



Pregnancy Information

Welcome and Congratulations on Your Pregnancy!

One of the most important things you can do for your baby is to get regular prenatal care, and we appreciate you choosing us to share in this very special time in your life. We assure you that you will receive the highest quality care throughout your pregnancy and delivery – whatever your needs are – and we look forward to getting to know you and your growing family.

We realize that you will probably have many questions throughout your pregnancy. We ask that you first consult this book, as you may find that many of your questions will be answered here. We strongly advise you to keep a list of questions to bring with you to your next office visit so that you can discuss them with your doctor.

If you have problems or questions that can not wait, please call us and leave a brief message for the telephone triage nurse. She will 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. If you have an emergency, be assured that we will take care of you right away.

In this packet you will find information about:

- Our Physicians
- What to Expect at Your Appointments
- Prenatal Testing
- Hospital and Financial Information
- Frequently Asked Questions
- Dietary Precautions
- Common Discomforts of Pregnancy
- Signs of Possible Emergency Situations

Our Physicians

There are six physicians that provide care for our OB patients. We encourage you to meet every provider during your pregnancy. Our physicians alternate call, and the physician who is on call at the time you go into labor will deliver your baby. Please feel free to let our schedulers know if there is a particular physician you would prefer to see, and they can ensure your next appointment is scheduled on a day when he or she is available.

Brandi K. Alt, DO



Dr. Brandi Alt specializes in Obstetrics and Gynecology for all ages. She graduated from the West Virginia School of Osteopathic Medicine and completed her residency in Obstetrics and Gynecology with the Greenville Hospital System. She is certified by the South Carolina Board of Medical Examiners and is board-eligible for the American College of Obstetrics and Gynecology.

Jeffrey A. Bradley, MD, FACOG



Dr. Jeff Bradley graduated from the Medical University of South Carolina in Charleston, and now specializes in General Obstetrics and Gynecology. He completed his residency at the Greenville Hospital System in Obstetrics and Gynecology. Dr. Bradley is board certified by the American Board of Obstetrics and Gynecology.

Sharon E. Kofoed, MD, FACOG



Dr. Sharon Kofoed graduated from the University of Alabama at Birmingham and completed her residency training in Obstetrics and Gynecology with the Greenville Hospital System. She specializes in General Obstetrics and Gynecology and is board certified by the American Board of Obstetrics and Gynecology. Dr. Kofoed also is a member of the American College of Obstetrics and Gynecology.

Laura W. LeBel, MD, FACOG



Dr. Laura LeBel earned her medical degree from the Medical University of South Carolina, and completed a General Surgery internship at the Medical University of South Carolina before her Obstetrics and Gynecology residency at Oakwood Hospital in Detroit, Michigan. Dr. LeBel specializes in General Obstetrics and Gynecology, Menopause, Urogynecology, Adolescent Medicine and Laparoscopic Surgery. She is board certified by the American Board of Obstetrics and Gynecology.

James F. Metherell, MD, FACOG



Dr. James Metherell earned his medical degree from the University of South Carolina School of Medicine in Columbia, SC and completed his training in the Obstetrics and Gynecology residency program at the Greenville Hospital System. Dr. Metherell specializes in General Obstetrics and Gynecology, Polycystic Ovarian Syndrome, Laparoscopic Surgery and Alternatives to Hysterectomies. He is board certified by the American Board of Obstetrics and Gynecology.

Matthew L. Smith, MD, FACOG



Dr. Matthew Smith graduated from the University of South Carolina School of Medicine and completed his residency in Obstetrics and Gynecology with Greenville Hospital System. He has been practicing in Greenville for nearly 15 years. Dr. Smith specializes in General Obstetrics and Gynecology, Pre-Conceptual Counseling, Infertility, Hormone Management, Pre-Menopausal Syndrome, Sexual Dysfunction, Contraception and Pelvic Pain. He is board certified by the American Board of Obstetrics and Gynecology.

Office Visit Information

Appointments

If your pregnancy progresses normally, we will see you once a month until 26-28 weeks. At that time, your appointments will be scheduled every 2-3 weeks until 35-36 weeks. You then will be seen every week until you deliver your baby.

Please know that we make every effort to see you in a timely fashion, but unexpected emergencies, surgeries and deliveries may occasionally put us behind schedule. Please let us know if you have been waiting more than 20-30 minutes.

Emergencies

We have someone on call for our practice after hours, on weekends, and holidays. If you are having an emergency, call **675-1190** and follow the prompts. The on-call nurse or physician will return your call within 15 minutes.

Your First OB Visit

During your first OB visit you will have a pap smear and general exam. Based on your last menstrual period, we will calculate an approximate due date for your baby. 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 will confirm this date with an ultrasound at around 12 weeks.

At the first visit, we will collect blood and urine specimens to screen for immunities, infections, check your overall wellness and check your blood type.

During your first visit you also will meet with our financial counselor to discuss insurance, fees, and financial expectations during your pregnancy and delivery. All fees should be satisfied prior to delivery and we will be glad to work with you to satisfy your financial obligations.

Office Routines During Prenatal Visits

At each routine visit, we will:

- Ask for your driver's license and current health insurance card at check in.
- Ask you to complete a short information sheet at check in.
- Collect a urine specimen.
- Check your weight and blood pressure.
- Ask you about any problems you are experiencing or concerns you may have.
- Assess fetal growth by measuring the distance from your pubic bone to the top of your uterus, called the fundus, using a tape measure. Usually, the measurement closely follows your weeks of pregnancy. For example, a woman who is 25 weeks pregnant usually has a measurement around 25 cm.

After 12 weeks we will:

- Check your baby's heart rate by applying a gel to your abdomen and using a handheld Doppler device.

After 20 weeks we will:

- Ask you if you have felt the baby move.

After 38 weeks we will:

- Check your cervix for dilation and effacement.

Prenatal Testing

Ultrasounds

Highlands Center for Women is accredited through the American Institute for Ultrasound and Medicine, and all of our ultrasonographers are credentialed in obstetrics and gynecology by the American Registry for Medical Sonographers. We are one out of only two medical practices in Greenville to obtain certification from the Fetal Medicine Foundation for Nuchal Translucency, which certifies our sonographers to test for certain birth defects early in pregnancy.

You will typically have a first trimester ultrasound between 11 and 13 weeks, unless you are having problems. This first ultrasound is typically an internal ultrasound. This allows the technician to get a closer, clearer view of your baby. You will be asked to empty your bladder prior to the ultrasound. At this ultrasound, you will be given a disc with pictures for you to keep. Be sure to bring this disc with you to future ultrasound appointments so that new images can be added to it.

At 20 weeks, you will have another ultrasound that includes a full anatomy scan of the baby. This ultrasound will be performed on the outside of your belly. Please limit the amount of caffeine and sugar you eat and drink prior to this ultrasound, and keep in mind that you will *not* empty your bladder before this ultrasound. You may be able to find out the sex of the baby during this visit if you would like to.

Your doctor may recommend additional ultrasounds as your pregnancy progresses. These may be performed to give your doctor more information about your baby's position, fluid level and overall wellbeing.

If you would like to take a peek at your baby in 3D, our office offers optional 3D/4D Ultrasounds to women who are between 28 and 32 weeks. Insurance does not cover these ultrasounds, and there is a fee of \$250.00 per session.

You may bring loved ones with you to ultrasound appointments, but please limit visitors to a total of three, and note that children under than age of 10 are not permitted in ultrasound.

Ultrascreen Test

This is an optional ultrasound test that is performed around 12 weeks that can rule out genetic or chromosomal problems with the baby, as well as up to 40% of heart defects. This test does not rule out spinal issues. Our sonographers are specially certified to perform this test.

AFP or Quad Screen

This blood test screens for potential genetic disorders like neural tube defects, spina bifida, Down's syndrome and Trisomy 18. The test results are combined with the mother's age and ethnicity to assess the probability of a potential genetic disorder. Remember, this test only indicates which babies *may* be at increased risk – additional testing would be needed to determine whether or not your baby has a birth defect.

This test is optional and offered to patients during the second trimester. If you had the ultrascreen test, you should plan on having this test as well to evaluate any potential spinal issues.

Glucose Testing

Pregnant women are at risk of developing gestational diabetes because of production of hormones by the placenta. A glucose test for gestational diabetes is given to all pregnant women around 28 weeks. If you have a history of diabetes or PCOS, you may be asked to have this test at 24 weeks and again at 32 weeks.

This test involves drinking a sweet drink called glucola after fasting, and having your blood tested one hour later to see how your body processes the glucose. A normal range is between 65-139. If your glucose level tests higher than 139, you will repeat the test, but wait three hours after drinking the glucola to have your blood drawn.

Your blood will not be drawn in our office – you will be sent to a third party lab located in our building to have it drawn. If you prefer one lab over another for insurance reasons, please let us know as soon as you arrive. Please note that the lab may require a credit card at the time of the blood collection so that your information is on file for payment.

Rhogam and Antibody Screens

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.”

If an Rh negative mother is carrying a baby whose blood type is Rh positive, she could develop antibodies that would cause her body to fight the fetus' blood cells as if they were harmful substances. Rhogam prevents this antibody formation. If your baby's blood

type is determined to be Rh positive after delivery, you will be given another injection of the same medication within 72 hours after delivery.

If your blood type is Rh positive, you do not have to have the blood test or injection. If you are Rh negative and the father of your baby is also Rh negative, you do not have to have the Rhogam injection if we have documentation of the father's blood type.

Group B Strep

Group B Strep is a bacteria found in the vaginal area that can make your baby sick if he or she has prolonged exposure to it. A Group B Strep test is performed for all patients at 35 weeks and involves a swab of the vaginal and rectal areas. If you are Group B positive, you will receive a dose of medicine through an IV when you are in labor to help prevent your baby from getting sick.

Lab Work

Our practice uses LabCorp for all OB lab work. LabCorp is located in the same building as our practice, on the first floor. Please check with your insurance company to ensure that LabCorp is an approved provider. If you prefer that we use another lab, please let us know.

Hospital and Financial Information

Hospital Pre-Registration

Please plan to pre-register at the hospital of your choice by 20 weeks gestation. Pre-registering for your hospital stay does not obligate you to anything – it simply is an added convenience so that you can make arrangements prior to delivery and avoid extra time in the admitting office or check-in while you are in labor.

Both hospitals have web sites that you can access for additional information. At these sites, you can complete your pre-registration forms online. We also have pre-admission forms available at our office.

- www.stfrancisbaby.com
- www.ghs.org

Prenatal Classes

Both hospitals offer tours of their facilities as well as a variety of classes about childbirth, pregnancy and parenting. We recommend attendance after 28 weeks.

- www.stfrancisbaby.com
- www.ghs.org

Financial Expectations

You will meet with our financial counselor at the time of your first visit to discuss insurance, fees, and financial expectations during your pregnancy and delivery. All fees should be satisfied prior to delivery and we will be glad to work with you to satisfy your financial obligations.

Frequently Asked Questions

Safe Medications

Please refer to the “Common Discomforts of Pregnancy” section of this packet for acceptable medication use during pregnancy. We strongly recommend the flu vaccine for all pregnant women during flu season, however, we do not administer the vaccine in our office.

If you need an antibiotic, the following are permissible: Penicillin, Ampicillin, Amoxicillin, Keflex, Ceclor, Erythromycin, Zythromycin (Z-pak), Ceftin, Macrobid, Macrochantin, Cedex, Augmentin.

Weight Gain

A 25-30 pound weight gain is ideal during pregnancy. If you are concerned about your weight gain, talk with your doctor or nurse practitioner during your next visit.

Exercise

We encourage all patients to participate in some daily aerobic activity such as walking or swimming for 30 minutes each day. If you are currently in an exercise program, you may continue, but avoid straight leg lifts, sit-ups, or weights greater than 30 pounds. Also avoid exercises that require you to lie flat on your back after 20 weeks. After 28 weeks, you are prone to joint injury due to hormonal stimulation, so we encourage you to avoid high impact exercises after this time.

Hot Tubs/Tanning Beds

We strongly discourage the use of hot tubs and tanning beds. Warm baths in a bathtub are safe as long as the water is not too hot. You may use self-tanning lotions or spray tans if desired.

Hair and Nails

If you use hair coloring products, have acrylic nails, or get manicures or pedicures, you may continue to do so. Make sure your salon is well ventilated.

Dental Visits

Please keep all dental appointments as scheduled. If dental X-rays are necessary, you may have them as long as you are properly shielded. Be sure to let the X-ray technician know that you are pregnant.

Use of Bug Spray/Paint

Be sure that you are in a well ventilated area if you are using bug spray, paint, or any other substance with fumes.

Travel

Travel is best between weeks 13 and 36. If traveling by car, plan to stop for bathroom and stretching breaks every two hours.

TB Test

TB tests are permissible during any point of pregnancy.

Non-Pregnancy Related Concerns

We make every effort to meet your needs during your pregnancy, but encourage you to contact your primary care provider for assistance with illnesses that are not directly related to your pregnancy.

Please keep in mind that it is very important to limit exposure of any contagious illnesses to other pregnant women. If you have a fever, stomach virus, strep throat, or other similar contagious illness, please talk to us over the phone rather than coming to the office in person. Thank you for your sensitivity and consideration in these circumstances.

Permanent Sterilization Requests

If you are planning on having a tubal ligation after the delivery of your baby, please let us know as soon as possible. We advise all women to have this procedure done six weeks after delivery in order to ensure that everyone is comfortable with the decision to no longer have children.

If you are having a Caesarian section, we will perform it at the time of surgery if desired. Please keep in mind that there is a special approval process at St. Francis that has to be completed prior to delivery, so allow time to get the necessary paperwork done. Also note that all payments for elective procedures must be paid in advance.

Web Page

You can find more information about our practice at www.highlandscenterforwomen.org.

Dietary Precautions

SEAFOOD: Most seafood is safe to eat as long as it is fully cooked. In fact, fish is an excellent source of Omega 3 fatty acids that help your baby develop. Just remember that moderation is key, and avoid raw seafood. Some larger fish, such as tilefish, albacore tuna, mahi mahi and swordfish carry a risk of mercury contamination if eaten regularly. Limit your intake of these types of fish to only one to two servings per week during pregnancy. Cooked shrimp, crab and light canned tuna are safe for consumption. Make sure any seafood that you eat is cooked thoroughly – especially beware of tuna steaks and some kinds of sushi rolls that are often served rare.

DAIRY PRODUCTS: Eat only dairy products that are pasteurized, including all cheeses. Be sure to check the packages of soft cheeses like goat cheese and feta to ensure that they are pasteurized.

EGGS: Do not eat raw eggs while pregnant due to risk of salmonella and food poisoning. Remember that cake batter and cookie dough both contain raw eggs!

DELI MEATS: Deli meats carry a risk of salmonella and listeria, which can contribute to food poisoning. You can eliminate risk by thoroughly heating meats before consumption – heat in the microwave until steaming and either serve hot or allow the meat to cool before eating. Limit your intake of deli meat to 1-2 times per week.

SUGAR SUBSTITUTES: All sugar substitutes are safe during pregnancy.

FLUID INTAKE and CAFFEINE: Hydration is very important during pregnancy, and we encourage you to make water your drink of choice. Six to eight glasses per day are recommended. Limit your intake of caffeinated drinks, including sodas, tea, and coffee, to no more than 16 ounces per day.

TOXOPLASMOSIS: This infection can be spread in two ways: by eating raw meat and through exposure to an infected cat's litter box. Be sure to wash your hands thoroughly after handling raw meat. If you have a cat, try to have someone else change and clean the litter box. If you change the litter box, be sure to wash your hands thoroughly.

Common Discomforts of Pregnancy

If any minor discomforts like these occur, let us know at your next visit. We will want to know what measures you have taken to relieve the discomfort, including any medications that you are taking. Never exceed the recommended dosage on any medication, over the counter or prescription, without a physician's approval.

Colds/Sinus Trouble	
Causes:	Allergies, virus, or flu. Hormones can cause increased secretions and softening of mucous membranes around the sinuses.
Treatment:	Plenty of fluids and rest and use of a humidifier or vaporizer You may use Chlotrimeton, Sine-Aid, Sinutab, Benadryl, Tylenol Cold & Flu, Dimetapp, Sudafed. Use Tylenol (or any brand of acetaminophen) for aches and pains. You may also use pediatric Afrin nasal spray, but for no longer than three days. Do not use anything containing Aspirin or alcohol. Note: Colds in pregnancy tend to last longer – sometimes 10-14 days.
Constipation	
Causes:	Slower passage of food due to hormones and pressure from the uterus on the colon.
Treatment:	Eat a high fiber diet, including items like bran cereal, and raw fruit and vegetables. Drink lots of liquids, especially fruit juices and prune juice. Exercise. You may consider using FiberCon, Metamucil or Citrucel to get more fiber in your diet. You may use laxatives such as Miralax, Metamucil, Dialose, Dulcolax, Milk of Magnesia, Peridium, or Colace. Use Senekot or Senekot S if you go more than three days without a bowel movement. If constipation persists, call our office and we may recommend an enema.
Cough	
Causes:	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. We encourage you to take advantage of the flu vaccine during pregnancy between the months of October and March. Remember, the flu is contagious so we try to limit exposure to others by treating you over the phone while at home, if possible.
Diarrhea, Nausea, Vomiting	
Cause:	Virus, changes in eating habits, or travel. *See separate section below regarding morning sickness.
Treatment:	You may take Immodium, Kaopectate, Donnagel or Lomotil for

	<p>diarrhea. Drink plenty of liquids, such as sips of ginger ale, Gatorade, or weak tea to prevent dehydration.</p> <p>For nausea, you may take Emetrol, or a combination of Vitamin B-6 with ½ Unisom at night. Accupreg bracelets also may help with nausea. Let us know if nausea persists past 24 hours. Prescription medications like Phenergan, Zofran or Reglan may be prescribed. Eat crushed ice, chicken noodle soup, or plain crackers. 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.</p>
Dizziness or Lightheadedness	
Cause:	Pressure on major blood vessels by enlarging uterus. Hormonal change.
Treatment:	Lie 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 movements, standing up quickly, or turning.
Fever	
Treatment:	Take Tylenol or Extra-Strength Tylenol. Call the office if your temperature is over 101 degrees.
Headaches	
Cause:	Hormonal changes, tension, colds, flu, allergies, viruses
Treatment:	Take Tylenol, Extra-Strength Tylenol, or any acetaminophen product every four hours as needed. Do <i>not</i> take aspirin or Ibuprofen. Try to take medicine before the pain becomes severe. Resting in a quiet place may also help. If Tylenol doesn't work, try a combination of Tylenol and 25 mg of Benadryl.
Heartburn	
Cause:	Increased stomach acid, delayed emptying of stomach after meals, or reflux.
Treatment:	<p>Do not use baking soda! Eat a bland diet, such as bananas, rice, applesauce, tea, and toast. Eat frequent, small meals, and eat slowly. Do not lay flat right after eating.</p> <p>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. If none of these are effective, you may try Pepcid Complete, Tagamet or Prilosec.</p>

Hemorrhoids	
Cause:	Constipation or pressure from the uterus on veins in the rectum.
Treatment:	Avoid constipation by drinking plenty of fluids (at least six to eight glasses a day) and eating plenty of fiber. Try soaking in 2-3 inches of very warm water several times a day. You may use Tucks pads or Witch Hazel compresses (try chilling them in the refrigerator prior to use), Preparation-H, Anusol HC cream or suppositories. We can provide a prescription for Proctofoam-HC if needed.
Insomnia	
Cause:	Pressure of baby on blood vessels and nerves, discomfort, hormonal influences, or anxiety about pregnancy, baby, labor and delivery, etc.
Treatment:	Change position; try putting a pillow between your knees and sleeping on your side. Get up and walk around for a brief period, read a book and try drinking warm milk. You also may try Benadryl, 25-50 mg.
Itching	
Cause:	Skin changes during pregnancy.
Treatment:	Any over-the-counter lotion, Vitamin E cream, hydrocortisone or Benadryl cream.
Leg or Muscle Cramps	
Cause:	Pressure of uterus on vessels in the leg, slowed circulation and lack of calcium, magnesium and potassium.
Treatment:	Wear low heeled shoes. Try position changes. Increase your intake of milk or milk products, and eat potassium-rich foods like bananas. If you can't get your milk products in, take one over-the-counter Calcium plus Vitamin D tablet a day in addition to your pre-natal vitamin. There is some evidence to support that calcium with magnesium supplements can also be helpful. 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.
Low Abdominal and Back Pain (without temperature or spotting)	
Cause:	Pressure from the baby, stretching of round ligaments that usually hold the uterus in place, or muscle pain.

Treatment:	Applying a heating pad on low to the area. Taking warm tub baths. Resting with legs elevated. Taking Tylenol, Extra Strength Tylenol or any brand of acetaminophen. Sleeping on a firm mattress. Wearing comfortable, low-heeled shoes. Wearing a maternity girdle.
Nose Bleeds	
Cause:	Increase in small blood vessels in nose, due to increased blood volume and hormones. Irritation or dry atmosphere.
Treatment:	Apply pressure to affected side and hold until bleeding stops or use an ice pack. Avoid blowing your nose forcefully. If nose bleeds persist or are accompanied by headaches, call our office. There is some evidence to support the use of Vitamin E oil to coat the inside of nostrils and decrease irritation.
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.
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 degrees, please call the office.
Swollen Ankles	
Cause:	Increased fluid due to pregnancy.
Treatment:	At least three 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.
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.
Vaginal Discharge	

Cause:	Normal discharge is expected during pregnancy unless accompanied by bleeding or odor.
Treatment:	Call the office if discharge includes bleeding or odor. For yeast infections, Monistat or Gyne-Lotrimin may be used.
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. There are some special support belts and compression stockings that can be prescribed if needed.

Nausea or “Morning Sickness”

Nausea and vomiting may occur during the early weeks of pregnancy. Although it is frequently referred to as "morning sickness," it may occur any time during the day or night. Usually, it disappears after about the third month. The actual cause of morning sickness is not known with certainty. However, it is thought to be due to the increased amounts of estrogen and progesterone that are produced by the ovaries during pregnancy.

To PREVENT morning sickness, try the following suggestions:

- Eat a piece of bread or some crackers before you get out of the bed in the morning or when you feel nauseated.
- Get out of bed slowly. Avoid sudden movements.
- Have some yogurt, cottage cheese, or milk before you go to bed.
- Eat high protein foods like eggs, cheese, nuts, and meats.
- Drink liquids before or after meals, not during.
- Avoid greasy or fried foods, as they are hard to digest.
- Avoid spicy or heavily seasoned foods.
- Take 100-200 mg of Vitamin B-6 at bedtime. You may also take 1/2 Unisom with the Vitamin B-6. This combination has been used for years!
- Try to keep something on your stomach every few hours.

To REMEDY morning sickness, try these suggestions:

- Sip soda water or ginger ale when you begin to feel nauseated.
- Get some fresh air by taking a walk, opening a window, or using an exhaust fan while cooking.
- Take slow, deep breaths.
- Drink spearmint, raspberry leaf, or peppermint tea.

If vomiting persists or you are unable to keep anything down for 24 hours, please call our office at 675-1190 and let us know.

