Avoid Sweet-N-Low.
- Natural / Herbal supplements are not necessarily safe in pregnancy. Treat them as you would a prescription medication.

Over the Counter Medications

These medications are considered safe in pregnancy but you must follow the Package Directions. DO NOT exceed the recommended dosages. Generics are equally safe. If you are ever unsure, please call the office during regular business hours or consult a pharmacist.

- Fibercon
- Metamucil
- Miralax
- Milk of Magnesia
- Mylanta
- Maalox
- Tums
- Preparation H
- Tucks Pads
- Kaopectate
- Immodium AD
- Gas-X
- Tylenol
- Tylenol ES
- Tylenol PM
- Tylenol cold preparations
- Robitussin
- Chloraseptic throat spray
- Halls cough drops
- Delsym cough medicine
- Saline nasal spray
- Claritin
- Zyrtec
- Sudafed
- Benadryl
- Monistat

Symptoms

Nausea and Vomiting

- Cause – The hormonal influences of early pregnancy trigger an increase in digestive juices and a delayed emptying of the stomach. This causes nausea and vomiting and can occur at any time of day. It is most common in the first trimester, but can occur at any time during the pregnancy.
- Relief – Eat frequent small bland meals with a good balance of protein and carbohydrates. Get out of bed slowly and consider eating a few crackers before getting out of bed if you tend to get sick in the mornings. Avoid sudden movements and extremes of temperature. Also avoid strong odors. Avoid fried and fatty foods. Things with ginger in them tend to be settling to the stomach (ginger ale, Ginger Alets). Lemon drop candies and peppermints are easy to keep on hand and may soothe the upset stomach. Vitamin B6 (available over the counter in 10mg or 25mg tablets) can be taken up to every 6 hours for persistent nausea. Lastly, if your prenatal vitamins are making your nausea worse, you can try taking them before bed. If they are still bothersome, consider switching to Flintstone Complete children's vitamins each day until the first trimester passes.
- When to get help – If you have tried the above measures and are still so sick that you cannot keep even liquids down or that you are losing weight, call for an appointment.

Fatigue

- Cause – Normal body changes due to pregnancy.
- Relief – Get exercise for at least 30 minutes daily. Get at least 8-9 hours of sleep nightly. This usually gets better after the first trimester of pregnancy.

Frequent Urination

- Cause - The pregnant uterus compresses the bladder and causes the urge to void. In addition, the normal increase in blood volume during the pregnancy means that more urine is produced.
- Relief – Avoid drinking large amounts of fluids 2-3 hours before bedtime. Lie on the left side to increase circulation and the elimination of excess fluids. Drink

large amounts of water divided up throughout the day rather than large amounts at one time.

- When to get help – If you have burning with urination or pain with urination or see blood in the urine, call the office.

Headaches

- Cause – Hormonal changes may cause headaches. In addition, the extra fluid requirements of pregnancy may result in dehydration which can worsen headaches.
- Relief – Use Tylenol as directed on the bottle. Increase water intake. Utilize relaxation techniques. Soak in a warm bathtub. Lie down in a dark room with a cool cloth on your forehead for 30 minutes. If you have recently decreased your caffeine intake, drinking small amounts will help with caffeine withdrawal headaches.
- When to get help – If the above measures do not resolve a severe headache, if your headache is associated with black spots in your vision, please call the office.

Back pain

- Cause – Increased size of breasts and abdomen cause shifting of the center of gravity and strain on the muscles of the back. In addition, release of placental hormones causes relaxation of the ligaments that normally hold the skeletal bones tightly together.
- Relief – Wear a well-supporting bra. Practice good posture. Avoid high heels. Sleep with a pillow between the knees. A maternity belt (found at most maternity stores) can help support the pregnant uterus. Warm showers, warm baths, and warm heating pads to the low back can help. Massage helps, too. Notify your masseuse that you are pregnant. Ask us about simple back exercises. Tylenol can help some; use as directed on the bottle.

Nosebleeds

- Cause – Pregnancy causes increased circulation throughout the body, including the nose. Drying of the nasal mucous membranes due to dry air, cold temperatures, or frequent blowing of the nose can trigger nosebleeds.
- Relief – Use a humidifier to moisten the air. You can use a saline nasal spray to moisten the nose. When you have a nosebleed, lean slightly forward and apply strong pressure to the bridge of your nose for 5 minutes. Do not attempt to stick tissues or other products up your nose to stop the bleeding.
- When to get help – If you have held pressure for ten minutes and are still having brisk bleeding, call the office. If you have frequent nosebleeds, bleeding from gums or increased bruising, let us know.

Heartburn

- Cause – Placental hormones loosen the sphincter of the esophagus – which normally prevents stomach acid from traveling up into the throat. Slower emptying of the stomach worsens this.
- Relief – Avoid large meals, caffeine, nicotine, fatty foods, acidic foods, spicy foods. Avoid lying down for three to four hours after eating or drinking. Try Maalox, Mylanta, or Tums.

- When to get help – If the above measures do not help, call the office for an appointment.

Constipation

- Cause – Hormonal influences slow bowel motility. The pregnant uterus sometimes compresses bowels as well.
- Relief – Drink lots of water and include daily walking as part of your activities. Increase fiber (raw vegetables and fruits). Fibercon, Metamucil, and other fiber supplements may be used. Miralax can be used daily to increase frequency of bowel movements. Milk of Magnesia may be needed for severe constipation.

Hemorrhoids

- Cause – The increased pressure in your abdomen for gaining weight and from the growing uterus will prevent the blood vessels that supply the rectum from emptying completely. This causes swelling of the veins in the rectum (hemorrhoids).
- Relief – Avoid constipation by increasing fluids and fiber. You may benefit from taking Miralax (one capful dissolved in 8 oz of water daily) on a daily basis to increase your frequency of bowel movements if you are not having movements regularly. Preparation H and Tucks pads can be used for relief. Witch hazel soaks or sitting in a warm tub of water for 15 minutes twice daily may provide some relief.
- When to get help – If significant bleeding, severe pain or you develop a hard knot on your rectum, call for an appointment.

Leg Cramps

- Cause – Electrolyte imbalances from improper diet, lack of exercise or pregnancy changes can cause these. In addition, the pressure from the uterus may cause sluggish return of blood flow from the legs or compression of the nerves found at the top of the legs.
- Relief – Avoid soft drinks. Consume lots of water. Make sure you're taking your prenatal vitamins. Make sure you are getting four servings of calcium each day (milk, cheese, yogurt, dark leafy green vegetables, orange juice with calcium, etc). Avoid high heels. If sitting for long periods of times, move your legs, wiggle your toes, and roll your ankles to increase circulation. Wearing over-the-counter support hose also improves circulation and comfort.
- When to get help – If one leg suddenly becomes sore, red, warm to the touch and more swollen than the other, this may be a sign of a blood clot. Call for an appointment.

Vaginal discharge

- Cause - Pregnant women will have varying amounts of vaginal discharge throughout the pregnancy due to changes in hormone levels.
- Relief - Do not use any soaps, douches, feminine washes, or other chemicals on the vulva and vagina. Wear cotton underwear. Avoid pantyhose and tight fitting pants.
- When to get help - If the discharge is green, has a foul odor, or is associated with itching or burning, it could represent an infection and should be mentioned to your doctor at your appointment. You may use over-the-counter Monistat if you are fairly certain you have a yeast infection.

Cold/Sinus Problems

- Cause - Most colds start as a viral illness and cannot be cured. During pregnancy, your immune system is lowered making you more susceptible to viruses. Also, due to the increase water retention, small sinus/ear/airway passages can be more easily swollen and uncomfortable.
- Relief - Try increasing fluid intake and sleeping with a humidifier. Warm showers and compresses to the face may relieve nasal congestion. Saline nasal sprays can be used as needed. Ideally once out of the first trimester, you can use Tylenol cold products, Sudafed, and Benadryl. Claritin and Zyrtec are ok to use for seasonal allergies, as well.
**If you have high blood pressure, please consult a pharmacist or your physician during regular business hours prior to taking any over the counter cold medicine
- When to get help - If you are not getting better within five to ten days or if you are developing fevers of 100.4 or more, call the office for an appointment.

Dizziness

- Cause - Many pregnant women get dizzy due to dehydration or hormonal changes in the blood pressure.
- Relief - Avoid this by eating and drinking frequently. Change positions slowly. Avoid kneeling. Drink 64-128 oz water daily. This can be worsened by heat, especially hot showers.
- When to get help – If your dizziness is associated with ear pain, fever, loss of consciousness, palpitations or severe headaches, please call for an appointment.

Trouble Sleeping

- Cause - This is a very common problem in pregnancy. This is due to inability to get comfortable, limited mobility/activity, anxiety and hormonal changes.
- Relief - Make sure you are exercising daily. Do not exercise close to bedtime. Do not consume caffeine after noon. Use relaxation techniques before bed. A snack about 1 hour before bed that includes warm milk and half of a turkey sandwich will help you sleep naturally. Use pillows and blankets as needed to get comfortable. Do not use the bed for anything other than sleep or sex. If you cannot sleep, go into another room to watch TV or read until you are sleepy and then return to bed. Avoid ANY daytime sleeping (napping).

Contact Lenses

- Cause - You may notice that your contacts don't fit as well or that your vision has changed slightly during pregnancy. This is a normal occurrence due to decreasing amounts of tears that your eyes produce and swelling.
- Relief - Using artificial tears may reduce the discomfort. Your vision usually returns to normal within 6-8 weeks after delivery. Many women switch to glasses during pregnancy.

Exposures (Things to avoid)

- Cats: Cat feces may contain bacteria which can cause a very harmful disease in pregnant women called toxoplasmosis. Avoid handling cat litter while you are pregnant. Wear gloves when you dig in the garden/yard. Wash fruits and vegetables. Do not eat raw or undercooked meat or fish.
- Chickenpox: If you have had chickenpox or have been vaccinated against this common childhood disease, you are likely immune and cannot be reinfected. If

you have not had the infection or vaccination, we can test you to see if you are immune. If you are not, be very careful to avoid exposure to this disease as it can be very harmful to pregnant women and their fetuses.

- Pesticides: Avoid the use of pesticides while pregnant. If you must have your house treated, be sure to let them know you are pregnant. Leave the house while it is being treated. Remain away for at least two hours after it is completed. Open your windows and turn on fans to release the fumes when returning.
- Smoking: Cigarette smoking has been proven to harm the developing fetus in the uterus. Second-hand smoke can cause the same harms. Miscarriages, premature births, birth defects, poor fetal growth, stillbirths, SIDS (sudden infant death syndrome), asthma, allergies, ear infections, hyperactivity, and neonatal withdrawal from nicotine all occur more often in the fetuses or infants of smoking mothers. If you smoke, please tell us so that we can work with you to help you quit.
- Drugs: Do not take any medications unless prescribed by us or another physician who is experienced in treating pregnant women. You or your other prescribing physician can feel free to call us with questions regarding which medications are safe to take in pregnancy. We have included a list of common over-the-counter medications that are safe to take in pregnancy. Do not ever take someone else's prescription medication, even if it appears to be the same one you had previously been prescribed. No recreational or street drugs should be taken while pregnant or breastfeeding.
- Tanning: We do not recommend tanning beds or laying out in the sun while pregnant as you may be more sensitive to sunburn and dehydration while pregnant. If you are outside, keep well hydrated and wear adequate sunscreen to protect yourself.
- Hair Coloring: These chemicals have not been tested on pregnant women but do not appear to have any effect on the unborn child. Make sure you are in a well-ventilated area. Realize that because of hormonal changes, the results of hair coloring can be unpredictable during pregnancy.
- Hot Tub/ Sauna/ Electric Blankets: You should not use a hot tub at all or enter a sauna while pregnant. Anything that can raise the body temperature to more than 102°F can be harmful to the developing fetus. This includes staying under an electric blanket on high heat or staying in a bathtub of hot water. You may use a heating pad on a warm setting to the low back or neck.
- Chemical Exposures at work: If you are consistently exposed to chemicals at work, please ask your supervisor for a full list and detailed information so that we can better counsel you.
- Paint: Latex paints (not oil-based) do not appear to have any effect on the unborn child but have not been tested on pregnant women. Use in a well-ventilated area. Avoid exposures to paint thinners, removers, varnishes, or painted surfaces that are being sanded.

Activity

- Work: We encourage you to continue working until your delivery. Statements to excuse you from work are generally not given, except to verify that you attended a prenatal appointment. Pregnancy can be a physically demanding and

uncomfortable experience for most women. Work with your employer to modify your activities if needed to make things more manageable for you. If you have a specific problem, speak with your physician to discuss ways to make things more comfortable.

- Exercise: Staying active throughout the pregnancy, unless advised otherwise, is a great way to ensure good health for you and your baby. Do not begin a vigorous exercise program while pregnant. Drink lots of water while exercising. Do not exert yourself to the point where you cannot carry on a normal conversation. Avoid abdominal exercising or lying flat on your back after 20 weeks gestation. Do not lift over 20 pounds. Swimming and water aerobics are excellent forms of exercise during pregnancy. It may help with back pain, pelvic pain and swelling.
- Avoid activities that jar the abdomen, such as kickboxing, horseback riding or mountain bike riding. Avoid activities that require balance or risk of falling after 20 weeks.
- Sex: Most patients may have sex while pregnant without harming the fetus. Mild cramping and light spotting are very common after intercourse. Your physician may advise you not to have sex in various circumstances, for example, if you have a placenta previa, preterm labor, or if your water is broken.

10-12 week visit

At approximately 10 weeks, we order an ultrasound performed to help confirm your due date. We may or may not be able to hear your baby's heart beat yet. We will review the results from your blood work from your first visit. If you are interested in early genetic testing for you baby, this can be done now.

Optional Screening

- Cystic Fibrosis (CF) - CF is a disease that some children are born with. It causes thick mucus and other fluids to build up and clog different parts of the body, including the lungs, pancreas, liver, and intestine. There is no cure but there is treatment. CF is caused by an abnormal gene. To get the disease, people need to get the abnormal gene from both their mother and father. If people get the abnormal gene from only one parent, they will not have CF but may be a carrier of the abnormal gene. They will have a chance of passing on the abnormal gene to their children. CF gene abnormalities are more common in Caucasian and Ashkenazi Jewish families but can be found in any racial background. You would not have symptoms of CF if you were a carrier and many carriers do not have ANY affected family members. Once your results are available, we will determine if the baby's father will need testing. If your screening test confirms increased risk of CF in your child, you will be referred for genetic counseling. The purpose of the test is to determine what risk your child has of CF so you can make informed decisions regarding your pregnancy and care of your child. It is important to note that this test only needs to be performed once and will not need to be repeated during future pregnancies.
- Hemoglobinopathies - Hemoglobinopathies include thalassemia and sickle cell disease. These disorders are among the most common genetic diseases worldwide and can be chronic debilitating diseases that often are fatal. Screening

for these genetic diseases is now recommended for all patients but is most commonly seen in African, Middle Eastern, Indian, Asian and Hispanic families or anyone with history of anemia. If your screening test confirms increased risk of hemoglobinopathies in your child, you will be referred for genetic counseling. The purpose of the test is to determine what risk your child has of hemoglobinopathy so you can make informed decisions regarding your pregnancy and care of your child. It is important to note that this test only needs to be performed once and will not need to be repeated during future pregnancies.

- Screening tests for Trisomy 21 (Down Syndrome), Trisomy 18, Trisomy 13 – These conditions are the result of your baby’s chromosomes. Each syndrome is distinct and can result in a range of problems from lowered IQ to miscarriage. Screening tests are designed to help families better understand the chance that their child would have one of these conditions so that you can make informed decisions regarding your pregnancy and care of your child. The risk is higher in women over 35 or with a family history of mental retardation. Screening involves blood tests and ultrasound only. This can be done as early as 10 weeks and as late as 21 weeks. If your screening test confirms increased risk of trisomy in your child, you will be referred for counseling on options for further testing (you are not required to have any invasive testing, even if you are at high risk). Please know that this screening test does NOT confirm or exclude the possibility of trisomy but gives only your RISK. If you are interested in more invasive testing or are over 35, we will discuss other options for testing.
- Open Neural Tube Defects – Along with the blood work and ultrasound looking for risk of trisomy, we can also detect open neural tube defects. These are a range of conditions that result from an abnormal closure of the spine (example - spina bifida). Ultrasounds and blood tests must be done from 16-21 weeks to detect these abnormalities.

Appointments

We typically see most pregnant patients monthly during the early part of their pregnancies (10-26 weeks). We will check your weight, blood pressure and urine at each visit. Once you are far enough along, we will also listen to your baby’s heartbeat and measure your belly to assess growth.

From 27-34 weeks, visit frequency increases to every two weeks. We will continue to check your weight, blood pressure, urine, listen to your baby’s heartbeat and measure your belly. We need to follow your baby’s growth and your progress more closely because high risk conditions are more likely to develop as you get farther along (diabetes, high blood pressure etc.)

From 35-40 weeks, you will be seen weekly. We will continue to check your weight, blood pressure, urine, listen to your baby’s heartbeat and measure your belly. We will also start checking your cervix for dilation. This is an important time for preparing for delivery as well as screening for development of high-risk conditions.

High-risk conditions such as diabetes, high blood pressure, and twins may require more frequent visits. If you must reschedule an appointment, please be sure to do so at the soonest next available time to avoid missing important tests.

16 week visit

From 16-22 weeks, optional genetic testing can be performed. We will be able to hear your baby's heartbeat at this visit.

Ultrasounds & Due Dates

Currently, the FDA and the American Congress of Obstetricians and Gynecologists do not recommend routine ultrasound screening of low risk pregnancies. However, ultrasound has become a standard tool for assessing most pregnancies. At Carolina Women's Care, we usually recommend two ultrasounds for most pregnancies. We will schedule your first ultrasound to be done around 10 weeks gestation to confirm your due date. Your second ultrasound will occur at around 20 weeks gestation and will include a review of fetal anatomy, including the gender. At times your fetus's position may limit our ability to determine the gender. A follow-up ultrasound for gender determination is not medically necessary and will not be covered by insurance plans.

Your ultrasounds will be performed at Summerville Medical Center unless there is a high-risk condition that requires referral for a higher level ultrasound. This would be performed at MUSC's north area office (highway 78, across from Trident Hospital). You may have your significant other present with you during your ultrasound, but we strongly discourage bringing small children and more than one or two guests as they can be distracting and will limit the quality of the ultrasound.

We do not currently offer 3D ultrasound. If you would like to have these pictures (for fun only, not to be used for ANY medical information), there are multiple places nearby where this can be done.

Your due date is initially assigned based on your last menstrual period. We also recommend an early ultrasound to help confirm your due date. The earlier this ultrasound is performed, the more accurate it is. If your due date based on your period is different from your ultrasound due date, we will look at all available information to assign your finalized due date. Once you receive your finalized due date, it will not change. If you need a growth ultrasound or if you are measuring larger or smaller than your due date suggests, it does not change your due date. As you get farther along, ultrasound and exam gives us more information about the SIZE of your baby – not the AGE of your baby. My 3 year old wears 18 month sized clothes – he may be the size of an 18 month old but he is still 3 years old.

20 week visit

We will be able to measure your belly and hear your baby's heartbeat. An anatomy ultrasound will be done, as previously scheduled. This can usually determine gender (if we are not able to determine gender a follow up ultrasound solely to determine gender is not covered by insurance).

Breastfeeding

Benefits for Baby:

- Easier to digest
- Reduces the number of infections in babies

- Protects babies from certain illnesses and allergies
- Promotes bonding between mom and baby
- Reduces the risk of childhood obesity
- Raises the IQs of children

Benefits for Mom:

- Economical – mom’s milk is free!
- Helps a mother's body recover from childbirth
- Helps mom lose pregnancy weight faster and easier
- Reduces the risk of breast and ovarian cancer as well as osteoporosis
- Promotes bonding between mom and baby
- Increases mom’s self confidence in her ability to care for her baby

Current recommendations

- Birth - 6 months - exclusive breastfeeding
- 6-12 months – continued breastfeeding with introduction of complimentary foods
- Beyond 12 months – until mother and child desire to wean

Tips for Success

- Take a breastfeeding education class
- Get your family and significant other involved and supportive
- Drink lots of water and eat regularly
- Feed your baby on demand
- Make a plan for when you return to work

Dental Care

Continue good dental habits and check-ups during your pregnancy. Elective dental work can be postponed until after the first trimester. Wear a lead apron over your abdomen any time you need X-rays. Non-elective dental work can be safely performed during pregnancy. Be sure your dentist knows you are pregnant. If your dentist has questions about what medications can be used in pregnancy, please feel free to have them call the office. We do not recommend nitrous oxide during the pregnancy.

24 week visit

At this appointment, we will your take your blood pressure and weight, test your urine, measure your belly, listen to your baby’s heart beat and review all recent labs.

Travel

Before you leave town, call our office several days in advance so that we can prepare a copy of your prenatal records to take with you so that you are prepared in the event of an emergency while out of town. Your medical care providers will be better able to care for you if you have these with you.

If traveling by car, you should stop every two hours to walk, empty your bladder, and stretch your legs to prevent blood clots. Drink lots of water. Wearing support stockings may decrease the leg discomfort from sitting for long periods of time. Always wear your seatbelt with the lap belt under your belly.

If traveling by air, move your legs frequently in your seat and get up to the bathroom every two hours whether you need to go or not. Wear support stockings.

28 week visit

If you have rh negative blood, you will need a rhogam shot. This is also the time we draw your blood for anemia and test for gestational diabetes. The gestational diabetes screening test is also known as “glucola” or glucose tolerance test. It will require you to drink a sugary juice then wait for 1 hour. There is no need to be fasting prior to this test but it is recommended that you not consume a large/sugary meal within two hours of this test. If you are scheduled for your glucose screening test, please let the receptionist know so we can start your test while you wait.

If you plan to have your tubes tied, we like for you to notify us by 28-30 weeks to determine if your insurance requires any special forms (some require these consent forms to be signed by 30 weeks to be a covered procedure). If you have a history of a c-section and are considering vaginal delivery, please ask for the consent forms to review while you wait.

Preterm Labor

Preterm labor is defined as regular contractions resulting in dilation of your cervix less than 37 weeks. It is most common in women with a history of preterm delivery, cervical insufficiency, twins or vaginal infections. It is common to have some mild contractions before you are full term. If the discomfort does not lessen or resolve with rest and fluids, you may need to be evaluated.

Please call the office if you have:

- Contractions with or without pain at least 4 times per hour for two hours.
- Menstrual type cramps and increased Pelvic pressure.
- Sudden increase or change in vaginal discharge.

Kick Counts

There are many times that your fetus moves but you may not feel it either due to the size of the baby, the location of the placenta, or the amount of fluid present. However, monitoring your baby’s movements is one way to make sure your baby is doing well. If you are in the third trimester (~28 weeks) and you feel like your baby is not moving normally, do your Kick Counts. Kick Counts involve getting something to eat or drink and lying on your left side while counting each movement the baby makes in one hour. If you feel less than 6-10 movements during that hour during a time of day that your baby is usually active, please call us. Forms are available to help you keep track of your baby’s movements and are highly recommended for high-risk women.

30 week visit

At this appointment, we will your take your blood pressure and weight, test your urine, measure your belly, listen to your baby’s heart beat and review all recent labs.

Hospital Information

Summerville Medical Center
295 Midland Parkway
Summerville SC 29485
(843)832-5000

Any time you need to go to the hospital during your pregnancy, we ask that you go to [Summerville Medical Center](#), unless directed to go elsewhere by your physician.

Please call our office to let us know you are on your way to the hospital. Enter through the hospital entrance facing Midland Parkway. Turn to left and go to registration. A volunteer will be there to help you. If it is after usual business hours or on the weekend, you must register through the emergency department. When you enter the building, turn to the right and notify the staff at the desk so they can help you register.

Pre-registration: We strongly encourage you to pre-register at the hospital. Forms are available at the front desk and the hospital's website. This will save you valuable time when you are in labor. However, you must stop by the registration desk each time you go to the hospital to check in.

Tour: Tours of the Labor and Delivery unit are available through the hospital. We encourage these tours as a way to become familiar with the hospital and its staff before you labor. For more information, please contact Summerville Medical Center at (843)832-5000.

Visitation policy: Due to current privacy policies and the need to protect our patients and their newborns, the hospital has implemented strict visitation policies on the Labor and Delivery unit. Each patient will provide a list of approved visitors. No more than two to three guests are permitted in a labor room at any one time (including delivery). If you have more visitors, the additional guests may wait in the Waiting Room on the same floor. Guests may rotate in and out of the room as permitted during labor. They cannot stay in the hallways as it may prevent our rapid movement to assist patients during an emergency. No rotating of visitors can occur during delivery and this rule applies until the patient and her newborn are stabilized and cleaned up. In addition, no videotaping of the delivery is permitted. No visitors under the age of 14 unless they are a sibling of the newborn.

Classes: Childbirth, breastfeeding and childcare classes are available through Summerville Medical Center as well as through other programs throughout the community. A list of classes available through the hospital is available at our front desk and on the hospital's website.

32 week visit

At this appointment, we will your take your blood pressure and weight, test your urine, measure your belly, listen to your baby's heart beat and review all recent labs.

Birth Control: It is recommended that you wait 18 months following delivery before trying to conceive another child. This is to give you and your babies the best chance of being healthy! It is important to consider your options so that you make the best decision for your family. The first six weeks, you should abstain from intercourse. After six weeks, you may choose one of the following methods.

*Safe during breastfeeding

- Natural family planning – a method of determining and abstaining during peak fertility
- Barrier Contraception – male condoms, female condoms, diaphragms, cervical caps
- Mini pill – progesterone only pill, effectiveness decreases if you decrease nursing
- Depo provera injection – progesterone only injection every 3 months, highly effective

- IUD – intrauterine contraception that can be placed at your six-week post-partum visit. Mirena and Paraguard are excellent long term (up to ten years), fully reversible contraceptives.

*Not recommended in breastfeeding:

- Traditional birth control pills – estrogen and progesterone containing pills
- Nuvaring – flexible vaginal ring that releases estrogen and progesterone through the month
- Ortho-evra patch – releases estrogen and progesterone that is absorbed through your skin throughout the week.

Normal Post-partum: Your post-partum care will depend on your prenatal complications and type of delivery. We will see you in the office at two weeks following C-section and see everyone at six weeks. You should abstain from sexual intercourse for at least six weeks. You may lift and care for your infant. You may walk up the stairs. Increase your activity as tolerated. Swelling is normal and gets worse before it gets better (please call if one leg is significantly more swollen than the other or if it is painful). Bleeding can be unpredictable. Some women have a few days of bleeding then return to normal periods and others will bleed for a few days at a time and others for six weeks straight! If you are breastfeeding you may have a delayed return to periods (but many women do not). If you are bleeding more than a pad an hour for two hours, please call. Baby blues and post-partum depression is very common. If you are concerned about feeling depressed, emotional or anxious, please call for an appointment.

34 week visit

At this appointment, we will your take your blood pressure and weight, test your urine, measure your belly, listen to your baby’s heart beat and review all recent labs. You will start coming every week!

Pediatrician

You will need to choose a pediatrician prior to delivery for multiple reasons. First, you need to confirm that their office will accept your insurance. Second, you will want to know who will care for your baby on the weekends or evenings. Third, you will want to meet with him /her to answer questions related to your baby’s care while in the hospital.

As your physician, I am not the best person to answer questions related to newborn care. You will be asked to make many decisions while in labor or immediately post-partum and having the information prior to labor will help you make informed decisions and decrease anxiety.

Some of these questions include: Do you plan to breastfeed? Do you want your baby circumcised? Do you want your baby to receive specific medications and vaccinations shortly after delivery?

Please ask at the front desk if you need a list of local pediatricians.

Lactation Services

There is absolutely no question – breastmilk is the best form of nutrition for your baby! You will likely have many questions and may need help getting started. Your nurse will be very well prepared to assist you. Every patient will be seen by a lactation consultant. After you go home, they are still there to help with outpatient visits and a lactation support group.

35-38 week visits

In addition to your routine visit, you may now have a pelvic exam every visit to check for cervical dilation. If you have no labor symptoms and prefer to not have your cervix checked, let us know. At your 35-week visit, vaginal cultures are drawn for group B streptococcus (GBS) and blood is drawn for a complete blood count (CBC).

Group B Streptococcus:

Routinely at your 35 week visit, patients are screened for group B streptococcus (GBS). This is not a disease but a normally occurring bacteria in the vagina. If you do have this bacteria, it is not an infection and does not need to be treated. It causes you no problems but does pose a small risk to your baby during delivery. When you come in to the hospital in labor, you will receive IV antibiotics to prevent your baby from having any complication. Your nurse may ask you if you are GBS positive in the hospital.

What to pack for the hospital?

Remember that having a baby can be one of the most wonderful moments of your life but emergencies can arise. Limit the bags you bring into your delivery room and do not bring jewelry or valuables.

- Insurance information, driver's license or ID card
- Camera. If you are as forgetful as most pregnant women, go ahead and buy a disposable camera and put it in your hospital bag. If you forget your camera, your battery dies or some other malfunction – you have a back-up.
- Consider bringing a pillow from home but remember, labor and delivery can get messy!
- Toiletries: toothbrush, toothpaste, face wash, shampoo, hairdryer, hair ties, chap stick, brush, glasses (contacts are not recommended during labor in case of emergency C-section)
- Clothes: robe, slippers, maternity underwear, maternity clothes, night gowns (breastfeeding gowns that open in the front facilitate night time feeding), nursing bras (or tight fitting bras for women that choose not to breastfeed)
- Notepad and pen for taking any notes, writing down questions for your nurse/pediatrician/ob-gyn and keeping track of baby's diapers / feedings.
- Large envelope or folder to keep track of paperwork, handouts and forms.
- Have car seat installed but do not bring it in until near time for discharge.
- Have a baby bag with coming home clothes, burp cloths and blankets. During your stay, blankets and shirts are provided. Bring in your baby bag once you are settled in your post-partum room. Diapers and wipes are provided. If you have a baby book and want newborn footprints, be sure to pack it!
- If you plan to breastfeed, pack nursing bras and nursing gowns. Do feel that you need to bring your breast pump. There are hospital grade pumps that you can use while in the hospital if it is needed.
- If you plan to bottle feed, formula/bottles are provided.
- List of people for your friends/family to contact about your good news.

Am I in Labor?

If you are having regular painful contractions for at least 2 hours associated with pelvic pressure and increased mucous/mucous with streaks of blood discharge – the answer is YES. If you have a sudden gush of fluid with continued leaking fluid – the

answer is MAYBE. If you have contractions that you can sleep or work through or if they resolve with rest, drinking water or last less than two hours, the answer is NO. Labor takes a long time, usually a centimeter an hour (have to get to 10 centimeters) and pushing can take one to two hours as well. If you are having a repeat C-section or if you have been told that you are at risk for rapid delivery, please call earlier!

Pain Management Options

Childbirth hurts. There are ways of dealing with the pain but do not compare yourself to anyone else. There are many variables including length of labor, size of baby, size of patient, position of baby and medical issues.

- Meditation/Relaxation/Visualization – this can be done with a variety of methods including visualization strategies, moving, listening to calming music. If you plan to use this method, be sure to identify a method that works for you and be sure your partner knows what to expect! Consider childbirth classes.
- IV pain medications – given to you through your IV, it can help decrease your perception of pain and can cause drowsiness. It cannot be given near delivery due to the risk that your baby will be drowsy at delivery.
- Epidural – like an IV place in your back, it has a continuous infusion of medication that causes decreased sensation below your belly button. Almost all women feel pressure and many women will have some sensation but it does help ease the pain significantly. There is no right time to get an epidural and some women may not be able due to medical reasons. There are potential risks but these are thankfully rare and will be discussed by your anesthesiologist.

Preparing for labor and delivery

You can always change your mind but it's nice to have a plan. Frequently, women are overwhelmed by making decisions without time to consider their options. The goal is to have a healthy baby and mother so we all have to be flexible. This is a short list of things to consider when preparing for labor. We strongly encourage women to take a hospital tour and consider childbirth preparation classes to help you understand the process so you are better able to make informed choices. Please familiarize yourself with Summerville Medical Center's website for more information.

- Have you completed pre-registration? Do you know where to go and who to call if you are in labor?
- Who are your emergency contacts?
- Do you have someone that will be able to watch your other children during labor and your hospital stay?
- When you are admitted, your nurse will ask you a lot of questions. This will include sensitive medical information (STD's, drug use, abortions).
- Compile a list of approved visitors for labor and postpartum. This list is used to screen visitors to labor and delivery.
- Who do you want in the room with you during labor? If you can only have one person (C-section, certain emergencies), which one would it be?
- How do you want to handle the pain of childbirth? Do you want an epidural, IV pain medications or relaxation techniques only?
- Do you plan to breastfeed or bottle feed?
- Who is your child's pediatrician? Be sure to discuss which medications and immunizations will soon after birth and having your baby boy circumcised.

- All women need to have an IV for emergencies. All women are encouraged to ambulate and labor in positions of comfort if their medical condition allows. Water birth is not available.

39 weeks

In addition to your routine visit, we will check your cervix for dilation. This will help us plan for delivery.

What if I pass my due date?

We generally recommend delivery by 42 weeks but are very vigilant for any cause for delivery. The risk of induction or labor may be outweighed by the development of any condition that may compromise your health or the health of the baby. We start twice-weekly visits including non stress tests and ultrasound for amniotic fluid level checks. This helps to confirm that you and your baby are safe.