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OB Compliance Agreement

Women’s Health and Surgery Center strives for the absolute best care for both you and your baby. To ensure this, we strive to develop a relationship with our patient’s that emphasizes clear communication and optimizes adherence to recommended treatment plans.

This Includes:

- * Maintaining your scheduled appointments per the American College of Obstetrics and Gynecology (ACOG) guidelines with our practice. If your appointment needs to be rescheduled we require it be within the same week as originally scheduled. If you have an emergency or vacation planned please let our office know so that we can try our best to accommodate you.
- * Additional lab work
- * Sonograms
- * Referrals to other physicians (Ex: Maternal Fetal Medicine, Diabetes Management, Nutritionist, Cardiologist, Radiology, Hematology, etc.)
- * BPP and NST Testing (Antenatal Testing)
- *RhoGAM
- * Possible random drug testing depending on the clinical situation
- *We require rotating amongst all physicians to ensure continuity of care, so you will be comfortable with the physician on call when you deliver.

Failure to abide by these guidelines may result in dismissal from our practice.

I have read the above compliance agreement in regards to my maternity care and agree to the terms of Women’s Health and Surgery Center’s guidelines for such care.

I also have received the new pregnancy information packet.

Patient Printed Name _____ Date _____

Patient Signature _____ Date _____

125 Hospital Center Blvd., Ste 221
 Stafford, Va 22554
 Fax: 540.720.7341

540.368.WHSC (9472)
www.obgynvirginia.com

2535 Cowan Blvd.
 Fredericksburg, Va 22401
 Fax: 540.656.2254



Genetic Questionnaire

Patient Name: _____ **DOB:** _____

Please answer the following questions include yourself, baby's father, or anyone in either family:

- | | | |
|---|-----|----|
| 1. Patient's age greater than or equal to 35 at EDC? | Yes | No |
| 2. Thalassemia (Italian, Greek, Mediterranean, or Asian background): MCV<80? | Yes | No |
| 3. Neural tube defect (meningomyelocele, spina bifida, anencephaly)? | Yes | No |
| 4. Congenital heart defect? | Yes | No |
| 5. Down syndrome? | Yes | No |
| 6. Tay-Sachs (Jewish, French Canadian)? | Yes | No |
| 7. Canavan's Disease? | Yes | No |
| 8. Sickle Cell disease or trait (African)? | Yes | No |
| 9. Hemophilia or other blood disorders? | Yes | No |
| 10. Muscular dystrophy? | Yes | No |
| 11. Cystic fibrosis? | Yes | No |
| 12. Huntington's chorea? | Yes | No |
| 13. Mental retardation/autism (if yes was person tested for Fragile X)? | Yes | No |
| 14. Other inherited genetic or chromosomal disorder? | Yes | No |
| 15. Maternal metabolic disorder (DM, PKU, etc.)? | Yes | No |
| 16. Patient/father of the baby with a child with a birth defect not listed above? | Yes | No |
| 17. Patient/father of the baby with a birth defect themselves? | Yes | No |
| 18. Any medications since LMP other than prenatal vitamins (include vitamins, supplements, OTC meds, drugs, alcohol)? | Yes | No |
| 19. Any other genetic/environmental exposure to discuss? | Yes | No |
| 20. Do you own/live with a cat? | Yes | No |
| 21. Patient or father of the baby of Jewish descent? | Yes | No |
| 22. Recurrent pregnancy loss or stillbirth? | Yes | No |
| 23. Are you or have you even been a victim of domestic violence | Yes | No |

Infection History

- | | | | |
|--|-----|----|-----------------|
| 24. Lives with someone with TB or TB exposed? | Yes | No | |
| 25. Patient or partner has history of genital herpes ? | Yes | No | |
| 26. Rash or viral illness since LMP? | Yes | No | |
| 27. History of STD (Gonorrhea, Chlamydia, HPV, syphilis, HSV, HIV)? | Yes | No | |
| 28. Exposed to Chicken Pox? | Yes | No | |
| 29. Do you have a history of prior cesarean section? | Yes | No | How Many? _____ |
| 30. Do you have any spiritual or cultural values that impact your health care? | Yes | No | |

If you answered yes to any of the above questions, please explain further and note the question number:

Congratulations on your pregnancy and welcome to our practice!

Women’s Health and Surgery Center strives to support your newest or latest addition to your growing family. We are known for our individualized treatment of patients and innovative approach to health care for women. We have a dedicated staff of board-certified obstetricians/gynecologists and Nurses Practitioners specializing in obstetrical care for both normal and high risk pregnancies.

Our providers are committed to your health and hope to make your pregnancy and birth a wonderful experience.

Enclosed you will find information about the practice, common prenatal testing, and answers to frequently asked questions.

Pregnancy can be an exciting and stressful time. We look forward to your questions and concerns. **Our OB coordinator is here to support you during your entire pregnancy. She can be reached at (540) 720-7340 option 5.**

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Office Visits

Our obstetricians work as a team and meet regularly to discuss obstetrical cases. We hope you will see each of our physicians at least once during your pregnancy and if you are more comfortable seeing a particular doctor we will try to accommodate that as well.

The guideline we use for scheduling prenatal visits is every 4 weeks for the first 28 weeks of pregnancy, every 2-3 weeks until 36 weeks, and weekly after 36 weeks. Additional visits may be scheduled if needed.

We suggest you make your appointments at least a month in advance.

We ask that if you are unable to keep an appointment to please call to cancel/reschedule within 48 hours of your appointment. This allows appointment availability to other patients.

Due to unexpected hospital emergencies, it may be necessary for our staff to reschedule your appointment. If this should happen, we will contact you as soon as possible.

Childbirth Education Program

We have a **FREE** childbirth class held monthly in the Fredericksburg office. For information, contact our OB coordinator at 540.720.7340. Stafford Hospital offers a variety of classes, including childbirth basics, prepared childbirth, and others. We urge you to call or visit the Stafford Hospital website for more information.

We also strongly recommend taking a tour of Stafford Hospital, which will give you an opportunity to get comfortable with the Labor & Delivery and Mother/Baby Units. These tours are free, but have limited availability and need to be scheduled in advance.

For information regarding the Stafford Hospital Center Childbirth Education Classes and or Tours please call 540.741.1404 or visit www.marywashingtonhealthcare.com.

Telephone Availability

We are available to you at all times but request that you call during business hours, unless it is an emergency. During business hours, the providers or their medical assistants will return non-urgent calls in late morning or the end of the day. Telephone triage is available from 8:30a.m. until 5p.m Monday-Friday for questions or concerns.

If you call after hours, you will be able to leave a message or be connected to the answering service in the case of an emergency. The answering service will contact the provider on call and your call will be returned within 15 minutes. We are prompt about returning after hour calls. **If you haven't heard from us in 15 minutes, please call back.**

In the rare event of an answering service equipment failure, call Stafford Hospital's Labor and Delivery Unit 540.741.9299. They will be able to reach us directly. Our providers do not stay at the hospital unless caring for a patient, but we do have Hospitalists available in emergencies to care for you.

In case of medical emergency, call 911.

Women's Health and Surgery Center Locations and Phone Numbers

125 Hospital Center Blvd. Ste 221
Stafford, Va 22554
Phone: 540.720.7340
Fax: 540.720.7341

2535Cowan Blvd
Fredericksburg, Va 22401
Phone: 540.368.9472
Fax: 540.656.2254

Stafford Hospital Labor and Delivery, 2nd floor

101 Hospital Center Blvd.
Stafford, VA 22554
Phone: 540.741.9299

Mary Washington Hospital Labor and Delivery, 3rd floor
1001 Sam Perry Blvd.
Fredericksburg, VA 22401
Phone: 540.741.4390

Billing Information

540.368.9472 Option #4

It is our intention to provide and explain all financial policies and arrangements. Women's Health and Surgery Center accepts most insurance plans and will bill all insurance companies with whom we participate. If you have questions about your coverage, referrals, co-pays, etc., please contact Billing.

If your insurance provider has a special form for deliveries, you will need to provide us with the completed form as soon as possible. Your insurance will be billed at the time of your delivery.

If you do not have insurance, Women's Health and Surgery Center will charge an "Obstetrical Package Fee", which includes all office visits and physician charges for delivery. Charges may vary depending on the type of delivery you have.

Payment arrangements can be made with the billing office. Payments are to be made monthly with total payment due at **28 weeks** gestation. If you leave Women's Health and Surgery Center during your pregnancy, a bill will be generated for services provided rather than the package fee.

Hospital care, anesthesia, ultrasounds, pediatric care and lab charges will be billed separately by those providers. Visits that fall outside of routine obstetrical care could be subject to a co-pay, deductible or coinsurance. To inquire about insurance coverage or cost, contact Stafford and Mary Washington Hospital's financial counselors at 540.741.3555.

Disability and Pregnancy

The majority of expectant mothers can continue to work until late in pregnancy without any complications. Sometimes, however, the physical changes that occur during pregnancy and/or the demands of a woman's job can create difficulties. Please let us know if you have any concerns in this regard. We are usually able to provide suggestions to deal with fatigue, "morning sickness", or aches and pains that can be particularly challenging when at work. If you experience additional symptoms or have concerns about potential workplace hazards to you or your baby, please inform us. We will evaluate the situation and respond accordingly. If your doctor determines you should be placed on disability or medical leave, you will need to obtain forms from your employer.

There is a \$15.00 fee for processing disability paperwork. Please allow 7-10 business days for completion of these documents.

Patient Rights and Responsibilities

- ❖ **The patient has the right** to a reasonable response to her requests and needs for treatment of service within the healthcare providers capacity, stated mission and applicable regulations.
- ❖ **The patient has the right** to considerate, compassionate, and respectful care that recognizes her personal values and belief systems.
- ❖ **The patient has the right** in collaboration with her healthcare provider to make decisions involving her healthcare, including the right to accept or refuse medical care/treatment and to be informed of the medical consequences in cases of refusal.
- ❖ **The patient has the right** to information necessary to enable her to make treatment decisions that reflect her wishes and participate in the consideration of ethical decisions that arise in her care.
- ❖ **The patient has the right** to be informed of any human experimentation or other research/educational projects affecting her care or treatment.
- ❖ **The patient has the right** to personal privacy and confidentiality of information.
- ❖ **The patient is entitled** to have privacy during examination, to have visitors excused to be informed why any observer is present, and to grant or refuse another person's presence.
- ❖ **The patient has the right** to explanation of any portion of the bill. When appropriate, the business office staff will assist the patient in making arrangements for payment of the bill through a payment schedule or assistance program.
- ❖ **The patient has the responsibility** to provide a complete and accurate medical history to the best of her knowledge.
- ❖ **The patient has the responsibility** to ask questions and seek clarification about her diagnosis and treatment and participate in decisions involving her care.

- ❖ **The patient has the responsibility** to make it known whether a proposed course of treatment is understood and whether she is willing and able to comply.
- ❖ **The patient has the responsibility** to provide information about complications or symptoms.
- ❖ **The patient has the responsibility** to be considerate of the rights of other patients and clinical personnel and to treat them with respect.

Laboratory Testing During Pregnancy

As part of good prenatal care, our staff recommends certain tests to detect infections and other conditions in pregnancy.

Your first OB visit

CBC- this test will check for anemia and other blood count factors

Blood Type and RH - pregnant women who are Rh negative will need to receive a blood product called anti-D Immune Globulin (RhoGAM). This prevents the breakdown of your baby's red blood cells (hemolytic disease).

Antibody Screen– detection of certain antibodies that attack red blood cells

HIV– a screening for HIV by blood sample. If you have HIV, even without symptoms, there is a 1 in 4 chance you could pass it to your baby. There is treatment available during pregnancy that can reduce the risk of transmission of HIV to the baby (additional information is available in Appendix C). **The hospital will test you or the baby, if you opt out in the office.**

Bacterial Vaginosis/Yeast/Trichomoniasis- detection of different infections by vaginal culture

Chlamydia and Gonorrhea – Virginia state-mandated vaginal culture screening for sexually transmitted infection. These bacteria, if present, can potentially be harmful to you and your baby if not treated.

Syphilis - a sexually transmitted disease which can cause birth defects

Hepatitis B - if the mother has this viral infection of the liver there is an increased chance that without treatment the baby will be infected. The baby can be treated at birth to prevent infection in most cases.

Rubella- an infection which can lead to severe birth defects. If a woman is non-immune, a vaccine can be given to her after the baby is born.

Pap Smear- a screening test for cervical cancer

Urinalysis/Urine Culture- a screening test for urinary tract infection

TSH- a screening test for thyroid disease (only done if there is a history of thyroid disease)

Hemoglobin Electrophoresis- a blood test used to measure and identify the different types of hemoglobin in your bloodstream, including screening for sickle-cell anemia/trait (done if only applicable).

Your 28 Week Visit

Glucose Screen- screening test for diabetes in pregnancy. You must be here for an entire **hour** after drinking a specific drink. Plan accordingly. After the hour, your blood will be drawn by the lab.

Complete Blood Count- re-check for anemia

Antibody Screen- checked prior to receiving the RhoGAM injection (ONLY if your blood type is Rh negative)

Your 35-37 Week Visit

Group B Strep Culture- checking for a common bacteria found in a woman's vagina that could infect the baby (additional information in Appendix B)

Complete Blood Count - re-check for anemia

RPR - re-check for presence of syphilis

Chlamydia and Gonorrhea- re-check for the presence of these sexually transmitted infections

HIV- a repeat screening for HIV by blood sample. You can have HIV for years and not have any symptoms. If you have HIV, even without symptoms, there is a 1 in 4 chance

you could pass it to your baby. There is treatment available during pregnancy that can reduce the risk of transmission of HIV to the baby (additional information in Appendix C). **The hospital will test you or the baby, if you opt out in the office.**

Optional Tests

Quad Screen- a blood test done between 15 to 20 weeks of pregnancy to detect increased risk of having a baby with certain birth defects, such as an open neural tube defect (spina bifida) or Down syndrome (additional information in Appendix A)

Cystic Fibrosis- a screening test for cystic fibrosis by blood sample (additional information in Appendix E)

First Trimester Screening- a blood test which shows if you are at increased risk of having a baby with chromosomal disorders such as Down syndrome or Trisomy 18. It requires a sample of your blood and a measurement performed by ultrasound in the first trimester. This testing is done at a Perinatologist's office.

MaterniT 21 Non Invasive Prenatal Testing - analyzes genetic information that enters the bloodstream from the placenta. It screens for certain chromosomal abnormalities that could affect your baby's health and development such as Trisomy 21 (Downs), 18, and 13. It can also detect the sex of the fetus. Most women will screen negative for chromosomal abnormalities and may not require further testing. *Recommended follow up to a positive result: genetic counseling and prenatal diagnosis.* **This test is done after 12 weeks gestation.**

Spinal Muscular Atrophy (SMA) - Spinal Muscular Atrophy (SMA) destroys the nerves responsible for controlling voluntary muscle movement, but does not affect intelligence. Muscles that control breathing, swallowing, head and neck control, walking, and crawling are the most severely affected. Symptoms most often appear before a baby is two years old, but can start before birth or not until adulthood. Over 60% of individuals who are diagnosed with SMA are severely affected.

Fragile X Syndrome – Fragile X syndrome involves developmental delay, mental retardation, autism and hyperactivity. It primarily affects boys. Women who are carriers are at risk to have a child with mental retardation. If a mother is a carrier, there is a 50% chance to have a child with Fragile X Syndrome. The ratio is ~1 in 260 women. Occurs in all ethnic backgrounds.

Sonograms

Sonograms are only done when **medically indicated** as per ACOG guidelines.

Over-The-Counter Medications

Generally speaking, it is best not to take any medications during pregnancy, especially during the first 13 weeks.

However, there is no evidence that the following medications are harmful and they may be used sparingly. Please follow dosage instructions on the label and call your provider if symptoms persist or you have questions.

It is important to remember that you may NOT use Aspirin or Ibuprofen products during pregnancy unless clinically indicated.

Headaches/Colds: Tylenol and Extra Strength Tylenol

Allergies/Colds: Ocean nose spray, Benadryl, **plain** Sudafed, Actifed, Claritin

Sore Throat/Cough: Plain Robitussin, Cepacol spray and lozenges

Heartburn: Maalox, Mylanta, Riopan, Tums, Rolaids, Pepcid, Zantac

Constipation: Stool softeners, Metamucil, Fibercon, Citrucel, Colace, Surfak

Hemorrhoids: Anusol, Preparation H, Tucks Pads

Diarrhea: PUSH fluids, Kaopectate

Nausea: Fruit gum, Saltine crackers, Ginger ale, Vitamin B6 50mg 3 times per day

Yeast Creams: Monistat-7, Gyne-Lotrimin

Herbs & Supplements: Please check with your provider prior to use

Foods to Avoid While Pregnant

- Make sure you are staying well hydrated by drinking A LOT of water.
- You may eat cooked fish that are low in mercury such as shrimp, salmon, pollock, catfish, canned light tuna, and albacore (white) tuna but avoid eating more than 6 oz. within a week.
- No raw or unpasteurized food/drink.
- Avoid foods with nitrate such as bologna, pepperoni, and hot dogs.
- All deli meats should be microwaved for 30 seconds prior to eating.

Common Discomforts

SYMPTOM/CAUSE	REMEDIES	THINGS TO AVOID
Backache- caused by strain of increased uterine weight on back muscle, aggravated by poor posture.	Good posture, rest with weight off back, wear flat-heeled shoes, sleep on a firm mattress, try pelvic rock exercise	Avoid high-heeled shoes, long periods of time on the feet, over-exertion
Bladder and/or Urinary Tract Infection- may be caused by a pre-existing asymptomatic infection or by catheterization at delivery	Drink plenty of water and acidic fruit juices. Cranberry juice is best. Increase vitamin C. Pay strict attention to feminine hygiene, wear cotton underwear, and consult our office if symptoms persist to avoid development into kidney infection.	Avoid tight underwear or underwear that is made of synthetic “non-breathing” materials. Avoid drinking coffee or black tea. Avoid catheterization, if possible.
Constipation- progesterone relaxes smooth muscles of the gut making it less effective, intestines compressed.	Increase roughage in diet, daily walking, increase water, eat prunes, raise feet on foot stool and relax pelvic floor when on the toilet. You may take stool softeners (such as Colace).	Avoid laxatives, mineral oil, and enemas in late pregnancy. Always avoid dehydration and poor diet.
Heartburn- enlarging uterus presses on stomach, forcing stomach fluids back up into esophagus.	Eat several small meals instead of three large ones, sit up straight, elevate ribcage, sleep with upper body propped up, and sip milk or tea.	Avoid antacids; check with health care provider before use. Avoid greasy and spicy foods, coffee and alcohol.
Hemorrhoids- pregnancy hormones relax smooth muscles of vein (vaso-congestion) may be aggravated by straining over bowel movements.	Elevate feet, relax pelvic floor, drink plenty of fluids, eat roughage, assume knee-to-chest position, and apply cold	Avoid straining and pushing too hard when having a bowel movement. Avoid developing constipation or diarrhea.

	compresses with witch hazel. Warm baths encouraged.	
Insomnia -often hard to sleep in the last months of pregnancy due to difficulty getting comfortable, frequency of urination, worries and fetal movements.	Warm baths, drinking hot milk or soothing herb teas at bedtime, use relaxation techniques, exercise daily, increase vitamin B intake, use massage, and avoid caffeine.	Avoid sleeping pills and tranquilizers. Avoid chamomile tea if you are allergic to ragweed.
Nausea - possibly caused by hormonal changes and/or emotional factors.	Increase intake of vitamin B6, eat 4-6 small meals per day, drink peppermint teas, and snack on toast or crackers before getting up in the morning. Drink ginger ale.	Avoid cigarette smoking, greasy and spicy food, empty stomach as well as over eating.
Shortness of Breath - caused by pressure of enlarging uterus on diaphragm and lungs	Maintain good posture; sit up straight, sleep with upper body propped up.	Avoid anemia, smoking, and over-exertion.
Varicose Veins - decreased efficiency of venous return from the leg aggravated by enlarging uterus.	Elevate legs frequently, use support stockings, and walk daily.	Avoid prolonged standing, sitting with crossed legs, and constrictive clothing or garters.

Morning sickness

The following recommendations are some things you can do in order to alleviate the discomfort of morning sickness.

1. Eat several small meals daily as opposed to 3 large meals
2. Eat dry crackers with juice before rising from bed in the morning.

If you do not drink milk

Os Cal 500-Calcium Supplement, non-prescription: take one tablet three times daily

Tums-2 per day

General information

1. Pregnant women may take some antibiotics. Penicillin, Ampicillin, Erythromycin, Amoxicillin, Macrobid and Zithromax (Azithromycin) are a few of the more common ones. If someone outside of our office prescribes an antibiotic other than one of these and you are concerned, please call us at (540)720-7340 and speak to a nurse before taking it.
2. **DO NOT TAKE** Motrin, Advil, Ibuprofen, Aleve, Naproxen, Aspirin or any product containing these drugs during your pregnancy, unless specifically directed by your obstetricians.
3. Novocain without epinephrine may be used to numb your gums for dental work during pregnancy.

Showers and baths

Showers and baths may be taken. Best to avoid hot tubs in pregnancy as this may cause dehydration.

Breast secretions

Breast secretions are normal during pregnancy. This commonly begins during the fourth month, but may occur sooner in some patients.

Dental care

Regular dental visits are encouraged. Be sure that the dental staff is aware of the pregnancy. There are certain precautions that must be taken during pregnancy.

Rest

Enough rest is imperative. Increased fatigue during the early part of your pregnancy should subside your 12th week.

Please call the office if you have...

1. **CONTRACTIONS** that are timed ten minutes apart or less for at least an hour.
2. **A gush or slow leaking watery fluid from the vagina.** This usually indicates that there is a rupture in the membranes of the bag of water surrounding the baby. It is very important to call our office even if this is not accompanied by contractions.
3. **Any vaginal bleeding** is considered abnormal. Call our office immediately.
4. **Decreased fetal movement.**
5. Any questions or concerns please call the office. *(if after hours please have the physician on-call paged)*

Fetal movement counts

Starting around 28weeks gestation...

Once or twice per day:

1. Lie on your left side in a quiet place, no TV, radio, phone etc.
2. Count the number of times your baby moves.

-Your baby should move at least five times per hour. Small movements count as much as big movements.

-If the baby moves more than five times in the first 20 minutes, you may stop counting.

-If the baby moves only once or not at all in 20 minutes, try drinking something with sugar in it (juice, etc.).

-Lie back down on your left side and start counting again.

-If the baby still does not move at least five times in an hour call the office (if after hours please have the physician on-call paged).

Contact our office within 12 hours if you perceive a significant and persistent reduction in fetal movement.

Delivering at Mary Washington Hospital

At Women's Health and Surgery Center, we are honored to care for you during your pregnancy. Most of our patients choose to deliver at **Stafford Hospital**. However, a few patients need or choose to deliver at Mary Washington Hospital. This poses some logistical challenges at times since on any given night, our on-call doctor will usually be caring for patients at Stafford Hospital, and being at two places at once would be impossible.

We understand that Mary Washington Hospital may be more convenient for some patients. Our physicians will make every effort to attend your delivery; however, we cannot guarantee that they would be available as the **majority** of our patients choose to deliver at Stafford Hospital.

If the physician on-call were attending to patients at Stafford Hospital, they would be unable to leave. In this scenario, an OB/GYN hospitalist at MWH would deliver you. Women's Health and Surgery Center would still be actively involved, and in constant communication, with the physician delivering you.

Regarding circumcisions at Stafford Hospital, we will request a hospitalist to perform the circumcision. However, they may not be available at all times. For this reason we may need to refer to Dr. Hoffman with Urology Associates of Fredericksburg (540.374.3131) to perform the circumcision as an outpatient procedure.

Thank you for choosing Women’s Health and Surgery Center for your most precious moment and we look forward to being part of your care team.

Appendix

MATERNAL SERUM SCREENING FOR BIRTH DEFECTS

What is the QUAD screening test?

A screening test that can be done using a small sample of a pregnant woman’s blood to identify patients who may be at increased risk for having a baby with certain birth defects, such as an open neural tube defect (spina bifida), Down syndrome, and Trisomy 18.

How is the QUAD screening test done?

A small amount of blood is drawn from a vein in the pregnant woman’s arm. The test is done at 15 to 20 weeks of pregnancy in most cases as this produces the most accurate results. Four substances present in the blood sample will be measured. These substances are Alpha-fetoprotein (AFP), human chorionic gonadotropin (hCG), unconjugated estriol (uE3), and dimeric inhibin A (DIA). The amount of each substance in the blood sample as well as number of weeks pregnant, height, weight, race, insulin-dependent diabetes, single or multiple pregnancy, maternal age and any significant family history are all taken into account to calculate the individual patient’s specific risk.

Why is the QUAD test called a screening test?

A screening test can help predict the risk of a problem. It is not a diagnostic test and cannot give you a definite “yes” or “no” answer. If this screening test indicates a potential abnormality, additional diagnostic testing would be indicated.

What does an abnormal screening result mean?

Some women having an AFP screening test will be identified as being in the high-risk group even though they are carrying a normal fetus. This screening result does not always

mean there are “problems” with your baby. For example, the due date might have been estimated incorrectly or twins might be present instead of just one baby. Women in the high-risk group are offered diagnostic tests, which can give a definitive answer. A sonogram and amniocentesis are examples of further testing, which may be offered if the screening results are abnormal. **No test is perfect.** Not every abnormal result of a screening test will mean that your baby has a birth defect. Sometimes there is no reason for an abnormal screening test. Not every normal result of a screening test will mean that your baby does not have a birth defect. This test is optional. Some women find having the screening test is reassuring, and other women would rather not have the information. The results of the tests can help some women make decisions about their options.

GROUP B STREPTOCOCCUS (GBS) AND PREGNANCY

GBS is a type of bacteria that can be found in 10-30% of pregnant women. It usually does not cause serious illness. It may be found in the digestive, urinary, and reproductive tracts of men and women. In women, it is most often found in the vagina and rectum. GBS is **not** a sexually transmitted disease.

A woman with GBS can pass it to her baby during delivery. Most babies who get GBS from their mothers do not have any problems. A few, however, will become sick. This can cause major health problems or even threaten their lives. This happens to only 1 or 2 of every 100 babies whose mothers have GBS. Babies who do become infected may have early or late infections. Both early and late GBS infections lead to death in about 5% of infected babies.

A culture is the most accurate way to test for GBS. This is a simple painless procedure performed at 35 to 37 weeks. A swab is briefly placed in the woman’s vagina and rectum to obtain a sample. If the test results are positive, showing that GBS is present, you will receive antibiotics **during labor** to help prevent GBS from being passed to your baby.

Babies of women who are carriers of GBS and do not get treatment have more than 20 times the risk of getting infected than those who do receive treatment. The antibiotics work only if taken during labor. The bacteria grow so fast that if treatment is given earlier, the GBS may grow back before labor. If you had a previous baby with GBS infection or you had a urinary tract infection caused by GBS during pregnancy, you do not need to be tested. You will need to get antibiotics during labor.

In women who have planned a cesarean birth, it is not necessary for them to be given antibiotics during delivery, whether or not they are GBS carriers. However, these women should still be tested for GBS because preterm labor may occur before the planned

cesarean birth and your baby's pediatrician will want to know the results. If you would like additional information about GBS, please ask for a brochure, and/or talk with your doctor.

INFORMATION ON HIV AND PREGNANCY

The human immunodeficiency virus (HIV) causes AIDS, a disease that is increasing among women of childbearing age. A person who is infected with HIV does not get sick right away. The virus lives in the body of an infected person for the rest of her life and breaks down the immune system over time. It may take many years after being infected to develop symptoms of AIDS and not everyone who is infected with HIV will develop AIDS. AIDS is a very serious disease causing much suffering and death throughout the world. There is no current cure for AIDS.

HIV is spread by contact with the body fluids of an infected person (blood, semen, vaginal secretions and breast milk). Contact with these fluids can occur during sex, breastfeeding, sharing needles, blood transfusions and pregnancy.

HIV affects 2 out of every 1,000 pregnant women. A woman can pass the infection to her baby as early as the 8th week of pregnancy. About half of the children infected with HIV get it from their mother during labor and birth. Breastfeeding is another way a mother can pass the virus to her baby.

A woman can decrease the chance of her baby getting infected by taking medication during her pregnancy. Without treatment, about 25% of babies born to women with HIV will get the virus. With treatment, that number drops to about 8%. To lower the risk, infected women must take the anti-viral medications throughout her pregnancy and during labor. Babies are given the medications for the first 6 weeks after they are born. Some women who are HIV positive choose to terminate their pregnancies.

Women's Health and Surgery Center and the American College of Obstetricians and Gynecologists (ACOG) recommend that all women be tested for HIV early in pregnancy

and again around 36 weeks gestation. It is important for your health, the health of your baby and the health of your sexual partner.

We recognize that it is your choice whether or not to be tested. The HIV test is a blood test and determines if you are carrying the virus by looking for antibodies to HIV. Antibodies usually appear within 3 months of getting the infection but it may take up to 6 months so we recommend a second test if there is a chance of recent infection.

Results of testing are confidential. They will be a part of your medical record and will be released only with your permission. Our medical office and hospital staff have access to your records and may also see the results.

If your test is positive, you will need special health care and counseling. We will assist you in obtaining the support, information and care that you need. The CDC National AIDS Hotline is 1-800-232-4636.

ADVANCED MATERNAL AGE-PREGNANCY AFTER AGE 35

Advanced maternal age is defined as an expectant mother who will be 35 years or older at the time of delivery. Many women well into their 30's and beyond are delivering healthy babies. However, studies have repeatedly shown that 35 is the approximate age at which certain issues are recognized in pregnancy.

UNDERSTAND THE RISKS

Some of the risks associated with a pregnancy after 35 include a multiple pregnancy, a higher risk of pregnancy loss and a higher risk of delivering a baby with chromosomal abnormalities. Women that fit into the advanced maternal age category are also more likely to develop gestational diabetes and high blood pressure. Some of these risks may make it necessary for you to deliver your baby by cesarean section or to be induced.

MAKE HEALTHY CHOICES

Seeking regular prenatal care during your pregnancy will help your provider monitor your health and your baby's health. Eating a healthy diet is extremely important to your baby's growth and development. We encourage women to take a prenatal vitamin with folic acid daily and to eat lots of protein and other essential nutrients. Staying active can help to improve your overall health and prepare your body for labor and childbirth.

LEARN ABOUT PRENATAL TESTING AVAILABLE

There are several screening and diagnostic test available to you during pregnancy. Diagnostic tests, such as chorionic villus sampling, genetic amniocentesis and the first

trimester screen are tests that can provide information regarding the health of the baby. These tests are accurate and performed at different stages in the pregnancy. Screening tests, such as the maternal serum screening and ultrasounds, are tests that can provide information about whether you are at increased risk for certain conditions during the pregnancy. If you are interested in more information regarding screening or diagnostic testing during your pregnancy, please ask your healthcare provider at your next visit.

CYSTIC FIBROSIS CARRIER SCREENING

Cystic Fibrosis (CF) is a life-threatening condition affecting the ability to secrete mucus fluids normally. Individuals with CF commonly have problems with the lungs, digestive system and reproductive system. They often suffer from pulmonary infections and organ damage due to difficulty in clearing secretions. The severity of CF varies from person to person. CF does not affect intelligence, appearance or development. There is no cure for CF currently. The average life expectancy of a person with CF is 30 years, but children born with CF today may live longer as treatments improve.

WHAT IS A CF CARRIER?

People who receive one normal cystic fibrosis gene and one abnormal cystic fibrosis gene are called CF carriers. They do not have the disease but have a 50% chance of passing the abnormal gene on to their child. In order for the child to be born with cystic fibrosis, he or she would need to inherit an abnormal gene from both parents.

WHAT IS CF CARRIER SCREENING?

Cystic fibrosis (CF) carrier screening is a genetic test that lets you know what your risk is for carrying an abnormal gene as well as what your chances are of having a child with CF.

HOW IS CF CARRIER SCREENING DONE?

Your blood will be drawn and sent to the laboratory for testing. Additional information regarding family history, your race and ethnicity and your personal history will be provided to the lab. This additional information is essential to aid in the interpretation of the blood results.

WHAT DOES A NEGATIVE SCREEN MEAN?

A negative screen does not guarantee that you are not a carrier. This test detects only the most common changes in the CF gene.

WHAT DOES A POSITIVE TEST MEAN?

A positive screen means that the laboratory found a change in one of your two CF genes, which means that you are a carrier. There is a 50% chance that you will pass this gene to your child. With a positive finding, we recommend that your partner be screened for CF carrier status. Additional testing will be recommended as needed based on the results.

DOES MY INSURANCE PAY FOR THE TEST?

All insurance plans are different. If you are not sure your insurance plan covers the test speak with the customer service department at your insurance company.

Rh FACTOR IN PREGNANCY

During pregnancy it is necessary to do a blood draw to find out your blood type. There are two components to this testing, a major blood group (A, B, AB, and O) and an Rh factor (positive or negative).

WHAT IS Rh FACTOR?

Rh factor is a protein that is found on your red blood cells. Most of the population has the Rh factor present on their red blood cells. These groups of people are considered to be Rh positive. The rest of the population does not have the Rh factor present on their cells and are therefore Rh negative.

WHAT ARE THE HEALTH ISSUES FOR Rh NEGATIVE PREGNANT WOMEN?

During pregnancy you do not share blood systems with your baby. However, your baby's blood can cross the placenta into your blood. The Rh factor becomes a problem when an Rh negative person's blood comes into contact with an Rh positive person's blood. If this contact occurs, the person with Rh negative blood develops antibodies to fight the Rh factor. In this instance the antibodies see the Rh factor as foreign substance that does not belong in the blood. This is called Rh sensitization. When sensitization occurs these antibodies can go and attack the baby's blood. This can cause a serious health condition in the baby called hemolytic disease. Rh sensitization can also affect future pregnancies. An Rh negative woman's blood can become sensitized if she is pregnant with an Rh positive fetus. Other ways an Rh negative woman's blood can become sensitized are with a miscarriage, an induced abortion, an ectopic pregnancy, or a blood transfusion.

HOW CAN YOU BE SCREENED FOR Rh SENSITIZATION?

A simple blood test, a red blood cell antibody screen, can be drawn and sent to the laboratory to check for antibodies against the Rh factor.

HOW CAN Rh SENSITIZATION BE PREVENTED?

If your body has not made antibodies against the Rh factor, hemolytic disease can be prevented. Rh immunoglobulin (RhIg), or RhoGAM, is a human blood product (made from human blood plasma) that can prevent sensitization of an Rh negative woman. In a normal pregnancy, when the woman is Rh negative, the RhoGAM is given by intramuscular injection at 28 weeks gestation and again after you deliver your baby. RhoGAM is safe for use in pregnancy and has been used since the late 1960's.

WHAT DO I DO IF I'M Rh SENSITIZED?

Every situation is unique and requires individualized treatment. Your health care provider will work closely with you throughout the pregnancy to plan the safest course of treatment for your baby.

Useful Web Links

Please visit our Women's Health and Surgery Center OB/GYN Information page at www.obgynvirginia.com for a complete listing of helpful links and information on the web.

Babycenter.com – Products and Services for Expectant and New Mothers
<http://www.babycenter.com/>

Breastfeeding Information and Support
www.lalecheleage.org

Centers for Disease Control and Prevention – Pregnancy Information
http://www.cdc.gov/ncbddd/pregnancy_gateway/

Diapers.com – Free Shipping and Coupons on Baby Items
www.diapers.com

Mayo Clinic- Pregnancy Week by Week
<http://www.mayoclinic.com/health/pregnancy-weekby-week/MY00331>

Car Seat Safety
<http://www.safercar.gov/cpsApp/cps/index.htm>

**If you need help obtaining healthy food and health care for you and your child
contact: State Children's Health Insurance Program
877-KIDS-NOW (877-543-7669)
www.insurekidsnow.gov**