

# CONGRATULATIONS!

We would like to offer our congratulations on the upcoming birth of your child. We know that pregnancy can be a very stressful time and a time of many changes and adjustments in your life. We will do everything we can to help make this a pleasant, enjoyable, and most of all, a healthy experience.

We have developed this booklet for you to use as a reference from time to time during your pregnancy. We hope it will answer many of your questions and help guide you through a successful pregnancy.

Once again, each one of us wishes to extend our most sincere congratulations to you!

*Steven P. Carter, M.D.*

*Amy Y. Forrest, M.D.*

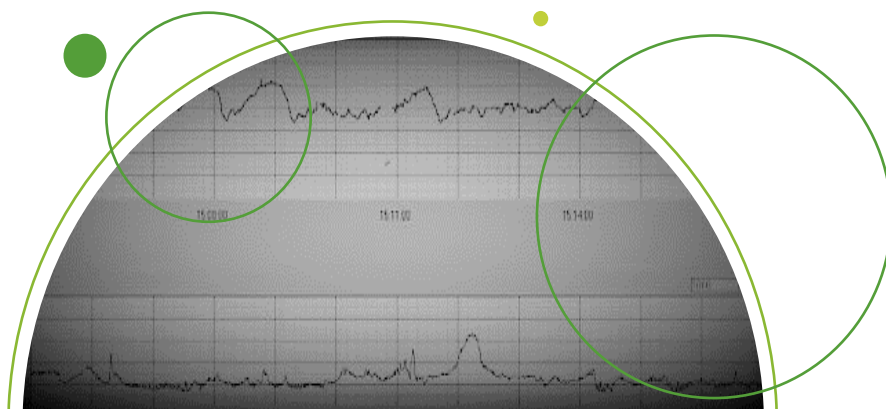
*Megan W. Nguyen, M.D.*

*John A. H. Russell, M.D.*

*Alexandra A. Shurling, M.D.*

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# About Our Office

- Our office is open Monday-Friday from 8am-5pm.
- We are also available for visits in our Laurens office on Fridays.

We encourage that routine calls be made during regular office hours. Our office personnel are trained to answer many of your questions.

**We do request that you, the patient, make the phone call, as certain questions cannot be answered by your spouse, friend, or family member.**

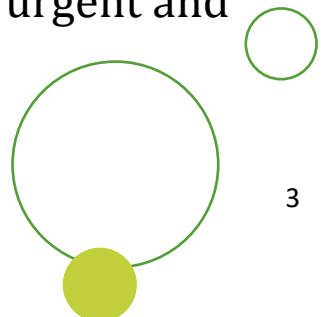
## Helpful Extensions:

- OB Counselor 864-227-6371, ext **219**
- OB Coordinator 864-227-6371, ext **220**  
jpow@gwdobgyn.com

# Emergencies

- During business hours: please call the office, as above.
- After office hours: please call **864-725-4111** (Self Regional Operator)
  - Your calls will be forwarded to a professional triage service and you will be directed appropriately with next best steps.

There are many situations that can be handled in the office more efficiently and effectively. However, we are always readily available to see you in Self Regional's Labor & Delivery Triage for urgent and acute cases.



# Initial OB (Counseling) Visits



You Are  
**HERE**

## Pregnancy Confirmation Visit

- You will meet with our **OB Coordinator** to welcome you to our practice and to establish resources for communication & insurance needs
- We then will obtain an **ultrasound** if you are  $\geq 6$  weeks along by your last period & officially establish your due date.
- The **Physician** will then review your ultrasound & the safety of any medications you may be on already

## Initial OB Intake Visit

- An **OB counselor** will complete a full history and answer any questions you may have

# New OB (Physical Exam) Visit

- This visit will be with a physician, typically at or after 10 weeks gestation.
- At this appointment, a physician will review your history and a full physical exam will be completed.
- Routine labs will be obtained as well.

# Office Visits

You will be visiting our office very frequently during your pregnancy. Your appointments will typically be scheduled so that you will be seeing all of the doctors in our practice. We rotate call, so we *cannot* guarantee which doctor will deliver your baby.

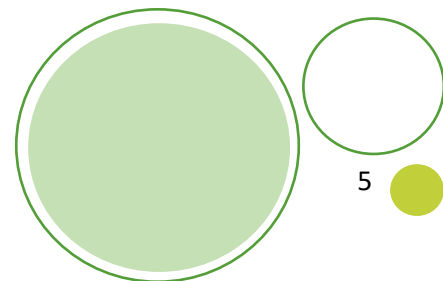
After your initial OB visit(s), the following visits are typically shorter. Your prenatal visits are a special time for you to learn about yourself and your baby. Don't be afraid to ask questions.

During these visits, we will routinely check and record your weight, blood pressure, and urine protein & glucose. For an uncomplicated pregnancy, the general visit layout is shown on the next page.



*More information can be found  
on the following pages:*

Ultrasound	p. 17
Labs	p. 19
Vaccines	p. 24



1st trimester		Initial Visits 6-8 weeks	Overview of expectations US and medication review Full History	OB Coordinator MD OB Counselor
			Viability Ultrasound	US
		New OB Visit	Physical exam	MD
		10-12 weeks	Prenatal Labs	
			Cervical Cancer Screening	
			STD Screening	
			Genetic Screening	
2nd trimester	~q4 week appt	12-15 weeks	Fetal Heart Tones begin with every visit	MD
		19-21 weeks	Anatomical Survey	US/MD
			Sign Sterilization Consents (if desired)	
		24 weeks	Fundal Heights begin with every visit	MD
			(Establish pediatrician)	
		24-28 weeks	Diabetes Screening (Glucola)	MD
			Schedule C-section (for repeat electives)	
		28 weeks	Tdap Vaccine	MD
			Rhogam (as indicated)	
			Antibody Screen (as indicated)	
3rd trimester	~q2 week appt	30-35 weeks	Review Preterm Labor Precautions	MD
		36 weeks	Group B Strep Screening	MD
			Fetal Presentation Assessment	
			HIV screening	
	~q1 week appt	37 weeks	Weekly cervical exams begin (as indicated)	MD
		38-41 weeks	Discuss Delivery Planning	MD

# *Physicians & Staff*



## Steven P. Carter, M.D.



Dr. Carter joined the practice of Greenwood Obstetrics and Gynecology in July 1994. He graduated from the University of South Carolina with a Bachelor of Science in chemistry and biology. He continued at the University of South Carolina School of Medicine where he earned an M.D. He completed his residency at the University of Florida in Gainesville, Florida. Dr. Carter graduated cum laude from his medical school and received recognition for outstanding student teaching during his residency. He is board certified in Obstetrics and Gynecology and is a Fellow of the American College of Obstetrics and Gynecology. He is also a member of the American Medical Association, South Carolina Ob-Gyn Society, South Carolina Medical Association and Greenwood County Medical Society.

In his free time, he enjoys spending time with his two children, Noah and Rachel, along with watching movies, reading, golfing, and attending concerts of all genres.



## Amy Y. Forrest, M.D.



Dr. Forrest was born and raised in Saluda, SC. She graduated summa cum laude from Wofford College with a Bachelor of Science in biology and a Bachelor of Arts in history. Upon graduation, she attended the Medical University of South Carolina in Charleston where she received her M.D. While there, she was an All-American Collegiate Scholar, an Alpha Omega Alpha nominee, received the Merit Award of Excellence, and had the highest CREOG score in her 2001 graduating class. Dr. Forrest completed her residency in OB/GYN at the Mountain Area Health Education Center in Asheville, NC. She joined Greenwood Obstetrics and Gynecology, PA in August 2001. She was board certified in Obstetrics and Gynecology in 2003. She is also a member of the American Medical Association, SC Ob-Gyn Society, American College of Ob-Gyn, SC Medical Association and Greenwood County Medical Society.

She has two children, Erin and Seth. In her free time, she enjoys biking, golfing, cooking, sewing, and relaxing on the lake.

## Megan W. Nguyen, M.D.



Dr. Nguyen is originally from North Carolina. She received a Bachelor of Science in Biology from Wake Forest University in 2009. She then obtained her Doctor of Medicine degree from the University of North Carolina – Chapel Hill in 2013. In 2017, she completed her residency in OB/GYN at Greenville Hospital System (now Prisma) in Greenville, SC. During residency, she was awarded the John V. Dacus award for outstanding achievement in obstetrical care. In addition, she received the annual award for outstanding achievement in Female Pelvic Medicine and Reconstructive Surgery. She originally practiced with Central Carolina Women's Center in Asheboro, NC (July 2017-December 2018) and then joined Greenwood OB/GYN in January 2019. She was board certified in Obstetrics and Gynecology in 2019 and is a Fellow of the American College of Obstetrics and Gynecology. She is proficient in Spanish.

She is married to Andre Nguyen and has two children, Samuel and Sage. In her free time, she enjoys spending time outdoors exploring with her family, traveling, crafts, and food.

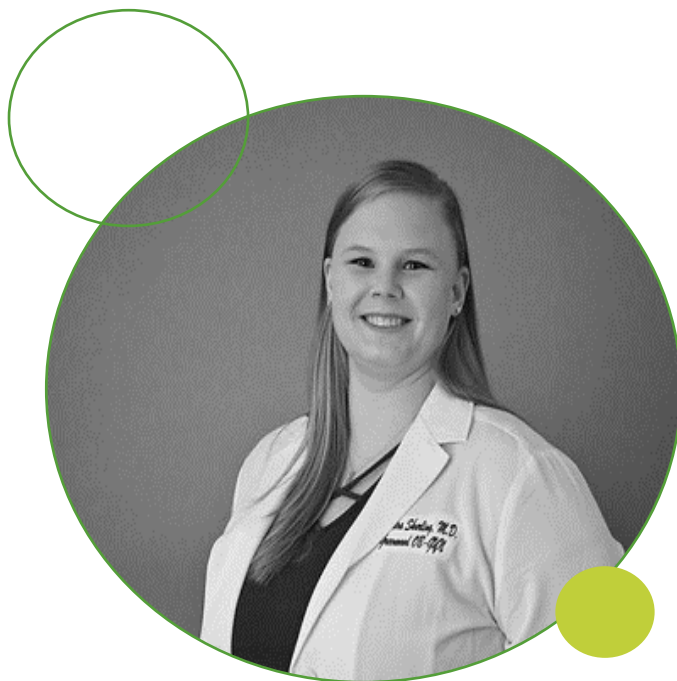
## John A. H. Russell, M.D.



Dr. Russell began his practice of obstetrics and gynecology in September, 2003 at Greenwood Obstetrics and Gynecology, PA. Dr. Russell graduated from Virginia Tech in Blacksburg, Virginia in 1987 with a degree in biochemistry. He attended medical school at Eastern Virginia Medical School and did his residency in obstetrics and gynecology at York Hospital in York, PA. Dr. Russell was board certified in Obstetrics and Gynecology in 1999. He is also a member of the American Medical Association, South Carolina Ob-Gyn Society, American College of Ob-Gyn, South Carolina Medical Association and Greenwood County Medical Society.

His wife, Kim Russell, is a practicing physician with Internal Medicine of Greenwood. They have three children, Whittaker, Dorothy Anna, and Peter. In his free time, he enjoys traveling, attending his children's sporting events, exercising and spending time with his family.

## Alexandra A. Shurling, M.D.



Dr. Shurling is originally from the Chicago area, but grew up in metro Atlanta. She attended The University of Georgia where she obtained a Bachelor of Arts in Spanish and a minor in Biology in 2011. She then attended the Medical College of Georgia at Augusta University and obtained her M.D. in 2015. In 2019, she completed her residency in OB/GYN at the Medical College of Georgia at Augusta University in Augusta, Georgia. During residency, she was awarded the Intern of the Year Award in 2016 and selected as one of the top resident educators in 2016 and 2017. She joined Greenwood OB/GYN in July 2019. She was board certified in 2021. She is also a member of the American Medical Association, SC Ob-Gyn Society, American College of Obstetrics and Gynecology, SC Medical Association and Greenwood County Medical Society.

She is married to Rich Shurling and together they have two children, Charlotte and Strib. In her free time, she enjoys time on the lake, reading, and endless games of fetch with her lab-mix Luna.

## OB Counselor:

Janet Ready, LPN

Janet Ready was born and raised in Abbeville, SC and enjoys spending time with her grandbaby.

Janet has an Associate Degree in Health Science and a Major in Medical Assisting from Piedmont Technical College. She has been employed by Greenwood OB/GYN for 42 years.



*"I am very excited for my new position as the OB Counselor and am looking forward to being a part of your pregnancy!"*

## OB Coordinator:

Jennifer Pow

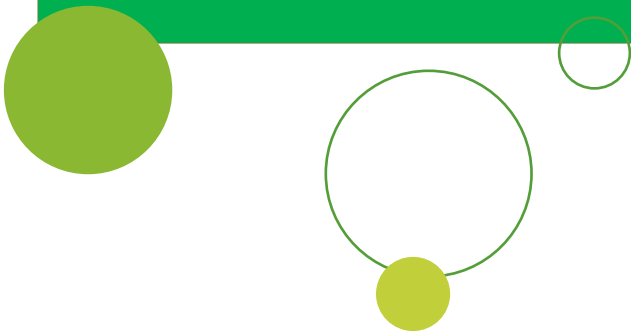
Jennifer Pow is originally from Abbeville, SC and currently lives in Saluda, SC with her husband of 15 years.

Jennifer has been working in the medical field for over 8 years. Her beginnings were with Dr. William Sawyer in Saluda. Last year, she joined our team at Greenwood OB/GYN.



*"I am excited to be the new OB Coordinator and am looking forward to helping make your pregnancy a wonderful experience. Caring for and loving people is my passion; and I am available and willing to assist you with any questions or issues that may arise."*

# ***Pregnancy Topic Highlights***





# Nutrition

A balanced diet provides you and your baby with nutrients that both of you need. Studies have shown that women who are well nourished and have a balanced diet when they conceive will give birth to healthier babies. Below are some quick facts/highlights.

- Additional calories per day: ~300 calories
- Weight gain goals: 25-35 pounds (if starting from a normal BMI)  
11-20 pounds (if starting from a BMI  $\geq 30$ )
- Avoid harmful bacteria:
  - Heat deli meats
  - Avoid unpasteurized foods and drinks
  - Avoid raw or undercooked meats and seafood
- Avoid seafood high in mercury
  - See “Advice About Eating Fish” handout from FDA
- Limit caffeine consumption to  $\leq 200$ mg per day
  - 200mg caffeine = 12 oz coffee
  - Caffeine is also found in teas, soft drinks, energy drinks & chocolates
- Spicy foods and fried foods are often poorly tolerated early in pregnancy and may cause worse heartburn later on.

# Supplements

## Prenatal Vitamin

A prenatal vitamin is a supplement that fills in the deficiencies of your diet. This should be ***taken daily*** throughout your pregnancy and after you deliver for at least 4-6 weeks or until you are done breastfeeding.

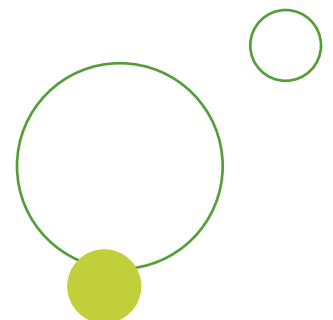
## Folic Acid

Previous recommendations were for 400 micrograms of daily folic acid, most often available in the standard prenatal vitamin.

However, due to rates of neural tube defects in South Carolina, the newer recommendation is for ***4 milligrams daily*** (10x the amount previously recommended).

## Iron

Most prenatal vitamins contain the amount of additional iron you need for your increased blood supply during pregnancy. However, if you have anemia (low Hemoglobin), we may supplement your prenatal vitamins with additional iron.



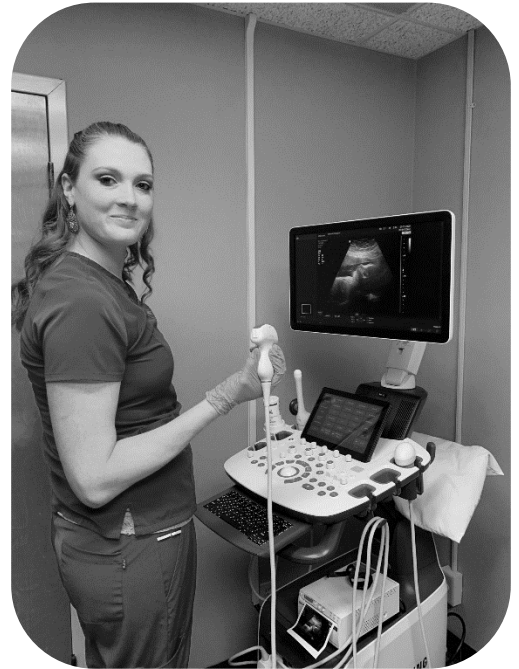


# Ultrasounds & Antenatal Testing

You will standardly receive **2 ultrasounds** for a low-risk, uncomplicated pregnancy.

## 1. Dating/Viability Ultrasound

- Typically scheduled when you are  $\geq 6$  weeks along by your last period
- Your due date (aka the date you will be 40 weeks 0 days) will officially be established at your earliest ultrasound and should not change



## 2. Anatomy Ultrasound

- Performed between 19-22 weeks
- Checks the development of your baby's organs and body parts. Also, able to detect certain congenital defects.
- In most cases, you can learn the sex of your baby

## Live 3-Dimensional Ultrasound



- 3-D ultrasounds allow you to see a detailed, lifelike image of your baby in real time to better appreciate your baby's special features and progress
- This ultrasound is considered optional and is not filed with insurance
  - Cost = \$175
- Ideally scheduled ~28-34 weeks of pregnancy

***Additional ultrasounds*** may be ordered as indicated:

### **Growth Ultrasound**

- Allows us to ensure appropriate growth in the setting of:
  - Certain medical conditions
  - Suspected problem with growth based on measurements (fundal heights) at your OB visits

### **Biophysical Profile (“BPP”)**

- Special ultrasound testing most often done when there is an increased risk of pregnancy complications or stillbirth.
- It uses a scoring system to evaluate fetal well-being for a total possible score of 8 (possible total score of 10 if a ***non-stress test*** is also performed).
  - A score of 8–10 is reassuring.
  - A score of 6 is equivocal (neither reassuring nor non-reassuring)

### **Umbilical Artery Dopplers (“Dopplers”)**

- Obtained when the fetus shows signs of not growing well (typically when the estimated fetal weight is <10%)
- Doppler ultrasound is used to check the blood flow in the umbilical artery, a blood vessel located in the umbilical cord.

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### **Non-Stress Test (“NST”)**

- *A test done when there is an increased risk of pregnancy complications or stillbirth in the 3<sup>rd</sup> trimester*
- *The fetal heart rate is monitored and recorded by a sensor on your abdomen for  $\geq 20$  minutes.*

# Lab Tests

## 1<sup>st</sup> Trimester

### Prenatal Profile

- Blood work that screens for:
  - Blood type & antibodies
  - Complete Blood Count
    - Hemoglobin (screens for anemia)
  - Rubella (“German measles”) immunity
    - If equivocal or non-immune, we will recommend the MMR vaccine postpartum
  - STD screening: HIV, Syphilis, Hepatitis B, Hepatitis C
  - Hemoglobin electrophoresis (when applicable)
    - Screens for Sickle Cell Disease in those at risk

### Cervical Cancer Screening (“Pap smear”)

- If your Pap smear is not up-to-date, it will be collected at your New OB appointment during your pelvic exam.

### Sexually Transmitted Infection Screening

- Screens for Gonorrhea, Chlamydia, and/or Trichomonas
- Routinely collected for patients <26 years old, with a history of STIs/multiple partners/other risk factors, or upon request
- May be collected with the Pap smear, a vaginal swab, or on a urine sample

### Urine Culture

- A urine test that looks for bacteria in your urine

## Genetic Screening (*Provides risk levels, not diagnostic*)

### Non-invasive Prenatal Testing (“NIPT”)

- A blood test, drawn at  $\geq 10$  weeks gestation, offered to assess your risk of carrying a baby with a chromosomal disorder.
- This assesses “cell free fetal DNA” - pieces of DNA from your pregnancy that have entered your blood stream
- Used to screen for:
  - Trisomy 21 (Down Syndrome)
  - Trisomy 13 & Trisomy 18 (Edwards Syndrome)
  - Sex Chromosomes (*thus, allows you to know gender*)
- If not covered by insurance, the out-of-pocket cost is ~\$99

### Carrier Screening

- A blood test that is typically only drawn once in your lifetime
- Assesses whether you carry a gene for certain genetic disorders like: Cystic Fibrosis, Fragile X Syndrome, & Spinal Muscular Atrophy
- These genetic disorders typically require both you & the father of the baby to be a carrier in order for the baby to have any chance (25% risk) of being affected by the disease.
- If not covered by insurance, the out-of-pocket cost is ~\$250

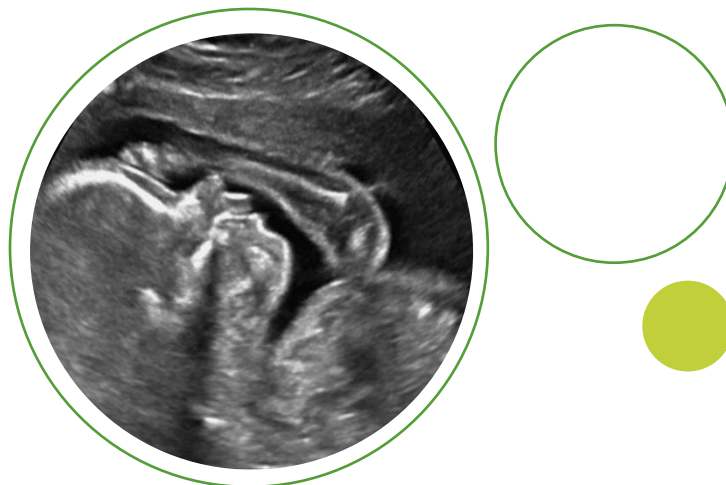
## 2<sup>nd</sup> & 3<sup>rd</sup> Trimesters

### Maternal Serum Alpha-fetoprotein (“msAFP”)

- A blood test, drawn between 15-23 weeks gestation, offered to screen for fetal open neural tube defects.
- Typically covered by insurance. Offered in addition to NIPT.

### Quad Screen

- A blood test, drawn between 15-22 weeks gestation, offered to assess your risk of carrying a baby with a chromosomal disorder or neural tube defect.
- This assesses four different substances in your blood (including the msAFP above) to assess the risk level for
  - Trisomy 21 (Down Syndrome)
  - Trisomy 13 & Trisomy 18 (Edwards Syndrome)
  - Neural Tube Defects
- Typically covered by insurance. Less sensitive/specific for detecting chromosomal disorders when compared to NIPT.



## **Diabetes Screening (“Glucola” and “3h GTT”)**

### **Glucola:**

- A blood test, done between 24-28 weeks, that measures the level of glucose (sugar), in your blood 1 hour after drinking a known/standardized amount of sugar.
- If it is high, you will need a 3h GTT (*see below*) to confirm whether or not you have gestational diabetes.

### **3-hour Glucose Tolerance Test (“3h GTT”):**

- A blood test similar to the glucola but requires you to be fasting (nothing to eat/drink for 6-8 hours prior).
- Your blood sugar level is measured 4 times: once fasting and then hourly for 3 hours after drinking a known/standardized amount of sugar.

## **Antibody Screen**

- If your blood type is Rh negative, this blood test will be repeated at ~28 weeks on the day Rhogam is administered (*see Immunizations, p. 25*)

## **Group B Streptococcus (“GBS”) Screening**

- A swab of the vagina & rectum that is collected during a pelvic exam at ~36 weeks gestation.
- GBS is one of the many bacteria that live naturally in/on the body and does not usually cause serious illness in adults.
- However, if passed during delivery, it may lead to serious illness of the newborn. For this reason, IV antibiotics are given during labor if you are GBS positive.

## Other Labs

### Chemical Metabolic Panel (“CMET”)

- A blood test that assesses kidney and liver function
- Sometimes obtained at your initial visit to establish a baseline if you have risk factors for developing complications later in pregnancy
- Obtained in the context of new blood pressure elevations

### Protein/Creatinine Ratio

- A urine test that assesses for the amount of protein spilled into your urine, which may indicate kidney damage
- Sometimes obtained at your initial visit to establish a baseline if you have risk factors for developing complications later in pregnancy
- Obtained in the context of new blood pressure elevations

### 24-hour Urine Protein

- A urine test that you collect over 24 hours.
- This is obtained if the urine protein/creatinine ratio is equivocal or elevated

### Hemoglobin A1C

- A blood test that is often obtained at the initial visit for those with pre-existing diabetes mellitus (to assess for baseline blood sugar control) or for those with risk factors of having Type 2 diabetes.



# Immunizations

*After receiving a vaccine during pregnancy, you make a level of protection against disease called antibodies. Some of those antibodies that your body makes pass to the fetus. This means the fetus will have the antibodies to protect against disease after birth for the first few months of life until he/she can be vaccinated.*



## Tdap Vaccine

- This vaccine protects against whooping cough (pertussis).
- Tdap vaccines are recommended during each pregnancy in the early 3<sup>rd</sup> trimester.

## Influenza (Flu) Vaccine

- The flu is a serious illness that can be much more severe during pregnancy.
- You should get a flu vaccine during flu season (October through May). It is best to get the flu vaccine early in the flu season, as soon as the vaccine is available.

## Coronavirus/COVID-19 Vaccine

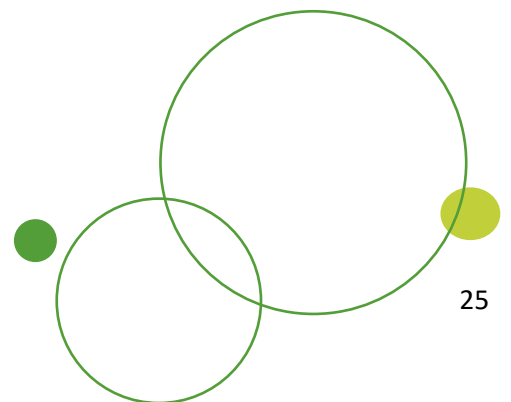
- COVID-19 is another illness that can be more severe during pregnancy.
- COVID-19 vaccines are safe during pregnancy.
  - Scientists have compared the pregnancies of women who have received COVID-19 vaccines and women who have not. Data do not show any safety concerns.
- If you have not already gotten all recommended doses of the COVID-19 vaccine, get vaccinated as soon as possible.



## Other Immunizations

### Rhogam (Rh Immunoglobulin, “RhIg”)

- For women with Rh-negative blood type, it is given:
  - At the time of any prenatal bleeding (besides spotting)
  - At ~28 weeks
    - Rh-negative women may be exposed to Rh-positive blood cells from the fetus in the last few months of pregnancy and may make antibodies against these cells (which could harm a future pregnancy). RhIg destroys these Rh-positive cells in the woman’s body and prevents Rh-positive antibodies from being made.
  - Within 72 hours postpartum if your baby is Rh positive
    - The greatest chance that the blood of an Rh-positive fetus will enter the bloodstream of an Rh-negative woman occurs during delivery.
- The treatment is good only for the pregnancy for which it is given. Each pregnancy and delivery of an Rh-positive baby requires a repeat dose of RhIg.



# Frequently Discussed Topics

## Dental Care



- Dental hygiene remains important during pregnancy.
- Please be aware that there may be noticeable changes in your oral/dental health, including more sensitive gums.
- Continue routine dental care but inform your dentist of your pregnancy before any dental procedures.

## Travel



- We do not recommend extensive travel during pregnancy.
- Typically, though, you can travel short distances safely until close to your due date unless you have pregnancy complications.
- The best time to travel is mid-pregnancy (14 to 28 weeks).
- Stretch breaks at least every 2 hours are recommended to decrease risks of blood clots.

## Sex

- You may continue sexual intercourse throughout your pregnancy (ideally with the same partner) unless advised otherwise
- You may be advised to avoid intercourse if you are high risk for preterm (early) labor or bleeding.

## Exercise

- If you are overall healthy and your pregnancy is normal, it is safe to continue or start regular physical activity.
- Physical activity does not increase your risk of miscarriage, low birth weight, or early delivery.
- Your body goes through changes during pregnancy that should be considered when you choose exercises:
  - **Joints:** become relaxed & more mobile, increasing risk of injury.
    - Avoid jerky/bouncy/high-impact motions.
  - **Balance:** extra weight in front shifts your center of gravity and places stress on your pelvis and lower back
    - Avoid exercises with a high fall risk
  - **Breathing:** your need for oxygen is increased and when you exercise, blood flow & oxygen are directed to your muscles – away from other areas of your body.
    - This may affect your ability to do strenuous exercise.



## Cats

- Avoid handling cat litter during your pregnancy.
- Cat feces can carry the infection toxoplasmosis. This infection is typically only found in cats who go outdoors.



## **Substance Use**

### **Tobacco**

- Nicotine causes permanent damage to a fetus's brain and lungs. Nicotine also causes blood vessels to narrow, so less oxygen and fewer nutrients reach the fetus.
- Babies born to women who smoke during pregnancy are at higher risk of:
  - Premature birth
  - Low birth weight
  - Birth defects such as cleft lip
  - Higher rates of colic (uncontrollable crying and irritability)
  - Sudden infant death syndrome (SIDS)
  - Childhood asthma and obesity

### **Alcohol**

- It is safest not to drink alcohol while you are pregnant.
- Alcohol can interfere with the normal growth of a fetus and cause birth defects.

### **Marijuana**

- Using marijuana during pregnancy may put the health of your baby and you at risk
- It is not proven to help with morning sickness
- Possible effects on your baby include: disruption of brain development, smaller size at birth, higher risk of stillbirth, higher risk of preterm delivery, and behavioral problems in childhood

# Discomforts of Pregnancy

Common Concerns: <i>Common Causes</i>	Conservative Treatments	Suggested Safe Over-the-counter Medications
<b>Headaches:</b> <i>Hormonal changes, sinus congestion, tension</i>	<ul style="list-style-type: none"> <li>* Avoid triggers</li> <li>* Cool washcloth over forehead</li> <li>* Resting</li> <li>* Massage</li> </ul>	<ul style="list-style-type: none"> <li>* Acetaminophen ("Tylenol") ≤3000mg per day</li> <li>* Caffeine ≤200mg per day</li> </ul>
<b>Dizziness or light headedness:</b> <i>Hormonal changes that upregulate work of heart, pressure from uterus on major blood vessels, dehydration</i>	<ul style="list-style-type: none"> <li>* Lie on left side</li> <li>* If you are driving, walking, etc, stop what you are doing and sit or lie down</li> <li>* Hydrate with ≥8 cups of water per day</li> </ul>	
<b>Sleeplessness:</b> <i>Hormonal changes, pressure of baby causing discomfort, subconscious concerns/stress</i>	<ul style="list-style-type: none"> <li>* Change positions</li> <li>* Extra pillows for comfort</li> <li>* Avoid caffeinated drinks, especially close to bedtime</li> <li>* Exercise regularly (during the day)</li> <li>* Remove media from your bedroom</li> </ul>	<ul style="list-style-type: none"> <li>* Diphenhydramine ("Benadryl")</li> </ul>
<b>Shortness of breath:</b> <i>Hormonal changes that cause relative hyperventilation (gradual onset). Pressure on your diaphragm from enlarged uterus.</i>	<ul style="list-style-type: none"> <li>* Use good posture</li> <li>* Lie on left side</li> <li>* <b>Notify physician if sudden onset, chest pain, fever, cough, or wheezing</b></li> </ul>	

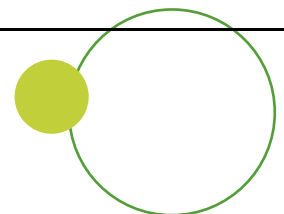
Common Concerns: <i>Common Causes</i>	Conservative Treatments	Suggested Safe Over-the-counter Medications
<p><b>Nasal stuffiness, sinus trouble, cough, sore throat, "common colds":</b>  <i>Hormonal changes (stuffiness).  Otherwise, usually viral.</i></p>	<ul style="list-style-type: none"> <li>* Hydrate</li> <li>* Rest</li> <li>* Humidifier</li> <li>* Gargle with warm salt water</li> <li>* Saline nasal spray</li> <li>* Throat lozenges/sprays</li> </ul>	<ul style="list-style-type: none"> <li>* Acetaminophen ("Tylenol")</li> <li>* Diphenhydramine ("Benadryl")</li> <li>* Dextromethorphan ("DM")</li> <li>* Guaifenesin ("Mucinex", "Robitussin")</li> </ul> <p><i>* Most common cold medicines are probably okay for short intervals. However, avoid NSAIDs/Ibuprofen (whole pregnancy), phenylephrine (whole pregnancy), &amp; pseudoephedrine (1st trimester)</i></p>
<p><b>Nosebleed:</b>  <i>Hormonal changes that cause increase in capillaries.  Irritation or dry atmosphere.</i></p>	<ul style="list-style-type: none"> <li>* Apply pressure to affected side with cold cloth and hold until bleeding stops</li> <li>* Humidifier</li> <li>* Saline nasal spray</li> </ul>	
<p><b>Bleeding gums:</b>  <i>Hormonal changes</i></p>	<ul style="list-style-type: none"> <li>* Use softer tooth brush bristle</li> <li>* Continue dental hygiene: brushing, flossing</li> </ul>	

Common Concerns: <i>Common Causes</i>	Conservative Treatments	Suggested Safe Over-the-counter Medications
<b>Nausea, Vomiting:</b> <u>1st trimester:</u> <i>increased hormones, slowing of digestion, low blood sugar</i>  <u>New onset late 2nd/3rd trimester:</u> <i>acid reflux, possible pregnancy complication</i>	<ul style="list-style-type: none"> <li>* Eat small frequent meals</li> <li>* Eat a snack before rising</li> <li>* Avoid becoming too empty or too full</li> <li>* Avoid fatty, fried, strongly seasoned foods</li> <li>* Eat ginger-containing foods</li> <li>* Drink a lot of fluids for hydration</li> <li>* <b>Contact physician if unable to tolerate fluids for <math>\geq 12</math> hours or if new onset in the 3rd trimester</b></li> </ul>	<ul style="list-style-type: none"> <li>* Doxylamine ("Unisom") 12.5 or 25mg, 3 times/day</li> <li>* Vitamin B6 25mg, 3 times/day</li> </ul>
<b>Indigestion, Heartburn:</b> <i>Increase in stomach acid, slowing of digestion</i>	<ul style="list-style-type: none"> <li>* Avoid spicy foods.</li> <li>* Eat small frequent meals.</li> <li>* Avoid lying down after meals/snacks.</li> </ul>	<ul style="list-style-type: none"> <li>* Tums</li> <li>* Maalox, Mylanta</li> <li>* Famotidine ("Pepcid") 20mg (or 40mg), 2 times/day</li> </ul>
<b>Constipation:</b> <i>Slowed digestion, relaxation of bowels, pressure from uterus</i>	<ul style="list-style-type: none"> <li>* Increase dietary fiber (whole grains, nuts, seeds, legumes, fruits, &amp; veggies)</li> <li>* Stay hydrated</li> <li>* Exercise/light activity</li> </ul>	<ul style="list-style-type: none"> <li>* Docusate ("Colace") 100mg, 2 times/day</li> <li>* Miralax 17g, once daily</li> </ul>
<b>Hemorrhoids:</b> <i>Constipation, pressure from uterus on rectal veins</i>	<ul style="list-style-type: none"> <li>* Prevent constipation (<i>see above</i>)</li> <li>* Stay hydrated</li> <li>* Soak in a tub of warm water several times a day</li> </ul>	<ul style="list-style-type: none"> <li>* Preparation H</li> <li>* Anusol</li> <li>* Tucks pads</li> </ul>

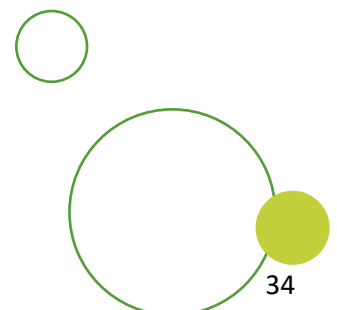
Common Concerns: <i>Common Causes</i>	Conservative Treatments	Suggested Safe Over-the-counter Medications
<b>Stretch marks:</b> <i>Rapid stretching of the skin due to enlarging uterus and/or breasts</i>	<i>No cure or prevention</i> * Avoid sudden weight gain. * Use supportive bras * Topical Lanolin, lotion, or cocoa butter	
<b>Itchy skin/rash:</b>	* Aveeno bath * Topical Lanolin, lotion, or cocoa butter	* Diphenhydramine ("Benadryl") * Hydrocortisone cream (topical)
<b>Varicose veins:</b> <i>Pressure on veins from uterus</i>	* Frequent rest periods with feet elevated * Supportive hose or compression socks * Avoid prolonged standing/sitting	
<b>Swelling of hands and ankles:</b> <i>Enlarging uterus, changes in blood flow put pressure on veins</i>	* Minimize salty foods. * Lie on left side * Supportive hose or compression socks * Frequent rest periods * <b>Contact physician if you have concurrent headaches or vision changes</b>	
<b>Seasonal allergies:</b>		* Tylenol Allergy * Loratadine ("Claritin") * Cetirizine ("Zyrtec") * Diphenhydramine ("Benadryl")



Common Concerns: <i>Common Causes</i>	Conservative Treatments	Suggested Safe Over-the-counter Medications
<b>Low backache:</b> <i>Weight from uterus.  Uterus pressing on  nerves.</i>	<ul style="list-style-type: none"> <li>* Maintain good posture</li> <li>* Heating pad to lower back</li> <li>* Squat to lift (instead of bending at waist)</li> <li>* Wear comfortable &amp; supportive shoes</li> <li>* Use a maternity belt</li> </ul>	
<b>Low abdominal pain (pulling, grabbing sensation):</b> <i>Stretching of round ligaments (connect each side of uterus to pelvis)</i>	<ul style="list-style-type: none"> <li>* Change positions slowly</li> <li>* Soak in warm bath</li> <li>* Avoid quick/jerky motions</li> </ul>	<ul style="list-style-type: none"> <li>* Acetaminophen ("Tylenol")  <math>\leq 3000\text{mg}</math> per day</li> </ul>
<b>Leg Cramps:</b> <i>Pressure of vessels to leg circulation.  Possible vitamin or electrolyte deficiency.</i>	<ul style="list-style-type: none"> <li>* Wear comfortable &amp; supportive shoes</li> <li>* Supportive hose or compression socks</li> <li>* Exercise &amp; Stretches</li> <li>* Increase hydration</li> <li>* Eat potassium-rich foods (bananas, kiwis, strawberries, etc)</li> <li>* During cramps: flex foot (point toes up) &amp; keep knee straight</li> </ul>	



Common Concerns: <i>Common Causes</i>	Conservative Treatments	Suggested Safe Over-the-counter Medications
<b>Urinary Frequency:</b> <i>Pressure of uterus on bladder</i>	<ul style="list-style-type: none"> <li>* Avoid drinking liquids 2-3 hours before bedtime.</li> <li>* Limit caffeine</li> <li>* <b>Contact physician if you have burning with urination, fever, or blood in your urine</b></li> </ul>	
<b>Vaginal spotting:</b> <i>Small capillaries rupturing on the cervix</i>	<ul style="list-style-type: none"> <li>* Frequently occurs after examination &amp; after intercourse</li> <li>* May be mixed with mucous in the week preceding labor</li> </ul>	
<b>Increased Vaginal Discharge:</b> <i>Hormonal changes of pregnancy</i>	<ul style="list-style-type: none"> <li><i>Typically normal</i></li> <li>* Color ranges from creamy to yellow</li> <li>* Avoid douching</li> <li>* <b>Contact physician if you develop itching, foul odor, burning or irritation</b></li> </ul>	



# Delivery Planning

## Vaginal Delivery

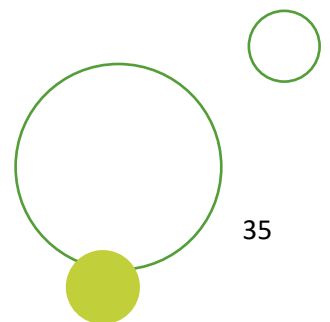
### ○ Spontaneous Labor

- Active labor typically occurs when contractions are every 3-5 minutes apart and painful for over 1-2 hours

### ○ Induction of Labor

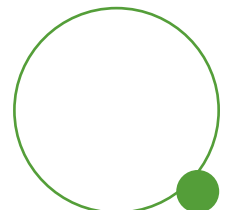
- Slower and less efficient than spontaneous labor
- Based on a large randomized controlled trial, does not increase the risk of c-section
- If your cervix is not quite ready for labor, we will recommend “ripening”.
  - Medications, Cervidil (or Cytotec), are used overnight that prepare/soften your cervix.
  - Foley bulb may also be used. It is a way to mechanically dilate your cervix.
- Otherwise, induction is typically performed with:
  - Pitocin (IV administration of the hormone that your body naturally makes to cause labor)
  - Artificial rupture of membranes (“breaking your water”)

### ○ Typical hospital stay = 24-48 hours after delivery



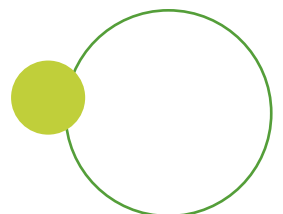
## Pain Management Options

- **Expectant:**
  - Recommend a plan prior to labor
  - Options include: movement, massage, music, enlisting the assistance of a doula, etc
- **IV medications (sedative & narcotic):**
  - Sedative: -Helps you relax
  - Narcotic: -Increases your tolerance to pain  
-Dulls pain but does not eliminate it  
-May make you sleepy between contractions.  
-Crosses placenta & may make baby sleepy or depress breathing at birth
- **Regional Anesthesia (aka “Epidural”)**
  - Most common type of pain relief used for childbirth in the United States
  - Medication is given through a tube placed in the lower back by a CRNA and/or Anesthesiologist
  - Results in some temporary loss of feeling in the lower areas of your body, but you remain awake and alert
    - You are still able to push when it is time



## Cesarean Section

- Delivery of a baby through an incision in a woman's abdomen & uterus. This method is an alternative to vaginal delivery.
- The method of delivery (vaginal vs cesarean) is always less important than the overall health & well-being of mother and baby. A c-section does not reflect a failure on the part of either the mother nor the OB; nor should it detract from the fulfillment of the birth experience.
- Some possible indications for c-section include:
  - Prior c-section or uterine surgery
  - Fetal distress
  - Breech presentation of baby
  - Abnormalities of placental location
  - Protracted/prolonged labor with failed augmentation
- The total c-section rate in our practice is ~30%  
*(compared to the national average of 32% in 2020)*
- Our *primary* c-section rate (no prior history of c-section) is ~15-20%  
*(compared to the national average of 22% in 2020)*
- Typical hospital stay = 48-72 hours after delivery



# Prenatal Education



sponsors these classes, if you are interested.

To find out more information and/or to register, please visit:  
[www.selfregional.org/advanced-care-services/womens-center](http://www.selfregional.org/advanced-care-services/womens-center)

## **Contact information**

Women's Center Clinical Nurse Leader: **864-725-6208**

# Breastfeeding Education & Support



has a lactation specialist available to assist you with concerns regarding breastfeeding.

## **Contact information**

Women's Center Lactation Specialist: **864-725-5748**

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There is also a Facebook Group that you may find helpful.



### **Greenwood SC Breastfeeding and New Mom Support**

*Support for mothers within our community who breastfeed, or who are considering breastfeeding, to help them get the most out of their breastfeeding experience.*

# Other Helpful Resources

## Websites

- Greenwood OB/GYN: <https://gwdobgyn.com/>
- ACOG: <https://www.acog.org/womens-health/pregnancy>
- CDC: <https://www.cdc.gov/pregnancy/index.html>
- BabyCenter: <https://www.babycenter.com/>
- TheBump: <https://www.thebump.com/>

## Apps



### American College of Obstetricians and Gynecologists (ACOG) app

Features a due-date calendar that's based on clinical guidelines.



### Society for Maternal-Fetal Medicine (SMFM) app

Aims to prevent preterm birth



### BabyCenter app

Features include detailed fetal development images and photos, trackers for counting kicks and timing contractions.



### WebMD Pregnancy app

Features doctor-approved tips and health information, week-by-week content that's personalized to you, checklists for things like baby gear and what to take to the hospital and recommended questions for your doctor visits.



### What to Expect app

Features custom tools that guide you through both your pregnancy and parenting journeys.