



*Thank you for choosing
Carolina Women's Health!*



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Carolina Women's Health

Welcome!

Thanks for allowing Carolina Women's Health to share this special time with you and your family. Carolina Women's Health was formed in September 2007 when Greenville East Center for Women and Carolina Center for Women's Health merged their practices. The new practice enables all six physicians to practice in one location ensuring excellence in patient care.

Once you think you may be pregnant, your first obstetric appointment is scheduled to obtain important information about your history. During your first appointment, we will take a complete history, obtain blood work, and perform an Ultrasound to confirm a healthy heartbeat and proper dates. We will also give you some information about your pregnancy, nutrition, insurance and our financial policy. A prenatal vitamin may be prescribed at this time. You will have ample time to ask questions and discuss concerns during this visit.

Appointments

During your pregnancy, your appointments will be scheduled to rotate between all of our physicians; however, you may choose to see only one physician. Since our physicians alternate call, one of them cannot promise that they will be the one to deliver your baby. If your pregnancy progresses normally, your visits will be scheduled about once a month, until your seventh month. At that time, you will come about every two weeks until your last month at which time we will see you once a week until you deliver. Our Front Office Specialists will make your next appointment and can schedule several ahead if you desire.

Calling the office

Due to the volume of calls we receive, we ask that you refer to this Pregnancy Care book before calling our office as many of your questions will be answered in this book. Friends, family and strangers often give advice to pregnant women; some advice is good and some is not. We strongly advise you to keep a question list and bring it with you to your visit. If you have problems or questions that can not wait, please call us at 297-3958 or 269-0404. We have a telephone triage nurse to return your phone call from 8:30 a.m. until 5:00 p.m. Monday – Thursday and 8:30 a.m. until noon on Friday. Please leave a brief message along with the correct spelling of your name and social security number. We will return your call as soon as possible. If you have an emergency, however, be assured that we will take care of you right away.

Calling after Hours

After hours, please call the answering service at 297-3958 or 269-0404. The operator will contact the nurse on call, who has a physician available as back-up should she need them. Please do not call the individual physician at home as they may not be the doctor on call. Please try to confine non-emergent calls to office hours. Included in this book you will find a list of common problems and suggestions, which you may find helpful.

Registration Forms

Pre-admission forms for St. Francis Eastside and Greenville Memorial Hospital are available through our office or the admitting office of your hospital. They do not obligate you to anything, they are simply a convenience for you to make arrangements prior to delivery and avoid extra time in the admitting office or check-in. You can register online at www.stfrancishealth.org or www.ghs.org. Please be sure to register by your fifth month of pregnancy.

Our Physicians

R.E. Lattimore, M.D.

Dr. Lattimore started Greenville East Center for Women, P.A. in July of 1985. He is married to Gigi and has six children. He graduated from Furman University with a B.S. in Biology and a M.D. from the Medical University of South Carolina. His internship in Family Practice and OB/GYN and residency in OB/GYN were at Greenville Memorial Hospital. Dr. Lattimore is board certified in Obstetrics and Gynecology and a Fellow of the American College of Obstetrics and Gynecology. He also is a member of the American Society of Reproductive Medicine, American Medical Association, The Society of Laparoendoscopic Surgeons, South Carolina Medical Association and the South Carolina Obstetrics and Gynecology Society.

Harvey A. Sikes, M.D.

Dr. Sikes joined Greenville East Center for Women, P.A. in January 1994 and became a partner in 1996. He is married to Jane and has three children. Dr. Sikes graduated Magna Cum Laude from the University of Alabama and received his medical degree from the University Of South Alabama College of Medicine. His internship and residency in OB/GYN were at Greenville Memorial Hospital. He is board certified in Obstetrics and Gynecology and is a Fellow of the American College of Obstetrics and Gynecology and a member of the American Medical Society.

Vanessa A. Mazzoli, M.D.

Dr. Mazzoli joined Greenville East Center for Women in November 2000. She has one child. She graduated Clemson University with a degree in Psychology and received her medical degree from the Medical University of South Carolina. Her internship and residency were at Greenville Memorial Hospital and she has been in private practice since 1994. She is board certified in Obstetrics and Gynecology and is a Fellow of the American College of Obstetrics and Gynecology, a member of the American Medical Association, Alpha Omega Alpha Honor Society and the Phi Kappa Phi Honor Society.

Rebecca A. Keith, M.D.

Dr. Keith joined Greenville East Center for Women in July 2006. She is married to Tim and has two children. Dr. Keith graduated from Indiana University with a degree in Chemistry and Criminal Justice and received her medical degree from Indiana University School of Medicine. Her internship and residency were at Methodist Hospital of Indiana. She has been in private practice for 12 years. She is board certified in Obstetrics and Gynecology and is a Fellow of the American College of Obstetrics and Gynecology and a member of the American Association of Gynecologic Laparoscopists, and the South Carolina Medical Association.

Edward P. Heidtman, M.D.

Dr. Heidtman has been in private practice since 1997. After practicing for more than five years in Spartanburg, he joined Dr. K. Dan Adcock in 2002 to form Carolina Center for Women's Health. A native of Florida, Dr. Heidtman graduated Phi Beta Kappa from the University of Florida with a degree in Mathematics and received his medical degree also from the University of Florida. His internship and residency were at Greenville Memorial Hospital. He is Board Certified in Obstetrics and Gynecology and is a Fellow of the American College of Obstetrics and Gynecology. He is member of the South Carolina Ob-Gyn Association, the Southern Clinical Congress of Ob-Gyn as well as the Greenville County, South Carolina and American Medical Associations. His wife Leigh Watters Heidtman is very involved in the community and they have two children.

Upstate OB/GYN

Our office currently shares weekend call with Upstate OB/GYN. Although they do not participate in your routine care, one of them may be on call when you are in the hospital. We welcome the opportunity for you to meet them at their offices. Our physicians may express minor variations in our evaluations and treatments, but we are all dedicated to the most efficient and practical solutions to you and your individual problems. These physicians are:

G. Martin French, M.D.

Dr. French is from Chattanooga, Tenn. He graduated from The University of Georgia in 1983 and received his medical degree from the Medical School of Georgia in 1987. His internship and residency in OB/GYN were at Greenville Memorial Hospital. He is a Fellow of the American College of Obstetrics and Gynecology. He is married with two children.

Todd R. Lantz, M.D.

Dr. Lantz joined Upstate OB/GYN in 2002. He is married to Andrea and has one child. Dr. Lantz graduated from Furman University with a degree in Psychology and a M.D. from The University of South Carolina. His internship and residency in OB/GYN were at

Greenville Memorial Hospital. He is a Fellow of the American College of Obstetrics and Gynecology.

Stephanie B. Dach, D.O.

Dr. Dach joined Upstate OB/GYN in 2004. She is married to Brian and has one child. Dr. Dach graduated from The University of California at Santa Barbara and received her medical degree from The University of North Texas Health Science Center at Fort Worth Texas. Her residency in OB/GYN was at Greenville Memorial Hospital.

Tiffany Rhodes, M.D.

Dr. Rhodes joined Upstate OB/GYN in August 2005. She is married to Anderson Horne and has three dogs. Dr. Rhodes graduated from Texas Tech with a degree in Psychology and a medical degree from Texas Tech. Her internship and residency in OB/GYN were at Greenville Memorial Hospital. She is a junior Fellow of the American College of Obstetrics and Gynecology.

Perry B. Deloach, M.D.

Dr. Deloach began his practice in Greenville in 1981. He is married with two children. Dr. Deloach graduated from Clemson University in 1971 and received his M.D. from Medical School of South Carolina in Charleston in 1974. He completed his internship and residency at Greenville Memorial Hospital. Dr. Deloach is a fellow of the American College of Obstetrics and Gynecology.

General Information

Pediatrician/Family Practice Choice

When your baby is born, the pediatrician you have selected will be contacted by hospital staff. They will be responsible for examining your baby and discharging the baby home.

Genetic Counseling/Chorionic Villi Sampling/Amniocentesis

Genetic counseling is available to you if you are 35 or over, or if you have a family history or concern about genetic disorders. A referral appointment can be made for you on request or recommendation at an additional charge. Both Chorionic Villi Sampling (done by the 11th week of pregnancy) and Amniocentesis (done during the 16th week of pregnancy) are genetic tests that can be performed in order to detect genetic-related abnormalities. Maternal Fetal Medicine offices now offer first trimester non-invasive screening for our patients age 35 and older.

Maternal Serum Screen

Maternal Serum Prenatal Screening tests measure substances in the mother's blood such as alpha-fetoprotein (AFP), human Chorionic Gonadotropin (HCG), estriol and inhibin A. The tests screen primarily for Open Neural Tube defects, Down's syndrome, and Trisomy 18. Since the test results only indicate which babies may be at increased risk, additional testing is needed to know whether or not your baby really has a birth defect. This test will be offered to all pregnant patients between the 15th and 20th week.

First Screen

First Screen is a blood test which shows if you are at increased risk of having a baby with Down Syndrome or Trisomy 18. It requires a sample of your blood and a special ultrasound measurement performed in the first trimester by a Maternal Fetal Medicine specialist. The risk of having a child with Down Syndrome or Trisomy 18 increases with the age of the mother, but can occur at any age. It is important to understand that a screening test does not provide a diagnosis; rather it predicts the likelihood of a problem to occur. First Screen can only tell you if there is a greater chance of your baby having Down syndrome or Trisomy 18.

FirstScreen does not screen for open neural tube defects. Open neural tube defects occur when the baby's neural tube does not close completely and an opening remains along part of the baby's spine or head. A second trimester blood test, called MS-AFP (discussed above) or an ultrasound is required to detect open neural tube defects.

Cystic Fibrosis

Cystic Fibrosis (CF) is a genetic disease that causes problems with breathing and digestion; it is a debilitating and often fatal disease. Although treatments for CF have improved in recent years, a cure for the disease is not yet available.

Anyone can be a carrier of CF, however the disease is most commonly found in people of European ancestry. In the Caucasian population 1 in 29 persons carry the trait; 1 in 29

Ashkenazi Jews; 1 in 46 Hispanics; 1 in 65 African Americans; and 1 in 90 Asian people will also be carriers.

The CF gene test simply requires one tube of blood drawn from the arm. Testing of the baby's father is needed if the mother is found to be a carrier. If both parents are carriers there is a 25 percent chance in each pregnancy that the child will be affected with the disease and a 50 percent chance that the child will be a carrier. Babies born in South Carolina are now tested routinely after delivery. Please let us know if you are interested in being tested.

Due Dates

We will give you an approximate due date on your first visit, this does not mean that you will deliver exactly on this date, but most women deliver within two weeks one side or the other of this date. We count pregnancy as lasting 40 weeks from the first day of your last menstrual cycle and will confirm this date with an ultrasound.

Activity, work

In general, pregnancy is not a disease or disability, just an altered state of health. Therefore whatever you are normally used to doing may be continued throughout your pregnancy. We encourage you to continue working throughout your pregnancy, unless problems develop. Statements to excuse you from working are not normally given unless you have a specific problem and have been treated for it in the office. Some people choose to work until they go into labor and others like to stop two to four weeks before their due date. Both are acceptable.

You may continue to exercise in moderation but do not start a new exercise program during pregnancy. Remember that pregnant women tire easily, require more rest, and are clumsier. We also do not advise heavy lifting (over 30 lbs.). Pulse rate during aerobic exercise should not exceed 140 beats per minute.

Walking (1-2 miles a day), swimming, and bike riding are very good exercises during pregnancy. Exercise classes especially for pregnant women are offered in our area.

Medication

Please see the common complaints section of this book for medications known not to increase risk, based on available data, over and above the risk we all face in pregnancy.

Bleeding

Many women find it comforting to know that at least one of every five women will have some degree of spotting or bleeding within the first three months of pregnancy. This is usually caused by the placenta implanting into the wall of the uterus or the spontaneous breaking of tiny blood vessels (much like a nose bleed) on the cervix. Neither of these causes problems for the baby. Be sure to report it to us at your next appointment. If you're bleeding increases so that you are bleeding like a period, or it is accompanied by severe cramping or pain in your side, we will want to hear from you right away.

HIV Testing

HIV testing is done on each pregnant woman as a part of the routine prenatal screening labs at the first new OB visit. The reason for the testing is that if a woman who is infected with HIV is treated with medication during pregnancy, it can lower the rate of transmission between the mother and fetus from 25 to 40 percent, down to approximately eight percent. Although this is a part of routine screening, each patient has the option of refusing this test. A form would need to be signed stating you do not want this test performed.

Hepatitis

It is currently recommended that all pregnant women be tested for active Hepatitis infection. This test is included in your prenatal lab work.

Fever

If your temperature is elevated (100 F) you should take Tylenol or any brand of acetaminophen according to package directions. If your temperature goes above 101.2 F you need to let us know at that time.

Sex

Sexual activity can continue during pregnancy without harming your baby. You can have intercourse until you go into labor, unless you have been advised against it or have bleeding, ruptured membranes, or pain. You should let us know if any of these occur. Later in pregnancy, some changes in position may be necessary. You should do whatever feels comfortable.

Weight Gain

During your pregnancy you should conduct your daily life in a manner similar to that of a non-pregnant healthy person. You may want to weigh yourself one or two times a week to help control weight gain and to eat a well-balanced, wholesome diet. Weight gain should average approximately five to 10 pounds in the first 20 weeks and one pound per week after that. There are several excellent books available on the specific nutritional needs of pregnant women.

Smoking

Smoking increases your risk of preterm labor, placental abruption, and stillbirth. It has been shown that smoking definitely decreases the size of your baby. When you smoke, the blood vessels in the placenta go into spasm, thereby decreasing the oxygen supply to the baby. Studies also show that babies in households of smokers are more prone to upper respiratory tract infections or asthma. This is a good time to quit.

Alcohol

We do not recommend the use of alcohol (including beer or wine) during pregnancy.

Cats

We recommend that you avoid being scratched by your cat and handling cat litter during pregnancy, as a disease called toxoplasmosis can be transmitted to you and your baby in this way. In addition, good hand-washing after handling or petting cats is important.

Travel

Extensive travel is not advised during pregnancy. If you must take a very long trip, the best time is the middle three months. If you are traveling by car, stop every hour and a half and walk around for five to 10 minutes and empty your bladder. This will help your circulation and the baby's. Commercial air travel is permissible during pregnancy unless otherwise advised by your physician. Also, check with your airline as some will not allow you to fly after 32 weeks. We would like for you to stick close to our area during the last month of pregnancy. Wear your seat belt and shoulder strap at all times.

Dental Care

Please continue with your dental cleanings and check-ups after the first thirteen weeks of pregnancy. Always advise your dentist that you are pregnant, so that he or she can postpone elective dental work until after your pregnancy. If dental X-rays are necessary, please advise the technician that you are pregnant so they can shield you properly. If your dentist discovers a problem that requires immediate attention, intravenous injections or gas anesthesia should not be used unless absolutely necessary. Local anesthetics such as Xylocaine or Novacaine should be used instead.

Contact Lenses

You may have already noticed that your contacts do not fit as well now that you are pregnant. This is because the shape of your eyes actually changes, as well as the fact that your eyes do not produce as many tears as normal. You may find it more comfortable to use your "liquid tears" more frequently. Don't panic – your eyes usually return to normal about six to eight weeks after delivery.

Rh Negative

If your blood type is Rh negative and the father of your baby is Rh positive, you will need an additional blood test (antibody screen) at 28 weeks along with an injection of a medication called "Rhogam" to prevent your body from producing antibodies that could attack your baby's blood cells. There is a separate charge for this injection. Another injection of the same medication will be given within 72 hours after delivery if your baby is Rh positive.

Herpes

If either you or your partner has Herpes or if either of you have had genital sores please tell us. Famvir or Valtrex are available for use during pregnancy, and are typically given during the last month of pregnancy for prevention.

Influenza

Flu is potentially very dangerous for pregnant women. You are at increased risk for pneumonia if you contract the flu during pregnancy. We recommend the influenza vaccine for all pregnant women.

NST and CST

If you have a high-risk pregnancy we will do non-stress testing. This test is done in our office or at the hospital, and may be necessary on a bi-weekly or a weekly basis.

You will have stretchy belts placed around your abdomen that will be attached to a small monitor to keep track of the baby's movements and heartbeat and any contractions you might have. This test helps to determine if the placenta is functioning adequately and providing adequate oxygen to the baby.

A contraction stress test (CST) is similar to the NST but in addition an intravenous solution or nipple stimulation may be used to bring on contractions. This test is always performed at the hospital.

VBAC (Vaginal Birth after Cesarean)

If you have previously had a Cesarean Section and want to try a vaginal delivery, please discuss this with us at one of your early visits. Under most circumstances, a trial of labor is possible and we will be happy to go over this information with you. Should you have a Cesarean Section, your husband is welcome to attend if circumstances permit.

Stretch marks

Most pregnant women want to avoid stretch marks. Usually, the problem seems to be genetic, but there are some ways you can minimize the degree to which you get them. Avoid sudden weight gain, take care of yourself nutritionally, and use lotion on your skin to keep it moist (lanolin, cocoa butter, Vitamin E cream, etc.) Please do not use lotion on your tummy the day of your appointment; it causes static on the machine we use to listen to the baby's heartbeat.

Ultrasounds

There are several tests used in obstetrical practice which use ultrasound (sound waves which reproduce heart sounds or can produce an image of the baby on a TV-like screen). These include the Doppler device (Doptone) used to listen to the baby's heartbeat, the fetal monitor used to do NSTs or in labor, and the diagnostic Ultrasound machine that creates a picture. We use all three of the modalities. Ultrasound imaging or scans will be recommended to those patients with a medical indication and are done on a routine basis. Most authorities feel that Ultrasound poses no danger to the mother or fetus.

Ultrasounds are usually done on the first visit to confirm dates and viability, and again at 18-20 weeks to evaluate fetal anatomy. Subsequent ultrasounds are done on an as-needed basis. Ultrasounds done to determine sex only may be done if patient desires, but

payment is expected at time of service as insurance companies will not cover unnecessary procedures.

Common Discomforts of Pregnancy

Notes:

1. If any of these discomforts occur, or any others, they should be reported to us at your next visit. In addition, we will want to know what measures you have taken to relieve the discomforts.
2. This medication list does not apply to nursing mothers.
3. Never exceed the recommended dosage on any medication, over the counter or prescription, without a physician's approval.

Problem: **Colds/Sinus Trouble, Nose**

Causes: Allergies, virus, or flu. Hormones can cause increased secretions and softening of mucous membranes.

Treatment: Plenty of fluids and rest. Use a humidifier or vaporizer (you will need one for the baby anyway). You may use Chlotrimeton, Sine-Aid, Sinutab, Benadryl, Tylenol Cold & Flu, Dimetapp, Sudafed. *Actifed if above is not effective. Tylenol or any brand of acetaminophen for aches and pains. Pediatric Afrin Nasal Spray (no longer than three days), **NOTE:** Colds in pregnancy tend to last longer than when you are not pregnant (sometimes 10-14 days).

Problem: **Constipation**

Cause: Slower passage of food. Pressure from the uterus or colon, hormones cause bowels to relax.

Treatment: High Bulk diet such as bran cereal, raw fruit and vegetables. Establish a regular time for elimination. Lots of liquids, especially fruit juices. Exercise. Bulk laxatives such as Metamucil, Dialose, Peridium, or Colace are available over the counter. Use Senekot or Senekot S if you go more than three days without a bowel movement.

Problem: **Cough**

Cause: Cold or Flu

Treatment: Same as treatment of colds and sinus, plus Benylin or Robitussin Cough Syrup. *Any over-the-counter cough drops are fine.

Problem: **Diarrhea, Nausea, Vomiting**

Cause: Virus, changes in eating habits, or travel.

Treatment: Imodium or Kaopectate for Diarrhea.
*Clear liquids, such as sips of Coke, ginger ale, Gatorade, weak tea, crushed ice, chicken noodle soup, plain crackers for 24 hours. Let us know if these don't work and it persists past 24 hours. Once you can keep down liquids, advance your diet very slowly. As long as you can tolerate liquids you and your baby will not become dehydrated or malnourished.

Problem: **Dizziness or Light Headed**

Cause: Pressure on major blood vessels by enlarging uterus. Hormonal change.

Treatment: If lying down, turn on your left side. Avoid lying flat on your back. If driving, shopping, etc., stop what you are doing and sit down with your head between your knees or as far down as possible until the feeling passes. Avoid sudden movement, standing up quickly, or turning.

Problem:	Headaches
Cause:	Hormonal changes. Tension, colds, flu, allergies, viruses, etc.
Treatment:	Tylenol, extra-strength Tylenol, or any acetaminophen product every four hours as needed. Take these early, before the pain becomes severe. If you wait until it gets bad, the Tylenol may not help. Resting in a quiet place may also help. If Tylenol doesn't work; try a combination of Tylenol and 25 mg of Benadryl. Do not use Aspirin or Ibuprofen.

Problem:	Heartburn
Cause:	Increased stomach acid. Delayed emptying of stomach after meals. Reflux of stomach.
Treatment:	Do not use baking soda! Eat a bland diet, such as bananas, rice, applesauce, tea, and toast. Eat frequent, small meals, and eat slowly. Riopan or Riopan Plus liquid or tablets may be taken 30 minutes after each meal and at bedtime, or up to every two hours if needed. You also may try papaya tablets, Tums, Mylanta, Maalox, or Zantac 75-150 mg. every 12 hours. Do not lay flat right after eating.

Problem:	Hemorrhoids
Cause:	Constipation or pressure from the uterus on veins in the rectum.
Treatment:	Avoid constipation. Drink plenty of fluids (at least six to eight glasses a day). Sitz baths (soaking in 2-3 inches of very warm water) several times a day. Tucks or Witch Hazel compresses (may chill in the refrigerator). Anusol HC cream or suppositories are available over the counter.

Problem: **Insomnia**

Cause: Pressure of baby on blood vessels and nerves. Hormonal influences. Concerns about changes, baby, labor and delivery, etc.

Treatment: Change position; try putting a pillow between your knees and side sleeping. Get up and walk around for a brief period, read a book and try drinking warm milk. You also may try Benadryl, 25-50mg.

Problem: **Leg or Muscle cramps**

Cause: Pressure of uterus on vessels in the leg. Slowed circulation. Are you getting at least 3-4 servings of milk or milk products a day?

Treatment: Wear low heel shoes. Try position changes. Increase your milk or milk products. If you can't get your milk products in you may need an over the counter Calcium with Vitamin D supplement. One tablet a day in addition to your pre-natal vitamin. **CAUTION:** Do not take bone meal products for calcium supplement as they may contain lead. Benadryl 25-50 mg. each night will help night time leg cramps.

Problem: **Low Abdominal and Back Pain (without temperature or spotting)**

Cause: Pressure from baby. Stretching of round ligaments that usually hold the uterus in place. Muscular pain.

Treatment: Heating pad (on low). Very warm tub baths. Bed rest or rest with legs elevated. Tylenol, Extra Strength Tylenol or any brand of acetaminophen. Firm mattress. Comfortable, low-heeled shoes. Maternity girdle.

Problem: Nose Bleeds

Cause: Increase in small blood vessels in nose, due to increase in blood volume, due to pregnancy. Irritation or dry atmosphere.

Treatment: Apply pressure to affected side and hold until bleeding stops. May also use ice packs. Do not blow nose forcefully. If it persists or is accompanied by headaches, call the office for more instructions.

Problem: Nausea (morning sickness)

Cause: High hormonal levels. Increased stomach acid. Stomach empties slower. Low blood sugar.

Treatment: Frequent small meals, bland diet, eat a small snack (crackers and cheese) before going to bed and a small snack (crackers, dry cereal, or toast) before getting up in the morning. Though no anti nausea medication is specifically approved for pregnancy, Emetrol or Dramamine 25 mg. and or Vitamin B6, 25-50 mg. three or four times a day, Unisom ½ tablet twice daily or Ginger tablets 250 mg. four times a day is not known to increase risk based on available data.

Problem: Shortness of Breath

Cause: Growing baby pressing up into abdominal organs and Thoracic cavity. Less breathing space as baby grows, especially with activity.

Treatment: Slow down, breathe deeply, and raise arms above head.

Problem: Sore Throat

Cause: Cough, Cold, or Virus.

Treatment: Same as for colds, also warm salt water gargles 3-4 times a day, any other over the counter throat lozenges. Chloraseptic spray, Tylenol or any brand of acetaminophen. If temperature goes higher than 101.0 degrees, please call.

Problem: **Swollen Ankles**

Cause: Increased fluid due to pregnancy

Treatment: At least 3 hours of “off your feet” (reclined on your left side) rest a day. Drink water rather than soft drinks. Avoid pork and watch salt intake. Wear maternity support stockings especially if you are on your feet or have to sit for long periods. If so, try to lie down for a half hour or so during lunch when possible.

Problem: **Frequent Urination**

Cause: Pressure of uterus on bladder

Treatment: Avoid holding back if you feel the need to void. Avoid drinking large amounts of fluids within 2-3 hours of bedtime, instead, get required fluid intake earlier in the day. Be sure to report any burning, blood in urine, fever, or low back pain when associated with urinary frequency.

Problem: **Varicose Veins**

Cause: Pressure from the Uterus on veins. Softening and enlargement of veins due to hormones. Tight knee socks or knee high hose, prolonged sitting and or standing.

Treatment: Frequent rest periods with legs elevated. Maternity support stockings. Avoid crossing legs.

