Healthcare For Women
OBSTETRICS and GYNECOLOGY

Obstetrical Information Packet

CONGRATULATIONS ON YOUR PREGNANCY!

This is intended to give you an overview of what to expect throughout your pregnancy here at Healthcare for Women P.C. Included is a brief overview of our policies, tests offered in pregnancy, common ailments that may arise in pregnancy as well as a list of remedies. Please keep this packet as a reference throughout your pregnancy. More detailed information is available on our website at **www.healthcareforwomenpc.com .**

We hope that this will be an exciting time for you. We look forward to working with you to provide the highest quality of medical care and a satisfying childbirth experience. We are a team of obstetricians who work together because we have very similar practice philosophies and we like to involve our patients and their partners in decision making regarding care. Throughout your pregnancy, we do ask that you see all of our physicians. It is important for your physicians to know you and your preferences, and, perhaps more importantly, for you to be familiar with all of us so that you will feel comfortable on the day of your delivery. We choose to do all of our deliveries and inpatient hospital care at Virginia Hospital Center-Arlington. We use Virginia Hospital Center because it offers high caliber care with a personal touch. The **Women and Infant Center** is located in ZONE C 1701 North George Mason Dr. Suite 474, Arlington VA 22205; proceed to the 3rd (third) floor to Labor and Delivery.

Our practice has a physician on-call 24 hours a day. If at any point during your pregnancy you have an **emergency** and need to reach the physician on-call, dial our main number **703-528-6300 (Arlington Office) 703-437-8080 (Reston Office).** Our answering service will contact the physician on call. If you do not get a response within 15 minutes please call back so that your call can be managed.

We look forward to sharing with you such an exciting experience!

GENERAL INFORMATION

We recommend our patients schedule their first pregnancy visit between the 6th and 8th week of pregnancy. Anticipate the subsequent visit to be a prolonged one. At this visit, we do a complete history and physical exam, get baseline vitals, determine due date, discuss prenatal vitamins and do prenatal blood work. **PLEASE BE AWARE, THE FOLLOWING TESTS MAY BE ORDERED AS PART OF YOUR PRENATAL TESTING AND MAY NOT BE COVERED BY YOUR INSURANCE. CYSTIC FIBROSIS, ASHKENAZI JEWISH PANEL, CELL-FREE DNA TESTING, SEQUENTIAL SCREENS PART 1 & 2, MATERNAL SERUM AFP (SINGLE AND QUAD SCREEN), CHORIONIC VILLUS SAMPLING AND AMNIOCENTESIS see more on Fetal Chromosome Abnormality Screening Tests (next page).** Following visits will be much shorter. We see our patients every 4 weeks until 28 weeks, then every two weeks until 36 weeks; and finally, every week until delivery. High risk pregnancies may require more frequent visits.

FETAL CHROMOSOMAL ABNORMALITY SCREENING TESTS

PLEASE BE AWARE THAT THESE SCREENING TESTS ARE THE OPTIONS AVAILABLE TO YOU, BUT ARE NOT NECESSARILY COVERED BY YOUR INSURANCE COMPANY. PLEASE BE SURE TO CHECK WITH YOU INSURANCE PRIOR TO GETTING ANY OF THESE TESTS PERFORMED. Fetal chromosomal abnormality screening is a personal decision since the usefulness of diagnosis depends on what one would choose to do with the result.

There are three options available to you: **Non-Invasive Prenatal testing** (Sequential Screens part 1 & 2, Maternal Serum Single and Quad Screen, cell-Free DNA testing), **Invasive Tests** (Chorionic Villus Sampling (CVS), Amniocentesis) or you can choose to not have any tests performed at all. All of the following tests can be performed through radiologists in our office or a Maternal-Fetal Specialist, which we will refer you to should you decide to have any of these tests done.

Down syndrome (Trisomy 21), Trisomy 13 and 18 are chromosomal disorders that cause physical and mental retardation and birth defects. The risk of these abnormalities increases with maternal age. However, younger women give birth to the majority of these children because younger women have the majority of pregnancies. The non-invasive screening tests are used to identify those women who are not known to be at high risk but are nevertheless carrying a fetus with chromosomal abnormality. The invasive tests are usually offered to women who will be age 35 years and older at delivery, however, they may also choose to proceed with non-invasive screening tests while understanding the limitation of those tests.

Midtrimester Risk of Down Syndrome or all chromosomal abnormalities

Age	DS	All
33	1/417	**1/208**
34	1/333	**1/152**
35	1/250	**1/132**
36	1/192	**1/105**
37	1/149	**1/83**
38	1/115	**1/65**
39	1/89	**1/53**
40	1/69	**1/40**
41	1/53	**1/31**
42	1/41	**1/25**
43	**1/31**	**1/19**

NON-INVASIVE TESTING

First Trimester:

- **Nuchal Translucency Screening:** Sequential Screen Part 1: Ultrasound + Maternal blood test

This screening test consists of an ultrasound and a maternal blood test. The ultrasound is performed between 11 weeks 1 day, and 13 weeks 6 days. The blood test is performed anytime from 9 weeks to 13 weeks 6 days. The ultrasound will measure the clear area (fluid accumulation) behind the neck of the fetus. The maternal blood is analyzed for free beta human chorionic gonadotropin and pregnancy associated plasma protein A. The results of the ultrasound will be combined with the results of the blood test to estimate a specific risk for Down syndrome and Trisomies 13 and 18. This test has the ability to identify up to 95% of Down syndrome pregnancies at 5% false-positive rate. The benefit of the first trimester screening is the early diagnosis and less complication with possible intervention in the first trimester. However, insurance coverage is variable and you should check with your insurance company prior to the test.

- **Cell-Free DNA:**

This test is based on the newest advances in non-invasive prenatal testing. This test is performed when done with the Nuchal Translucency must be performed between 10-13 weeks. It is a simple and safe blood test that has been shown in clinical studies to detect the risk of fetal trisomies with high accuracy. This test assesses the risk of three fetal trisomies by measuring the relative amount of chromosomes in maternal blood. It has shown to have detection rate of up to 99% and false positive rates as low as 0.1% for trisomy 21, 18 and 13. Diagnostic tests such as amniocentesis or chorionic villous sampling (CVS) are accurate for detecting fetal trisomies but they are invasive and pose a slight risk for fetal loss.

Second Trimester:

- **Quad Screen:** Maternal blood test only
  Maternal blood sampling can be performed between 15 and 20 weeks of gestation but is most accurate when performed between 16 and 18 week of gestation. Accurate pregnancy dating is essential. The maternal blood is analyzed for four different hormones:
  - ✓ Maternal serum alpha fetoprotein (MS AFP)
  - ✓ Human chorionic gonadotropin (hCG)
  - ✓ Estriol
  - ✓ Dimeric inhibin A

  This test will detect up to 85% of Down Syndrome pregnancies at 7% false positive rate.

- **Sequential Screen Part 2:**
  Nuchal translucency screen + Quad screen
  This screening test offers the combination of both first trimester and second trimester screen. This will increase the detection rate to 90% with 3.7% false positive rate.

INVASIVE TESTING

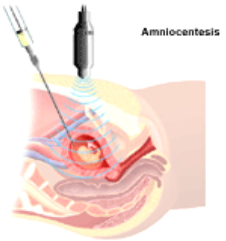
First Trimester

- **Chorionic Villus Sampling:**
  Chorionic villus sampling generally is performed at 10-12 weeks of gestation. Placental villi may be obtained through Trans cervical or Tran's abdominal access to placenta. The primary advantage of CVS over amniocentesis is that results are available much earlier in pregnancy, which provides pregnancy termination. CVS carries diagnostic accuracy of greater than 99% with total pregnancy loss rates of 1/160.

Second Trimester

- **Amniocentesis:**

  Amniocentesis usually is offered between 15 and 20 weeks of gestation. The cells floating in amniotic fluid is cultured to yield enough samples for chromosomal study. Amniotic fluid is obtained through Tran's abdominal access under continuous ultrasound guidance. Amniocentesis also carries diagnostic accuracy of greater than 99% with total fetal loss rate of less than 1/400. The advantage of amniocentesis over the CVS is the lower complication and fetal loss rate.



How to Determine if Your Insurance Will Cover Common Prenatal Diagnosis Screening Tests

1. Call your insurance company with the ICD-10 code that best matches your condition from the list below:
   - **Z34.01:** Normal first pregnancy, mother is younger than 35 on due date
   - **Z34.80:** Second or greater pregnancy, mother is younger than 35 on due date
   - **O09.519**: First pregnancy, mother is 35 years old or older on the due date
   - **O09.529**: Second or greater pregnancy, mother is 35 years old or older on due date
   - **O35.2XX0**: Hereditary disease in family possibly affecting the fetus
   - **Z 82.79**: Family members with genetic disorders or birth defects
   - **z31.430:** Encounter for female testing for genetic disease carrier status for pro-creative management.
2. Now provide your insurance company with all the CPT codes related to the prenatal diagnosis test that you are interested in from the list below

	CPT code	Description
Ultrasound at first OB visit	76801	Ultrasound, first trimester, first gestation (Code used for an ultrasound to confirm a viable pregnancy and pregnancy dating that is often done at the 1st prenatal visit). Some insurance companies will not cover more than one ultrasound in pregnancy. If so, a single ultrasound at 20 weeks is a greater priority to check for health problems
Cell-free DNA	76813	Fetal nuchal translucency measurement
	82105	AFP (maternal serum)
	81420	Fetal chromosomal aneuploidy (e.g., trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21 (new code effective 1/1/15)
Quad screen (provide all four codes)	86336	Inhibin A
	82105	AFP (maternal serum)
	84702	HCG
	82677	Estriol
Sequential Screen (P1&2) (provide all six codes)	76813	Fetal nuchal translucency measurement
	84163	PAPP-A
	84702	HCG
	86336	Inhibin A
	82105	AFP (maternal serum)
	82677	Estriol
Cystic Fibrosis Carrier Testing	81220	Cystic Fibrosis Carrier Testing

MEDICATIONS and RECOMMENDATIONS FOR COMMON AILMENTS IN PREGNANCY

Nausea/Vomiting:

- Eat small, frequent meals
- Ginger, crackers, dry toast, bland diet. Avoid foods/odors that make you feel sick
- SEA BANDS (over the counter) and Emetrol. If no relief call the office for a prescription from your physician. If unable to keep ANY fluids down for 24 hours call office to speak to a nurse.

Headaches/Pain:

- Avoid skipping meals
- Make sure you have adequate hydration (8-10 glasses of water a day)
- Tylenol/Extra Strength Tylenol (NO Motrin, Advil, or Aleve or Aspirin products unless prescribed by a physician)

Hemorrhoids:

- Warm Sitz Baths for 20 min twice a day may help
- Preparation H
- TUCKS pads

Diarrhea:

- Increase clear fluids
- BRAT (Bananas, Rice, Applesauce, and Toast) diet
- Avoid spicy/greasy foods
- Avoid milk products, as well as sugary drinks
- Imodium

Allergies: Benadryl, Claritin, Zyrtec

Cough: Cough Drops, Throat Sprays, Robitussen DM, Mucinex, Mucinex D, Mucinex PM

Congestion: Saline Nasal Mist, Sudafed

Heartburn and gas:

- Avoid spicy or fried food
- Eat smaller more frequent meals and do not lie down w/in 2 hrs of a meal
- Maalox, Mylanta, Gas-X, Tums, Zantac 75, Tagamet

Combination Medications: Tylenol Cold, Tylenol Sinus, Tylenol PM, Nyquil, Dayquil

Constipation:

- Increase fiber (bran cereal, fiber supplement)
- increase fluid intake, increase exercise
- Metamucil, Fibercon, Colace, Citrucel, Benefiber

Toothache/Dentist:

- Orajel
- Novacaine
- Dental x-ray with lead shield

Sore Throat:

- Herbal Tea with Honey, Salt Water Gargle
- Chloraseptic Throat Spray, Throat Lozenges, Tylenol (Regular or ES)

Urinary Tract Infections: If you feel symptoms or a urinary tract infection, it is important you call the office to speak to a nurse. You can help prevent them by drinking at least 8-10 glasses of water a day.

Spotting: Spotting is common in pregnancy especially early and late in the pregnancy and after intercourse; however, if you have any spotting please call the office to speak to a nurse.

IF ANY OF THE FOLLOWING OCCUR PLEASE CALL THE OFFICE:

- **VAGINAL BLEEDING**
- **SEVERE OR CONTINOUS HEADACHES NOT RELIEVED WITH OVER THE COUNTER MEDS**
- **BLURRED VISION OR VISUAL DISTURBANCES**
- **PERSISTANT VOMITING (NO FLUIDS AT ALL IN 24 HOURS)**
- **LEAKING OR GUSH OF FLUID**
- **CHILLS OR FEVER GREATER THAN 100.4 UNRESPONSIVE TO OVER THE COUNTER MEDS FOR MORE THAN 1 DAY.**

TRAVEL

You can safely travel **in the U.S.A.** until a month before your due date.
You can travel **outside the U.S.A.** up until two (2) months before your due date.

EXERCISE

For the mother, exercise has excellent physical and emotional benefits. It can help you remain healthy and feeling your best while you body rapidly changes. Women who were in good shape prior to their pregnancy may continue to work out at previous levels.

- **The American College of Obstetrics and Gynecology Recommends**:

1. Continue mild to moderate exercise, at least 3 times a week is preferable to intermittent exercise.
2. Avoid exercise while lying directly on your back after 12 weeks.
3. When exercising, make sure you increase your water intake and modify your exercise by how **YOU** feel.

- **Exercise generally considered safe in pregnancy**:

- Low Impact aerobics/Pregnancy Fitness Classes
- **Stationary** Bike
- Jogging, Walking, or Day Hike
- Swimming/Water Aerobics
- Prenatal Yoga

PLEASE VISIT OUR WEBSITE OUR OBSTETRICAL PACKET WITH DETAILED INFORMATION REGARDING YOUR PREGNANCY.
WWW.HEALTHCAREFORWOMENPC.COM

Pregnancy Calendar:

What to expect at your visits to our office!

Gestational Age	Required Tests	Optional Tests
6-8 Weeks	• Schedule first appointment • Pregnancy Confirmation • Prenatal Labs/Cultures • Appointments every 4 weeks	
10-12 Weeks	• Genetic Counseling • Review Lab results • Appointments every 4 weeks	
10-13 Weeks		Non-Invasive First Trimester Testing: • Cell-Free DNA Testing (as early as 10 weeks). • Ultrascreen (1st Trimester Nuchal Translucency) with Sequential Screen Part 1)– at Maternal Fetal Medicine or HCFW. (between 11 wks 1 d -13 wks 6 days) Invasive First Trimester Testing • Chorionic Villus Sampling (CVS) (early as 10 weeks) At Maternal Fetal Medicine (MFM)
16-23 weeks		Non-Invasive Second Trimester Testing: • Alpha-Feto Protein (AFP) blood test (time frame dependent on which test)(16-23 weeks) • Sequential Screen- PART 2 of Ultrascreen, bloodwork @ MFM or HCFW (Second Trimester) Invasive Second Trimester Testing: • Amniocentesis (>16 weeks) @ MFM
18-20 Weeks	• "Fluttering" fetal movement felt • 18-20 week Level II Ultrasound for Anatomy @ MFM or HCFW	
26-28 Weeks	• 1 hour Glucola test and Complete Blood Count (performed in office **plan to be in office for 1 hour**) • RhoGAM - if indicated for patient (given at VHC Outpatient Lab) • Fill out pre-registration form for hospital. • Appointments every 2 weeks	
32 Weeks		Childbirth Classes (Sign up early)
35 + Weeks	• Group B Streptococcus Vaginal Culture (GBS) • 36 Week Sonogram to check growth and position. • Appointments weekly	
39 Weeks	Weekly Cervical checks	
40 Weeks	Due Date	
> 40 Weeks	Post-Dates, • Weekly Non-Stress Test • Weekly Amniotic Fluid Index (Both at Maternal Fetal Specialist)	