

M E L O babies

healthy moms healthy pregnancy healthy baby




MELMED
PRIVATE HOSPITALS

CARING FOR
YOUR NEWBORN
01

MY PREGNANCY
JOURNEY
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COMMON PREGNANCY
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MELOMED GYNAECOLOGISTS.

BELLVILLE

Dr N Mtimkulu	021 950 8930
Dr MS Jacobs	021 945 2970
Dr M Magopa	021 945 3483
Dr Z Dunn	021 110 5059
Dr H Nashandi	021 110 5246

TOKAI

Dr A Hendricks	021 712 2691
Dr T Motsema	021 110 5940
Dr M Tisane	021 023 2046

GATESVILLE

Dr N Allie	021 637 4323
Dr R Kader	021 638 2647
Dr S Camroodien	021 110 5930

MITCHELLS PLAIN

Dr G Khobane	021 391 4132/3
Dr T Masina	021 110 5945
Dr O Orji	021 110 5064
Dr N Maseko	021 110 5157

RICHARDS BAY

Dr J Moodley	035 772 1581
Dr MN Nkanyane	035 791 5506
Dr S Bodasing	035 791 5438
Dr K Mulomb	035 791 5446

GATESVILLE & MITCHELLS PLAIN

Dr MA Jeeva & Dr H Khamissa	
GATESVILLE:	021 637 1343/4
MITCHELLS PLAIN:	021 392 8141/0516

For more information contact us at info@melomed.co.za

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QUICK TIPS:

CARING FOR YOUR NEWBORN



FEEDING

Breast: 8-10 times per day
Bottle: Every 2-3 hours



NAPPIES

One to several poopy nappies per day. More for babies that are breastfed. Change your baby's nappy every 2-3 hours.



SLEEP

Your baby may sleep up to 18 hours a day and wake to feed every couple of hours. Until your baby shows good weight gain, you may want to wake your baby every 3-4 hours for feeding.



BATHING

Until your newborn's umbilical cord falls off and the navel heals completely, give your baby a sponge bath. After that, a tub bath two or three times a week is fine for the first year. ■

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MY PREGNANCY JOURNEY

YOUR BABY'S GROWTH AND DEVELOPMENT FROM 1ST TRIMESTER TO BIRTH

FIRST TRIMESTER | 0-13 WEEKS

0-2 WEEKS

Pregnancy begins after the first day of the last menstrual period (LMP).



BABY SIZE = POPPY SEED

4 WEEKS

A home pregnancy test should display a positive result. The ball of cells formed during fertilisation have developed into an embryo in the uterus.

6 WEEKS

An embryo's major systems and structures, e.g. the brain and spinal cord, develop. The neural tube closes, and the heart beats at a regular rhythm.

SECOND TRIMESTER | 14-27 WEEKS

14 WEEKS

The foetus develops lanugo, a fine, downy hair all over its body. Lanugo helps the foetus retain body heat until it accumulates fat.



BABY SIZE = POMEGRANATE

16 WEEKS

The foetus doubles in size and weight. Fetal movements, called quickening, may be felt.

18 WEEKS

Foetal organs and structures have been formed. An ultrasound may reveal the sex of the foetus.

THIRD TRIMESTER | 28-40 WEEKS

28 WEEKS

Breathing movements and body temperature are now controlled by the central nervous system.



BABY SIZE = PUMPKIN

30 WEEKS

Major foetal development is complete. The foetus begins rapidly gaining weight.

32 WEEKS

The foetus' bones are hardening though the skull remains soft.

34 WEEKS

The kidneys are fully developed and the liver can process some waste products.

Congratulations! You are creating a new life, even as you read this! Here's some information to help you keep track of the changes you can expect in your body and how your baby will grow during your pregnancy. Remember, the weeks are counted not from conception but from the first day of the last menstrual period.

8 WEEKS

The embryo is now called a foetus. All key body parts are present. The brain continues to grow and the lungs begin to form.



BABY SIZE = RASPBERRY

10 WEEKS

The critical part of development is complete. Tissues, kidneys, the brain, liver, and intestines are beginning to function.



BABY SIZE = KIWIFRUIT

12 WEEKS

The foetus is able to swallow, the kidneys make urine, and reflexes have developed. External genitals have formed.

20 WEEKS

This is the halfway point of pregnancy. The foetus is now covered in a cheese-like coating, called vernix caseosa, which protects its skin.

22 WEEKS

Foetal facial features are more distinct.

BABY SIZE = MANGO



BABY SIZE = PAPAYA



26 WEEKS

The lungs are developing surfactant, the substance that allows the lungs to inflate. The foetus begins to inhale and exhale – practicing breathing movements.

36 WEEKS

The foetus gains about 30g a day and fat develops under the skin.

38 WEEKS

The lanugo is mostly shed, the foetus has accumulated fat all over to keep warm after birth.



BABY SIZE = HONEYDEW



BABY SIZE = WATERMELON

40 WEEKS

This foetus is fully developed. The due date arrives but is just an estimate; it is normal to give birth before or after this date. ■



COMMON PREGNANCY

AND HOW TO DEAL WITH IT

By Dr Ncamsile Maseko

Congratulations on your pregnancy! Pregnancy is a normal physiological state and there are certain physical and hormonal changes. It is important to differentiate between minor ailments of pregnancy from serious complications in pregnancy.

This is an overview of the common minor complaints of pregnancy and tips of how they can be managed.



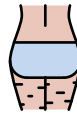
HEADACHES

Usually caused by many factors including hormonal changes, blood pressure changes, recurrent sinus

infections, straining of the eyes.

TIP

Try relaxation of warm compressors around the neck muscles. Stay hydrated and avoid triggers. Paracetamol may be prescribed for simple or minor headaches. Tell your doctor if the headaches persists, associated with flashing lights and does not resolve with Paracetamol.



LEG SWELLING

Also known as oedema.

TIP

Remember to rest and elevate your legs, avoid prolonged standing or sitting. Reduce salt intake. Take short breaks at work and sit with your feet raised. If the swelling is sudden, severe and affects face, hands and legs – urgently contact your doctor to check your blood pressure and exclude pre-eclampsia.



DISCOMFORTS



HAEMORRHOIDS/PILES
Increasing pressure in the pelvic cause haemorrhoids.

TIP

Treat constipation, increase your fibre intake, if painful and itchy piles. Sitz baths and topical products maybe used in pregnancy.



BREAST TENDERNESS
This is one of the 1st signs that you are pregnant and your breast may remain sensitive throughout the

1st trimester. The glands in the breast enlarge and your breasts may feel firmer and full and nipples may be more sensitive.

TIP

Keep your breast well supported, invest in soft and comfortable bras, however, if you notice a breast lump, report to your doctor for breast examination.



HEART BURN

This will happen as the uterus starts pushing up the stomach and can lead to acid reflux.

TIP

Avoid overeating, eat small regular meals to prevent acid build up. Avoid lying down immediately after eating. Contact your doctor for anti-reflux medication like Gaviscon.



MUSCLE CRAMPS

Muscle cramps are common at night, during sleep on the lower legs.

TIP

Have leg massages daily to improve blood circulation, eat food rich in magnesium e.g.: Bananas, potatoes. Flex your toes towards the knees. Avoid prolonged sitting or standing. Elevate the legs when you get home after a long day. If the calf muscles are suddenly painful, contact your doctor immediately to rule out deep vein thrombosis (DVT) of the lower limbs.



MORNING SICKNESS OR NAUSEA AND VOMITING

It is an unpleasant feeling that can happen anytime of the day not necessarily in the mornings. It typically worsens at 8-9 weeks of pregnancy and is usually over around 12 weeks. The experience of nausea or vomiting does not predict the gender of your baby.

TIP

Drink ginger tea, eat bland food like toast. Avoid fatty and spicy foods, dairy products, fried eggs and cheese. Keep drinking small amounts of water to avoid dehydration however if you are not able to keep even fluids, contact your doctor for antiemetic medication. Treat it early to avoid Hyperemesis gravidarum. >>



CONSTIPATION

TIP

Stay well hydrated and increase your fluid intake. Increase your fibre by eating wholegrain foods, vegetables and fruits and a small cup of prune juice. Contact your doctor for fibre supplementation and mild laxatives if all fails.



BLEEDING GUMS

This commonly happens when you brush or floss your teeth.

TIP

Use a soft-bristled tooth brush. Rinse your mouth and brush gently. Always inform your dentist that you are pregnant. Use salty water or plaque controlling antibacterial rinse before bed. Ensure that your gums and teeth are clean and healthy during your pregnancy.



LOWER BACK PAIN

Aches and pains are common as your ligaments are loose.

TIP

Improve posture and walk tall, use pregnancy support belts, use firm bed mattress, have low heat back massages, acupuncture and physiotherapy. Paracetamol may be prescribed by your doctor if deemed necessary. ■



MEET THE DOCTOR



DR. NCAMSILE MASEKO

MBBCh(Wits), Dip Obs (SA), Mmed (UP), FCOG (SA)

Dr. Ncamsile Maseko is an Obstetrician/Gynaecologist and currently practices at Melomed Mitchells Plain.

Tel: 021 1105 157

Email: admin@drmasekoinc.co.za



Healthy babies start with

PROPER PREGNANCY PLANNING

By Dr Jayeshnee Moodley

Pregnancy is a beautiful journey, but it begins long before the first positive test. The mother's health before conception and in the early weeks of pregnancy plays a powerful role in determining pregnancy outcomes for both mother and baby. Whether you are actively trying to conceive or have just discovered you are pregnant, thoughtful preparation and early care can significantly reduce risks and improve outcomes.

PRE-PREGNANCY GYNAECOLOGICAL EVALUATION: WHY IT MATTERS

A pre-pregnancy consultation is one of the most valuable steps a woman can take before trying to conceive. This visit allows your gynaecologist to:

1. Identify medical conditions that may affect pregnancy

Certain conditions can influence fertility, pregnancy progression, and delivery, including:

- High blood pressure
- Diabetes
- Thyroid disorders
- Anaemia
- Polycystic ovarian syndrome (PCOS)
- Endometriosis
- Fibroids
- Autoimmune conditions
- Previous pregnancy complications

Early identification allows us to stabilise and treat these conditions before pregnancy begins.

2. Review past gynaecological and obstetric history

This helps determine whether your pregnancy may be considered high-risk and what additional monitoring may be needed. Your doctor will assess:

- Menstrual regularity and ovulation
- Previous pregnancies or miscarriages
- Previous caesarean sections or complications
- Infections or abnormal Pap smears
- Fertility concerns

3. Review and optimise medication

Some medications are unsafe in pregnancy, while others need dose adjustments. We ensure that:

- Current medications are pregnancy-safe
- Chronic conditions are well-controlled
- Supplements are appropriate >>

LIFESTYLE FACTORS THAT INFLUENCE FERTILITY AND PREGNANCY

Nutrition

A balanced diet supports hormone regulation, egg quality, and early foetal development.

Key principles include:

- Plenty of fruits and vegetables
- Whole grains
- Lean protein
- Healthy fats (avocado, olive oil, nuts)
- Adequate hydration
- Iron, calcium, iodine, vitamin D, and omega-3 fatty acids are especially important.

Exercise

Walking, swimming, yoga, and light strength training are excellent options.

Regular moderate exercise:

- Improves circulation
- Helps maintain a healthy weight
- Reduces stress
- Improves insulin sensitivity
- Prepares the body for pregnancy and labour

Smoking, alcohol and substance use

Alcohol and recreational drugs should be avoided entirely when trying to conceive and during pregnancy. Smoking significantly increases the risk of:

- Infertility
- Miscarriage
- Premature birth
- Low birth weight
- Placental complications

The importance of multivitamins

A good prenatal multivitamin should ideally be started at least 1-3 months before conception.

Key components include:

- Folic acid (400-800 mcg): Reduces the risk of neural tube defects
- Iron
- Iodine
- Vitamin D
- Vitamin B12

Women with certain medical conditions may require higher doses of folic acid.

OPTIMISING EARLY PREGNANCY

The first trimester is a critical period of organ development.

Early booking visit

As soon as pregnancy is confirmed, schedule a consultation to:

- Confirm the location and viability of the pregnancy
- Accurately date the pregnancy
- Screen for ectopic pregnancy
- Review medical history
- Initiate appropriate blood tests
- Assess early pregnancy risks

Managing common early pregnancy symptoms

The first trimester brings significant hormonal changes that can affect both physical and emotional wellbeing. With proper guidance, most symptoms can be managed safely and effectively.

Nausea and vomiting (Morning sickness)

Nausea is one of the most common early pregnancy symptoms and may occur at any time of day.

Helpful strategies include:

- Eating small, frequent meals rather than large meals
- Avoiding an empty stomach
- Choosing dry foods such as crackers or toast in the morning
- Limiting fatty, spicy, or strongly scented foods
- Drinking fluids between meals rather than with meals
- Ginger (tea, biscuits, or capsules) may reduce nausea
- Vitamin B6 supplementation can be beneficial
- Adequate rest and stress reduction
- In more severe cases, safe anti-nausea medications can be prescribed.

Persistent vomiting, dehydration, or weight loss should be assessed promptly to exclude hyperemesis gravidarum.

Fatigue

Extreme tiredness is very common in early pregnancy due to rising progesterone levels, increased blood production, and the body's energy being directed toward placental development.

Ways to manage fatigue:

- Prioritise sleep and rest when possible
- Take short daytime naps if needed
- Maintain regular, gentle exercise such as walking
- Eat iron-rich foods (spinach, legumes, lean red meat) Stay hydrated
- Avoid over-scheduling and allow flexibility in daily routines
- Blood tests may be required to exclude anaemia or thyroid dysfunction if fatigue is excessive.

Emotional changes and mood fluctuations

Hormonal changes, physical symptoms, lifestyle adjustments, and anxiety about pregnancy can lead to emotional sensitivity, tearfulness, irritability, or mood swings. Supportive measures include:

- Open communication with your partner or support system
- Reassurance that emotional changes are common and normal
- Practising relaxation techniques such as deep breathing or mindfulness
- Maintaining light physical activity
- Adequate sleep and nutrition
- Limiting unnecessary stressors

Women with a history of anxiety or depression should inform their doctor early, as mental health is an essential part of prenatal care. Early support and treatment can significantly improve both maternal and pregnancy outcomes. If emotional distress becomes overwhelming, persistent, or interferes with daily functioning, professional support should be sought promptly.

ONGOING RISK ASSESSMENT

Some pregnancies require closer monitoring due to maternal age, chronic medical conditions, previous pregnancy complications, multiple pregnancy or structural uterine abnormalities. Early identification allows us to implement preventative strategies such as:

- Low-dose aspirin
- Blood sugar monitoring
- Cervical length surveillance
- Specialist referrals when necessary

Healthy pregnancies begin with informed preparation and early professional care. Pre-pregnancy counselling and early antenatal management empower women to enter pregnancy with confidence and optimise outcomes for both mother and baby. If you are planning a pregnancy or have recently conceived, consult your gynaecologist early. A personalised approach makes all the difference. ■



ABOUT THE AUTHOR



DR. JAYESHNEE MOODLEY

MBChB, FCOG (SA), MMed (O&G), AHMP (YALE)

Dr. Moodley is an Obstetrician/Gynaecologist and currently practices at Melomed Richards Bay.

Tel: 035 772 1581

Email: jmoodleypractice@gmail.com



BREASTFEEDING 101

GETTING STARTED WITH LATCHING-ON.

Like most things in life, getting off on the right foot (or boob) is half the battle. Here are your need-to-know pointers on settling into breastfeeding.

Prior to having your baby, you might have imagined that it would be a case of latching mini-me onto a nipple, and then letting your new boobs do their thing. Unfortunately, it is often not this straight forward - it's very common for breastfeeding to be difficult in the early weeks, and plenty of help is available. First though, here's a run-through of the basics. Also, we all know babies come in two flavours (better known as 'boys' and 'girls'), but for consistency here, we'll refer to your baby as 'she' throughout.

Read up and reach out before B-day

Consider pregnancy your time to swot up on feeding. Read more about infant feeding online, where thousands of women have, over the years, asked for advice or offered support. You could also consider taking a class and look into where and when your local breastfeeding clinics are.

Get plenty of skin-to-skin time

Skin-to-skin contact is crucial in making your baby feel safe and comfortable, and has been shown to help enormously in encouraging them to breastfeed. Try to feed them as soon after birth as you can - within the hour is best.

Bring them to the breast, even when there's no milk

Your milk won't come in for a few days, but you should still bring your baby to the breast in order for them to learn how to feed. This will also stimulate the production of your milk.

Get comfy before a feed

Make sure your back is well-supported and you have everything you need (phone, water, TV remote, pack of digestives etc) close to hand. Both you and the baby need to be nice and comfortable for the greatest chance of success.

Find the right position

On that note, what are the best positions for a brilliant breastfeed? Try one (or all) of these:

Laid back

Support yourself with pillows, and have your baby lying on top of you in a tummy-to-tummy position.

Cradle hold

Cradle your baby across your lap, supporting her using the arm on the side that she's feeding from. Rest her head in the crook of your elbow, and let the rest of her lie on your hand. Bring her towards your breast, rather than leaning forward.

Rugby hold

Put a pillow next to you on the side you want her to feed from, and tuck her body beside you (her hip to yours) under your arm. Support the head with your hand and guide her to the nipple.

The koala hold

For babies that can support their own heads. She should be held sitting upright with her legs wrapped around you, like a koala.

Lying down

Lie on your side and place her body parallel with yours, tucking a pillow behind her for extra support.

How to tell if your baby is latching on

Once your baby has latched on, she'll be able to suck in a strong, rhythmic way that will stimulate your milk to flow freely and you will feel a deep pulling in your breast. Your baby's bottom jaw will move rhythmically as her tongue stimulates the breast ducts to release milk, while the top jaw will remain still.

An incorrect latch

It's never fun - potentially causing you pain and stopping your baby from getting milk. If you're experiencing difficulty, try facing your baby's body towards you so that she doesn't have to turn her head, and tuck her in as close as possible so that her chin touches your chest and her nose is above your nipple. If that doesn't help, ask your lactation specialist or paediatrician for advice. An inability to latch may mean that something is wrong - for instance, your baby might have tongue-tie so it's always a good idea to get it checked out.

When breastfeeding isn't going well

If sorting out your latch and positioning wasn't enough, you may also have to contend with breastfeeding thrush, mastitis, cracked nipples, engorgement and then getting through growth spurts. While you're waiting for it to all come together, here are a few things to remember:

It's worth having a go - Even if you're pretty sure breastfeeding isn't for you, consider giving the first feed or two. This is because your colostrum will be jam-packed with antibodies and all sorts of goodies that help to stabilise your baby's blood sugars, line her gut and generally ease her introduction to the world.

It gets easier - So don't worry too much. Breastfeeding can be hard, especially in the early weeks, but many women who've done it say that if you can manage the first six weeks of breastfeeding, the following weeks/months/years are a comparative doddle.

Breastfeeding support - where to go



Your lactation specialist or midwife



Local breastfeeding support group



Breastfeeding support
Whatsapp groups - (especially if it's 1 am - there's always someone online who's been there)

Handy hints from mums who've been there

"Air your nipples as much as possible."

"Change feeding positions. Lying on my side was a godsend - the latch didn't hurt so much then."

"Learn from your own body and milk supply, and from the baby - they'll give you visual clues. With mine, if their hand was very close to their mouth, you knew they were hungry."

"Start with low expectations. I think people have unrealistic expectations - then, when they're not met, they assume something is wrong". ■



Melomed Hospitals have **specialist doctors to treat all your baby's** sickness and ailments.



From our specialised Paediatricians, Neonatologist,
Ear, Nose & Throat (ENT) specialists to Baby Clinics.



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Melomed
Gatesville & Tokai
Dr S Raban
021 023 0604
021 637 2358



Melomed
Gatesville
Dr R Khan
021 637 3811/3817



Melomed
Gatesville
Dr M Ismail
021 633 0332



Melomed
Richards Bay
Dr S Chetty
035 791 5535



Melomed
Richards Bay
Dr KP Seake
035 791 5428



Melomed
Bellville
Dr M Bassier
021 950 8980



Melomed
Bellville
Dr Rhode
021 945 1898



Melomed
Bellville
Dr M Ledger
021 946 1347



Melomed
Mitchells Plain
Dr O Adam
021 391 4967/8



Melomed
Mitchells Plain
Dr V Singata
021 392 8255/8



Melomed
Mitchells Plain
Dr MW Mathure
021 110 5145



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Dr O Dreyer
021 110 5805



Melomed
Tokai
Dr R Moore
021 110 5941



Melomed
Tokai
Dr M Meyer
021 712 1643



Melomed
Gatesville & Tokai
Dr B Nondela
Paediatric Surgeon
021 637 8100





Melomed
Gatesville & Tokai
Dr. J Stulinski
021 764 7208



Melomed
Gatesville & Tokai
Dr. S Ebrahim
021 637 20263



Melomed
Mitchells Plain
Dr. W Makhaye
021 110 5950



Melomed
Richards Bay
Dr. L Setoaba
035 791 5440



Melomed
Bellville
Dr. A Behr
021 945 1502



Melomed
Bellville
Dr. Z Doolarkhan
021 946 2191



Melomed
Bellville
Dr. Raphael Mlauzi
021 110 5217

Baby clinics

RHO Clinic

 **Melomed Bellville Hospital**
 **021 950 8960**

The following services are rendered:

- Follow up on newborn babies from the age of 2 weeks.
- Immunisations of babies
- Family planning
- Asthma education
- Responsible for doing lung functions for the pulmonologist.
- Breastfeeding Education

Clinic Hours:

Mondays to Thursdays: 9:00 - 16:00,
Open some Saturdays as per request
and by appointment only.

Dr Raban

 **Melomed Tokai**
 **021 023 0604**

The following services are rendered:

- Vaccinations
- Breastfeeding consultation
- Circumcision
- Family Planning
- Paediatric Consultation

Pre-eclampsia is when hypertension, usually accompanied by protein in the urine, develops in the second half of pregnancy (after 20 weeks of pregnancy). It is a common, but serious, complication of pregnancy.

When left undiagnosed or untreated, pre-eclampsia can cause harm to both the pregnant mother and the baby. Even though the diagnosis and treatment of pre-eclampsia has improved over the years, and the best possible treatment is given, it still often leads to early delivery of the baby and harm to the mother.

Screening

First trimester screening for pre-eclampsia is now available at PathCare. This screening entails a blood test of the pregnant mother during her early pregnancy (11 weeks to 14 weeks gestation), before pre-eclampsia develops. The information of the blood test is used, together with the mother's blood pressure results, clinical details and ultrasound findings, to calculate the risk of developing pre-eclampsia later in pregnancy.

Mothers found to be at high risk of developing pre-eclampsia, can then be put on aspirin to help prevent pre-eclampsia from occurring. The test result will also help the doctor to decide how regularly follow-up visits should be scheduled.

Many studies have shown that determining the risk of pre-eclampsia with early screening, and then treating with aspirin, can prevent pre-eclampsia from developing in many cases, which then improves the outcome for both the mother and the baby.

Across the world, early pregnancy pre-eclampsia screening is strongly encouraged.

Even though screening and prevention is ideal, it is helpful to know some of the key findings of pre-eclampsia. Please remember that antenatal visits, and blood pressure measurement, is very important during pregnancy.

Please see below some additional information on pre-eclampsia.

Symptoms

The defining feature of pre-eclampsia is high blood pressure, proteinuria, or other signs of damage to the kidneys, liver or other organs. You may have no noticeable symptoms. The first signs of pre-eclampsia are often detected during routine prenatal visits with a health care provider.

Along with high blood pressure, pre-eclampsia signs and symptoms may include:

- Excess protein in urine (proteinuria) or other signs of kidney problems
- Decreased levels of platelets in blood (thrombocytopenia)
- Increased liver enzymes that indicate liver problems
- Severe headaches
- Changes in vision, including temporary loss of vision, blurred vision or light sensitivity
- Shortness of breath, caused by fluid in the lungs
- Pain in the upper belly, usually under the ribs on the right side
- Nausea or vomiting

Risk factors

Conditions that are linked to a higher risk of pre-eclampsia include (but are not limited to):

- Pre-eclampsia in a previous pregnancy
- Being pregnant with more than one baby
- Chronic high blood pressure (hypertension)
- Type 1 or type 2 diabetes before pregnancy
- Kidney disease
- Autoimmune disorders

PathCare offers testing for 1st Trimester Pre-eclampsia Risk. Please contact your doctor for more information.