

Your Guide for Pregnancy

LEXINGTON
**Women's
Care**

A Lexington Medical Center Physician Practice

OFFICE HOURS

WEST COLUMBIA

Monday – Thursday
8:30 a.m. – 5:00 p.m.
Friday
8:30 a.m. – 1:00 p.m.

LEXINGTON

Monday – Thursday
8:00 a.m. – 5:00 p.m.
Friday
8:00 a.m. – 12:00 p.m.

IRMO

Monday & Wednesday
8:00 a.m. – 4:30 p.m.
Tuesday & Thursday
8:00 a.m. – 4:30 p.m.
Friday
8:00 a.m. – 12:00 p.m.

SANDHILLS

Monday – Thursday
8:00 a.m. – 4:00 p.m.
Friday
8:00 a.m. – 12:00 p.m.

CHAPIN

Monday – Thursday
7:00 a.m. – 4:00 p.m.
Friday
7:00 a.m. – 12:00 p.m.

WHITE KNOLL

Monday – Thursday
8:30 a.m. – 4:30 p.m.
Friday
8:30 a.m. – 12:00 p.m.

Congratulations on your pregnancy.

We share your joy and excitement at this special time in your life. We know that pregnancy can also be a very stressful time, and we will do everything we can to make this a healthy, comfortable and rewarding experience.

A great deal of time has been spent in the development of this guide to your pregnancy. Please read it thoroughly and refer to it frequently in the coming months.

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PRENATAL CARE OPTIONS

Lexington Medical Center offers many options regarding prenatal care and has several obstetrical practices from which to choose from. Our practices include doctors, certified nurse-midwives, nurse practitioners and physician assistants. Below is a brief description as to how the options vary.

Doctor Care

Your prenatal office visits will be scheduled with a doctor who specializes in obstetrics. When you are ready to have your baby, your doctor or the doctor on call will be the one attending your birth experience.

Nurse Practitioners

A certified nurse practitioner is a registered nurse (RN) who has advanced education (masters in nursing) and clinical training in a health care specialty. Nurse practitioners practice under the rules and regulations of the Nurse Practice Act of S.C. and are also nationally certified in their area of specialty. A doctor will co-manage your prenatal care and ultimately manage your labor and delivery.

Physician Assistant

A physician assistant (PA) is a medical professional who works as part of a team with a doctor. A PA is a graduate of an accredited PA educational program who is nationally certified and state-licensed to practice medicine with the **supervision of a physician.**

OFFICE VISITS

During each prenatal visit we will check your weight, blood pressure, urine and also determine the size of your uterus. We will also always check your baby's heart rate after the first trimester. We will see you once a month until 28 weeks, then every two weeks until the 36th week, then once a week until you deliver. Your partner is always welcome to attend any or all of your prenatal visits. You may bring your children to a visit so that they can hear the baby's heartbeat or to view an ultrasound. Children must be attended at ALL times by an adult. We do not provide babysitting services at our offices and we cannot be responsible for child care.

We welcome your questions and concerns at all times. Many patients have found it helpful to write down their questions as they think of them. A pregnant woman is a frequent target of unsolicited advice from family, friends and total strangers. Some of your most helpful tips may be obtained this way. Not all advice that may be shared with you, however, is helpful. You need to learn to turn a deaf ear when needed.

Please note: For confidentiality and safety reasons, only the patient will be allowed in the lab. Your partner and/or children may join you in the examination room.

CALLING THE OFFICE

For all non-emergency phone calls we ask that you call the office during routine office hours. Please state your concern or question to the receptionist. Our nurses are capable of answering many common questions. If the nurses are unable to answer your question, they will speak to the doctor, then return your call as soon as possible. You will find a list of common problems and helpful tips for each on pages 13-17.

EMERGENCY CALLS

If you experience an emergency during your pregnancy, please contact us immediately. Our emergency phone number is written on the back cover of this book. If you cannot reach anyone by telephone or your call is not returned within 15 minutes, go directly to Lexington Medical Center. If you place your call to us when the office is closed, our answering service will receive your call and contact the "on call" practitioner. The practitioner will return your call promptly. When labor begins, please proceed to the hospital.

PATIENT / FAMILY EDUCATION

We are very committed to keeping you well informed during your pregnancy. We believe a knowledgeable patient is better able to cope with the many changes involved in becoming a parent. A well-informed patient can take an active role in decision making regarding health care.

As part of our commitment we offer many classes for you and your family. Classes include Your Special Delivery, Super Sibling, Caring for You and Your Baby, and Understanding Breastfeeding. The childbirth classes are taught by certified childbirth educators. The breastfeeding classes are taught by nurses who are certified lactation consultants. To find out more information about the classes, please pick up a brochure at the front desk, ask our staff for information or visit LexHealth.com/Maternity-Classes.

FEES

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

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

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

COMPLAINTS

We strive to provide you with quality care that meets your needs. If we fail to meet your needs, please discuss your concerns with your doctor or any other staff member. Your comments are always welcome.

DUE DATE

We cannot predict for you exactly when your labor will begin. We know that most babies gestate, or grow in the womb, for 280 days or 40 weeks. We begin counting days from the date you started your last menstrual period. Your due date is an estimate based on those figures. It is considered perfectly normal for you to deliver 2-3 weeks before or two weeks after your due date. When we talk to you about the length of your pregnancy, we will always refer to the number of “weeks” of gestation you have completed.

TESTS/PROCEDURES

Sonogram (Ultrasound Exam)

An ultrasound is a test whereby high-frequency sound waves are used to project an image of the baby. We have the equipment to do ultrasounds in the office. We prefer to do ultrasound scans on our patients at approximately 20–24 weeks. Ultrasounds are NOT done to determine the gender of the baby. As far as is known, ultrasound poses no risk to the mother or her baby. We will also record your scan on DVD. A scan cannot offer a “guarantee” of a normal baby. If you do require a scan, you will be informed of the reason the scan is to be done and what the findings mean. We will try to let you know when we are planning on doing an ultrasound so that your partner can be present with you if desired. A second ultrasound may be required based on medical necessity and is usually covered by insurance. If a second or additional ultrasound is not medically necessary but requested by you, it will be billed to you.

We will also use a small, handheld ultrasound device called a Doppler to hear your baby’s heartbeat. The Doppler will allow us to detect the heartbeat, and will even make it audible to you.

Biophysical Profile

One way of evaluating the well-being of a baby while inside the mother’s womb is by doing a biophysical profile. This test allows us to examine the baby’s breathing movement, body movements, muscle tone and the volume of amniotic fluid. A biophysical profile is only performed when more information is needed about your baby’s well-being or uterine environment. This procedure may require an additional charge.

Non-stress Test

This test uses an electronic fetal monitor to observe changes in the baby's heart rate in response to the baby's movements. The findings from this test give us information about the baby's well-being. The monitor transducers are simply attached to the outside of your abdomen. This test is only done when needed. This test is performed at the hospital and in some physician's offices.

Screening for Neural Tube Defect (NTD) and Down Syndrome

NTD is the name for several birth defects that originate during the early weeks of pregnancy. These defects result in improper development of the baby's brain or spinal cord. Anencephaly and spina bifida are types of NTDs. Approximately one or two babies out of every thousand are born with a neural tube defect. *Taking vitamins with folic acid before and during pregnancy greatly reduces the risk of these defects.*

A blood test is available to screen for a protein called alpha fetoprotein or AFP. AFP levels are elevated when an open NTD is present. The test needs to be done between the 15th and 20th week of pregnancy.

We use an enhanced AFP test that gives additional information on the baby's risk of having Down syndrome. If your baby is at a greater risk of having Down syndrome, an amniocentesis will be offered. The decision whether to have these screening tests is left up to you. In the event that the test(s) are positive, further testing, which may include amniocentesis and ultrasound will be offered. Additional charges may apply.

Cystic Fibrosis (CF)

CF is a genetic condition which affects the digestive and respiratory systems, often shortening an individual's lifespan. Caucasians and Ashkenazi Jews are at increased risk of carrying the gene for CF. If you would like more information about CF, please request the ACOG CF pamphlet. Carrier screening is available through our office. Additional charges apply.

Amniocentesis

This procedure is performed only when needed during the 14th to 18th week of pregnancy. A needle is inserted through the mother's abdomen into the womb, and a small amount of amniotic fluid is withdrawn. The fluid is then sent to the lab where it can be studied for the presence of NTDs and other genetic problems. The most common reason for doing an amniocentesis is the pregnant woman's age, however, it is now available to all patients. The chance of a Down syndrome baby when a woman is 35 is about one in 300, and at age 40 it increases to one in 100.

If the test reveals a genetic problem, a woman may discuss options for her care with her doctor. Amniocentesis can only detect approximately 10% of all major malformations. A normal amniocentesis by no means guarantees a “normal” baby.

Amniocentesis is expensive and is not without risk to the baby. This test is not given solely to determine fetal gender. In cases of advanced maternal age or certain family backgrounds, the benefits of the procedure may well outweigh the risk. If you have questions about the procedure, please discuss them with your doctor. Additional charges may apply.

Early Screen/Nuchal Translucency Screen

Early screen is a blood test combined with an 11-13 week ultrasound exam which tells you if you have an increased risk of having a baby with Down syndrome, Trisomy 18 or Trisomy 13.

Chorionic Villi Sampling (CVS)

Another procedure for determining genetic information and gender is CVS. CVS is normally performed around the 10th week of pregnancy. Using ultrasound, the doctor gently guides a catheter through the cervix to obtain tissue at the base of the placenta. An additional charge may apply.

Glucola Information

You will be scheduled for a glucola (blood sugar) test around the 26-28th week of gestation. You will drink a sweet drink and have your blood tested for sugar one hour later. In preparation, we ask that you eat your normal breakfast and a glass of water prior to your appointment. After you drink the glucola, you cannot have anything else to eat or drink until your blood is tested one hour later. Our staff will inform you of the result of the test as soon as it is available.

ABOUT YOUR DIET

One of the best safeguards for you and your baby during pregnancy is eating a good diet. Being selective about what you eat or choose not to eat is one of the most powerful and easy ways to have a healthy pregnancy. Eating habits are a matter of personal taste, style and habit. It's important for you to eat a variety of foods that meet your nutritional needs without exceeding your caloric needs. Please refer to the “Recommended Daily Food Guide” on page 7.

A woman at her ideal weight should gain 24–32 pounds during her pregnancy. During the first 13 weeks, a weight gain of 3–5 pounds is expected, and then 3/4 to 1 pound per week thereafter. If you are above or below the ideal weight, please talk to your provider so that you can set weight gain goals.

RECOMMENDED DAILY FOOD GUIDE

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

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

Fruit ~ (3–4) servings per day

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

Vegetable ~ (4–5) servings per day

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

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

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

DO

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

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

DON'T

- Eat shark, swordfish, king mackerel, or tilefish
- Eat more than 6 oz. of albacore “white” tuna weekly.
- Eat more than 6 oz of fish weekly if caught in local waters and you are unable to verify safety with local authorities.

Milk, Yogurt and Cheese ~ (3) servings per day

Serving: 1 cup of skim or low-fat milk; or 1 cup of plain or low-fat yogurt; or 1-1/2 ounces of cheese; or 2 slices of packaged cheese; or 2 cups of low-fat cottage cheese. Choose skim or low-fat cheeses. Select low-fat milk desserts such as ice milk or frozen yogurt. Eat a variety of foods from this group. Whole milk may provide more fat and calories than your baby requires. You should not eat any unpasteurized milk or cheese products.

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

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

Remember the following:

1. Eat to satisfy your appetite. Don't go around feeling hungry.
2. Drink plenty of liquids. 6–8 glasses of water per day is recommended.
3. Eat a VARIETY of foods every day.
4. Keep your foods as wholesome and unprocessed as possible. (example: fresh fruits and vegetables; whole-grain breads and cereals, no artificial additives and colorings).
5. Snacks that are high in protein and high in nutrition are almost always necessary for you to achieve the recommended daily allowance of essential nutrients.
6. Limit high-calorie, low-nutrient drinks such as sodas and sweetened drinks.

Prenatal Vitamins

All women should take a prenatal vitamin during pregnancy. We recommend one with DHA that helps with brain and eye development. These vitamins are a dietary supplement and should never replace a healthy, well-balanced diet. You and your baby need protein, carbohydrates, fats and calories each day to ensure proper growth.

Aspartame (NutraSweet®)

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

Caffeine

The relationship between high consumption of caffeine during pregnancy and birth defects is not known. It is best to limit your intake of coffee, tea, cola beverages or chocolate during your pregnancy. A cup of coffee in the morning is probably all right; however, frequent caffeinated drinks during the day could be too much. Caffeine may also cause you to have trouble sleeping.

MISCELLANEOUS

Medications

Almost all medicines that you take during pregnancy cross the placental barrier. That means that your baby also comes into contact with the medicine. It is best to avoid all medicines during pregnancy although we know that this is not always possible. *A list of common problems and suggested remedies are listed on pages 13-17.* Try non-medicine remedies first. To the best of our knowledge, the medicines listed are safe, but warnings about “use in pregnancy” are listed in each medication’s insert.

Use only the medicines we suggest. Take the medicine as directed on the package. Never use old prescription medicines, medicines that have expired, or someone else’s medicine.

Smoking

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

Alcohol

Drinking alcohol in excess may alter fetal development. Use of alcohol, including beer and wine, should be eliminated during pregnancy.

Dental Care

If you visit your dentist during your pregnancy, let him know that you are pregnant. Many dental procedures may be done during pregnancy. We suggest that you avoid routine dental x-rays while pregnant. Local anesthetics such as Novocaine® may be used.

Sex

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

Travel

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

Toxoplasmosis

Toxoplasmosis is a disease caused by a common organism found in our environment. If a woman becomes infected for the first time during pregnancy, it can have serious consequences for the baby. For that reason, we suggest you use some simple precautions. Do not eat raw or undercooked meat and avoid venison (deer meat). It seems that meat is safe if it has been frozen before cooking. You should not handle cat litter at all. Wash your hands with soap and water after handling your pets.

Automobile Safety

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

ACTIVITY AND EXERCISE

Most of your daily activities can be done throughout your pregnancy. If you run or jog on a regular basis, there is no need to stop. You will notice that you tire easily and are more prone to losing your balance. Therefore, skating, skiing, horseback riding or any activity that could cause you to fall should not be done.

Exercise helps improve posture, enhance circulation, alleviate minor discomfort and provide a feeling of well-being. Keeping in shape will help you perform better during the stress of labor. Due to some of the normal physical changes of pregnancy, certain movements or positions are discouraged. Refer to the guidelines listed below. During exercise, your heart rate should not rise above 140 beats per minute.

Body Changes During Pregnancy

• Center of gravity shifts forward and downward

Recommendations:

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

• Hormonal changes soften ligaments and may lead to joints being strained

Recommendations:

- Do exercises that are free of sudden or exaggerated motions.
- Do not do momentum swinging exercises.
- Never push or pull with your hands to separate your legs.

• Sciatic nerve irritation

Recommendations:

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

• Abdominal muscles stretch (or separate down the center)

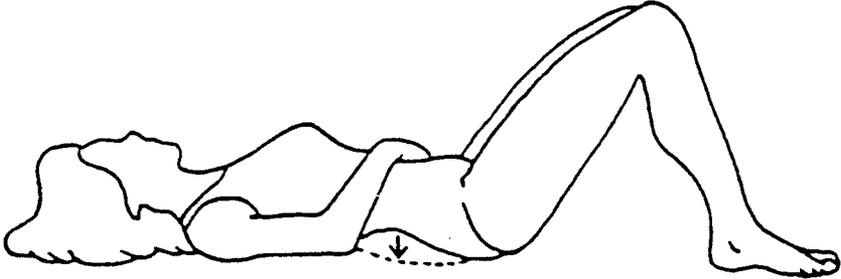
Recommendations:

- When exercising one leg, always stabilize the pelvis by placing your other foot on the floor.
- No exercise should increase the forward curve of the lower spine (lordotic curve).
- Do not do sit ups or lay back all the way to the floor.

Recommended Daily Exercises

Pelvic Tilt

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



Kegel

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

Walking

Half to one mile each day.

Fetal Kick Counts

Fetal kick counts are something that you can do at home to check on your baby's wellness. There is an old wives' tale that babies quit moving when the mother is about ready to deliver. THIS IS NOT TRUE. Your doctor will be glad to supply you with a fetal kick count card so that you can record your baby's movements daily after 28–32 weeks gestation. The instructions for doing "fetal kick counts" are on the card.

DISCOMFORTS OF PREGNANCY

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

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

Causes: Slowing of digestion. Increased hormone levels.

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

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

Indigestion and Heartburn

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

Suggested Treatment: Avoid eating spicy or hard to digest foods. Frequent small meals are best. Avoid lying down for two hours after eating. If symptoms are worse at night, try to eat supper earlier and do not eat any after-dinner snacks. Sipping a few ounces of milk may help. If the above measures fail, try Maalox[®], Mylanta[®], Riopan[®], Tums[®] or Gaviscon[®]. You may also take over-the-counter acid-reducing medications such as Pepcid AC[®], Tagament[®], Zantac 75[®] or Axid 150[®]. Take as directed on the package. Pain in your right upper abdomen that does not go away with suggested treatment should be reported to your doctor right away.

Constipation (unable to have bowel movement)

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

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

Hemorrhoids (swollen veins near rectum)

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

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

Common Cold with Nasal Stuffiness or Full Sinuses

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

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

Cough

Causes: Cold or flu virus.

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

Sore Throat

Causes: Cold virus. Allergy.

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

Stretch Marks

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

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

Leg Cramps

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

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

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

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

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

Unable to Sleep

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

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

Headaches

Causes: Hormone changes. Sinus stuffiness. Tension.

Suggested Treatment: Try lying in a darkened room with a cool washcloth on your face. If sinuses feel full, try Sudafed[®]. Tylenol[®] may be used as needed as directed on the label. If swelling of hands and ankles or changes in vision occur with headache during the last three months of the pregnancy, call the office.

Shortness of Breath

Causes: Hormone changes. Enlarged uterus.

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

Swelling of Hands and Ankles

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

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

Nosebleed

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

Suggested Treatment: Tilt your head back and gently apply pressure to the bleeding nostril with a damp towel or cloth for five minutes. Using a vaporizer at night may be helpful if nosebleeds continue to occur. Try vitamin C, 500 mg. two times a day for 1–2 weeks.

Bleeding Gums

Causes: Hormone changes.

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

Dizziness, Feeling Faint

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

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

Needing to Urinate (pass water) Often

Causes: Enlarged uterus pressing on bladder.

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

Increased Vaginal Discharge

Causes: Hormone changes.

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

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

Causes: Virus.

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

Low Back Pain

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

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

Sudden, Grabbing, Pulling, Aching Pains in Lower Abdomen

Causes: Spasm of muscles surrounding the uterus.

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

YOUR CHANGING BODIES

WEEK 1 – 4

BABY

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

MOTHER

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

WEEK 5 – 8

BABY

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

MOTHER

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

WEEK 9 – 12

BABY

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

MOTHER

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

WEEK 13 – 16

BABY

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

MOTHER

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

WEEK 17 – 20

BABY

Fine downy hair (lanugo) appears on baby's body. Oily coating (vernix) covers baby's skin and protects it. Eyebrows, eyelashes and hair on head appears. Baby sleeps, wakes, turns and sucks. Baby is about 10 inches long and 1/2 a pound.

MOTHER

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

WEEK 21 – 24

BABY

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

MOTHER

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

WEEK 25 – 29

BABY

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

MOTHER

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

WEEK 30 – 34

BABY

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

MOTHER

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

WEEK 35 – DELIVERY

BABY

Is gaining approximately half a pound per week. Maternal antibodies are being transferred to protect baby for about six months. There is about one quart of amniotic fluid. Baby settles into head down position.

MOTHER

May be experiencing numerous physical complaints as baby occupies most of your abdominal cavity. Baby descends deeper into the pelvis. You will be checked for Group B Strep bacteria in the vagina.

LATER PREGNANCY DECISIONS

A Doctor for Your Baby

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

Breastfeeding

Breast milk is the food of choice for an infant's first year of life. The benefits of breastfeeding, for mother and baby, are well documented. We encourage any mother who is thinking about breastfeeding her baby to give it a try. Attending one of our breastfeeding classes prior to your due date will help relieve your anxiety. While at the hospital, you will be visited by a certified lactation consultant who will further help you learn how to breastfeed. The lactation consultant will even follow-up with you at home after you leave the hospital to see how you're doing. If you choose not to breastfeed, infant formulas provide an acceptable substitute.

Tubal Ligation and Vasectomy

During or following this pregnancy, you and your partner may decide, after careful consideration, that your family is complete. If so, you may want to discuss the two methods of permanent sterilization: a vasectomy for the man or a tubal ligation for the woman. A vasectomy may be done by a urologist or family practitioner in his office. A tubal ligation would be done by an obstetrician at the hospital. If you decide to have a tubal ligation while at the hospital, it is usually done the day after birth. Both procedures are considered permanent — but neither are guarantees of sterility. If you decide you want to have a tubal ligation the day after giving birth, please let us know during one of your prenatal visits. Some insurance carriers require written consent 30 days prior to sterilization, so please discuss this well in advance with your doctor.

Circumcision

Existing scientific evidence demonstrates potential medical benefits of newborn male circumcision; however, these data are not sufficient to recommend routine neonatal circumcision. As the procedure is not essential to the child's current well being, the parents should weigh the potential benefits and risks and determine what is in the

best interest of the child. If a decision for circumcision is made, procedural analgesia should be provided. If circumcision is performed in the newborn period, it should only be done on infants who are stable and healthy (American Academy of Pediatrics 09/28/2012).

CIRCUMCISION HELPS PREVENT:

- Urinary tract infection early in life and HIV infection
- Human papillomavirus infection
- Genital herpes
- Penile cancer later in life

Plus it reduces transmission of certain sexually transmitted diseases and risk of cervical cancer in sex partners.

YOUR HOSPITAL EXPERIENCE

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

What to Bring to the Hospital

You should pack your suitcase two weeks before your due date. We suggest that you pack three nightgowns, three bras, a robe, slippers, shampoo and other personal items, and clothes for you and your baby to wear home. Some mothers also include a baby book (for signatures of visitors), breastfeeding book, camera, birth announcements, telephone and address book, and a small gift or treat for the sibling(s).

Admission

Enter the hospital through the emergency department entrance. Check in at the admissions desk. We will escort you to a labor/birthing room on the second floor. Labor and Delivery suites are designed to enhance a couples' comfort and sense of well-being. Providing that both mother and baby are doing well, your newborn baby may remain with you after birth. Siblings and other family members are allowed to visit with the parents and the newborn in the birthing room right after delivery.

Videotaping in Labor and Delivery

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

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

Doulas

Lexington Medical Center offers the Doula Birthing Assistant program to help expectant mothers cope with the physical and emotional demands of one of life's most momentous events. Doulas (pronounced dü-läs) are women helping women. They have been trained to help guide you through the pain and stress that accompany labor and delivery by providing emotional support and physical comfort measures. This can have an immeasurable impact on the childbirth experience. Your doula will remain with you throughout labor and delivery, regardless of time or shift changes, caring for you with everything from soothing tired muscles to lending moral support. The doula will also follow up with you the next day, providing additional support, breastfeeding assistance and information. For more information, please call (803) 791-BABY (2229).

Cesarean Birth

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

Rooming-in

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

Visitors:

Visitor hours are between 8:30 a.m. and 8:30 p.m. daily. Labor and Delivery does not allow more than three visitors at a time in the Labor and Delivery rooms. Your baby can be in your room when visitors are present. For your own comfort and recovery, we ask that you limit visitors to no more than 3–4 at any one time. It will be your responsibility to limit visitors if you are feeling tired and overwhelmed.

Safety and Security:

Due to events in other parts of the country related to infant abduction, we would like to share some information about infant security:

1. We know that you are very excited about the birth of your baby and want your friends and neighbors to know of the arrival. Placing signs in your yard or bows on your mailbox or other forms of public display, however, may make you the target for a potential abductor.
2. If you want your baby's birth placed in the newspaper, the proper release to do so will be obtained while you are in the hospital; however, this does not mean that we are encouraging you to do this. This service is provided only at your request.
3. If you want your baby's picture placed on the Internet, we will do that too, but only with the parents' first names. No demographic data is included that would allow anyone to locate you. A consent form for an Internet photograph must be filled out and signed by the parent. This is a free service.
4. While you are in the hospital, we will review other security measures taken to protect your baby.

LABOR

Preterm Labor Prevention

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

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

There are preterm labor prevention programs that have been helpful in reducing our preterm birth rate. Patients who require these services are able to monitor uterine activity at home and forward this information via phone to nurses in the office. Patient education, modification of daily activities, medicines to reduce uterine activity, and aggressive prenatal care have helped many women carry their pregnancies to term.

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

What is True Labor?

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

What is False Labor?

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

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

Signs of Labor

1. Uterine contractions that get closer together, do not go away and increase in intensity.
2. Vaginal discharge that appears to have mucus in it or is bloody.
3. Ruptured membranes (water leaking from vagina).

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

Breech Presentation

Breech presentation occurs when a baby is positioned in the uterus with the head up. A vaginal delivery of a breech baby can be difficult and risky. For these reasons, our doctors prefer that breech babies be delivered by cesarean section in most circumstances.

When to Call the Doctor?

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

POST-PARTUM INSTRUCTIONS

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

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

MASTITIS

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

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

Signs and Symptoms:

- small cut in the nipple or the areola (dark area around the nipple)
- body aches or tiredness
- breast tenderness with redness, swelling or hardness in one area of the breast
- chills or fever
- headache
- tenderness under your arm
- breast may also feel hot or itch

WHAT TO DO IF YOU DEVELOP MASTITIS

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

- Contact the office immediately.
- Continue breastfeeding, starting on the affected side.
- If your baby doesn't feed well or will not feed on the affected breast, empty the breast using a piston-type hospital breast pump.
- Drink more fluids.

- Reduce your salt intake.
- Take acetaminophen or ibuprofen to reduce fever and discomfort so milk letdown will occur and the breast can be emptied.
- Apply moist heat to speed up milk letdown and ease soreness; cool packs may be used initially to decrease swelling.
- Apply gentle massage to move the milk forward and increase drainage from the infected area.
- Avoid breast shells and tight-fitting bras.
- Avoid tight clothing and underwire bras.
- Wash your hands before handling the infected breast.
- Lanolin creams may be used to treat nipples. Your physician may prescribe medication if you develop a fungal infection of the nipple.
- Make sure your baby is in a comfortable nursing position and does not pull excessively on your nipple; if necessary, talk to a lactation consultant to evaluate your nursing technique.
- If you have a fever, the doctor may prescribe antibiotics for seven to 10 days.
- Schedule a follow-up appointment in seven days so the doctor can check for an abscess. If your symptoms don't respond within 48 hours of antibiotic treatment, notify the physician.

RECOMMENDED READINGS

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

New York: Workman Publishing Company

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

New York: Workman Publishing Company

The Womanly Art of Breastfeeding. By La Leche League International

New York: The New American Library, A Plume Book

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

PREGNANCY CHECK LIST

4 to 14 Weeks

- Confirm your pregnancy with your chosen provider (MD or midwife) and get your approximate due date. Discuss your medical history as well as any genetic family history. Discuss laboratory testing, and ultrasound schedules. (lab test may include: Blood type and RH, Complete Blood Count, Gonorrhea and Chlamydia swab, Rubella titer, VDRL, HIV, Hep B and Urinalysis)
- Check your insurance benefits with your insurance company.
- Discuss circumcision pros and cons with your baby's Father. Check insurance coverages for this procedure.
- Follow advice on prenatal vitamins and lifestyle changes recommended by your provider such as stopping smoking, drinking, limiting caffeine and get on a healthy, well balanced diet. Discuss a good exercise plan to maintain good weight throughout pregnancy.
- Start thinking about names you may like.
- You may want to start a pregnancy journal.
- Register with WIC if appropriate.

14 to 28 Weeks

- Sign up for prenatal classes.
- Arrange to take a tour of the hospital where you will be delivering your baby at. If you are Rh negative, discuss RhoGam with your provider.
- Get referrals for pediatricians from friends, co-workers, your provider or hospital.
- Discuss with your employer your time off.
- Get a dental check up if you have not had one during the past 6 months.
- Register for baby items so your friends and relatives can help you welcome your baby with everything he or she may need.
- Set up interviews with 3 pediatricians that have been recommended to you if you wish so you can choose your pediatrician. It is important to let your Obstetrician or Midwife know who you choose.
- Start planning your baby's nursery.

After 28 Weeks

- Glucose Tolerance Test may be ordered as well as Group Beta Strep Test may be done.
- Be sure you have given your pediatrician's name to your provider.
- Take care of any co insurance charges for your provider and hospital.
- Remember to discuss circumcision if you are having a boy and be sure that you have insurance coverage or have paid your provider for the service.
- Have your baby's father check with his employer about time off from his job as a new father.
- Be sure to attend your childbirth class and any other classes offered at LexHealth.com/Maternity-Classes.
- Decide if you are breastfeeding. Get sized for nursing bras and other specialty clothing that may be beneficial.
- Decide on your final baby name.
- Register for religious services if you desire.
- Finish up nursery, wash and put away baby clothes
- Pack a hospital bag for yourself and add baby's going home outfit.



LEXINGTON
MEDICAL CENTER



LEXINGTON
**Women's
Care**

A Lexington Medical Center Physician Practice

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222 East Medical Lane, Suite 300
West Columbia, SC 29169
(803) 936-8100

Irmo

1 Wellness Boulevard, Suite 203
Irmo, SC 29063
(803) 749-9920

Lexington

103 Thompson Street, Suite 300
Lexington, SC 29072
(803) 785-4777

Sandhills

3016 Longtown Commons Drive, Suite 400
Columbia, SC 29229
(803) 788-0268

Chapin

565 Columbia Avenue, Suite 100
Chapin, SC 29036
(803) 936-7476

White Knoll

5535 Platt Springs Road
Lexington, SC 29073
(803) 314-9510

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