

New Pregnancy Packet



OBSTETRICS & GYNECOLOGY CARE, TAN

Please take a moment to read the important information below

GROUP PRACTICE

The physician you choose will be your primary obstetrician and you will see her for the majority of your OB visits. Occasionally, you may see a nurse practitioner. After normal business hours, the call schedule rotation is split evenly between our five physicians. During working hours, you are typically attended to by your physician. Our physicians do not share call with other physicians outside of the practice. Odds are, you will be delivered by your physician, but it depends on when your baby decides to arrive! The timing of OB visits is detailed in a separate handout contained in the OB folder you receive at your first appointment.

INITIAL APPOINTMENT

At your first appointment, you will meet with a nurse practitioner for a physical exam, ultrasound if indicated, and to discuss any concerns or questions you may have. You will also have a Pap smear if you are due. At the conclusion of your appointment, blood tests are run to determine RH and blood type, Rubella (measles) immunity, blood count and thyroid condition. We also test for bladder infection, Syphilis, Hepatitis, Gonorrhea, Chlamydia, and HIV. If Pap smear and blood tests are normal, we **do not** call or send a letter. If there is anything that needs to be addressed or treated, you will receive a phone call within 5-7 days.

SUBSEQUENT VISITS

Your next OB appointment is typically at 12 weeks. This may include an ultrasound and blood test to check for increased risk of specific types of birth defects. If you opted not to have this done, an ultrasound is not necessary. Instead, we will be able to hear the fetus's heart beat using a Doppler. You will see your physician, who will review your initial OB labs and address any questions you may have. A routine ultrasound is also done around 20 weeks to check placental placement and fetal anatomy. This is likely the last ultrasound you will have, but this depends on individual needs. A more detailed list of appointments is located in the OB patient folder.

QUESTIONS AND CONCERNS

You will most likely have questions or concerns that arise between your OB visits. We have a nurse available during business hours to address concerns and speak with your physician if needed. She may be reached by calling the main office line at **(425) 285-0060**. Choose the option to leave a message for the nurse. Leave a phone number where you can be reached, make sure to slowly spell your first and last name. If it is an urgent concern that cannot wait for a call back, speak to the receptionist, who will connect you with the nurse. If it is after hours and cannot wait for the next day, you may reach the physician on call by choosing the appropriate option on the voicemail. If it is a life-threatening emergency, please call 911.

OB Appointments

WEEKS GESTATION	EXAM appointments
6 – 8 weeks	OB Education class Group class taught by a clinic RN for all newly pregnant patients.
8 – 10 weeks CONFIRMATION OF PREGNANCY APPOINTMENT	First visit with a Nurse Practitioner Discuss optional screening tests Sonosite ultrasound to check dates and/or size if indicated Labs: OB Panel including CBC, Hepatitis B, Syphilis, Rubella Immunity, Thyroid Screening, Blood Type, Rh status, & Iron level. A urine pregnancy test, urine culture, & urine Gonorrhea & Chlamydia are done. Optional testing: HIV screen, Cystic Fibrosis screen, Carrier screen
12 weeks First appt with provider (20 min)	Routine appointment with provider Weight, Blood Pressure Fetal Heart Tones if desired Optional: Ultrasound if having the First Trimester Screen First Trimester Screen blood test

OB Appointments cont...

WEEKS GESTATION	EXAM appointments
16 weeks	Routine appointment with provider. Weight, Blood Pressure, Fetal Heart Tones Option: MSAFP for neural tube defect screening
20 weeks Ultrasound	Routine Ultrasound to check anatomy; (can find out gender of fetus if desired) Routine appointment with provider. Weight, Blood Pressure, Fetal Heart Tones Receive Glucola bottle with instructions for Gestational Diabetes Screening next visit
24 weeks Gestational Diabetes screen	Routine appointment with provider. Weight, Blood Pressure, Fetal Heart Tones Labs: 1 Hour Glucose Tolerance Test and CBC for Iron levels Antibody Screen is drawn for patients that are Rh negative

OB Appointments cont...

WEEKS GESTATION	EXAM appointments
28 weeks	Routine appointment with provider. Weight, Blood Pressure, Fetal Heart Tones *Patients that are Rh negative with a negative Antibody screen receive a Rhogam injection. Receive a 28 week packet with information RE: cord blood banking, selecting a pediatrician, hospital registration and fetal kick counts
30 weeks	Routine appointment with provider. Weight, Blood Pressure, Fetal Heart Tones
32 weeks	Routine appointment with provider. Weight, Blood Pressure, Fetal Heart Tones
34 weeks	Routine appointment with provider. Weight, Blood Pressure, Fetal Heart Tones

OB Appointments cont...

WEEKS GESTATION	EXAM appointments
36 weeks Group B Strep Culture	Routine appointment with provider. Weight, Blood Pressure, Fetal Heart Tones Cervical exam and Group B Strep culture
37 weeks	Routine appointment with provider. Weight, Blood Pressure, Fetal Heart Tones
38 weeks	Routine appointment with provider. Weight, Blood Pressure, Fetal Heart Tones Cervix check if desired
39 weeks	Routine appointment with provider. Weight, Blood Pressure, Fetal Heart Tones Cervix check
40 weeks	Routine appointment with provider. Weight, Blood Pressure, Fetal Heart Tones Cervix check
41-42 weeks	Routine appointment with provider. Weight, Blood Pressure, Fetal Heart Tones Cervix check & Non Stress Test

BMI & Weight Gain Pregnancy

**Please note: Gaining more than the recommended amount during pregnancy increases your risk for cesarean section, diabetes and a large baby. Also, it may be more difficult to lose the weight after baby is born, and these excess pounds increase your lifelong health risks.

BMI	Total Weight Gain
<15.5	28 to 40 lbs
18.5-24.9	25 to 35 lbs
25.0-29.9	15 to 25 lbs
30-34.9	11 to 20 lbs
>35.0	<10 lbs

Strategies for Coping with Nausea

- Ginger Ale, Ginger tea, Ginger Snaps, Ginger Capsules
- Eat small frequent meals
- Eat protein/carbohydrate before you get out of bed in the morning. (Peanut butter/crackers on the bedside table) Getting food in your stomach before you start moving around can help get the day off to a good start.
- Try sniffing a lemon, drinking lemonade, sucking on a lemon drop.
- Potato chips and day old popcorn help.
- Try hard peppermint candy. Put peppermint oil on your wrist pulse point- sniff when nauseated.
- Emetrol is a non-prescription medicine that can be bought at the pharmacy for nausea and can be effective.
- Another is Cola Syrup.
- Try taking Vitamin B6, 50mg, twice a day in addition to your prenatal vitamin.
- You can also take ½ of a Unisom tablet twice a day. Unisom is an over the counter sleeping preparation that is OKAY in pregnancy, and can help with nausea. (Make sure active ingredient is Doxylamine Succinate.)
- Two Flinstone's vitamins equal one prenatal vitamin if you cannot tolerate your prenatal vitamin take one in the morning and one at night.
- Try new surroundings, take a walk outside, do something different.

YOU SHOULD URINATE AT LEAST 3-4 TIMES PER DAY. LESS THAN THIS MEANS YOU MIGHT DEHYDRATED. DEHYDRATION CAN ALSO CAUSE NAUSEA, VOMITING AND STOMACH CRAMPS. CONTACT THE CLINIC IF YOU ARE UNABLE TO KEEP DOWN LIQUIDS FOR 24 HOURS OR UNABLE TO URINATE.

IF YOU HAVE TO CHOOSE BETWEEN SOLID FOODS AND LIQUIDS- CHOOSE LIQUIDS TO KEEP FROM GETTING DEHYDRATED. YOUR BODY HAS RESOURCES TO PROTECT THE BABY DURING EARLY PREGNANCY NAUSEA AND VOMITING.

INSTRUCTIONS FOR NAUSEA COMBO MEDICATION

THESE MEDICATIONS ARE SIMILAR TO A PRESCRIPTION COMBINATION. TAKE THEM EVERY DAY, AT LEAST THE

BEDTIME DOSE, TO PREVENT NAUSEA.

Vitamin B6 (pyridoxine) - 25 mg tablets

Unisom (doxylamine) - 25 mg tablets

Note: The doxylamine may make you sleepy.

EVENINGS/BEDTIME: Take one tablet of both the B6 and Unisom.

MORNINGS: Take $\frac{1}{2}$ of both B6 and Unisom, *as needed*.

MID-DAY: Take $\frac{1}{2}$ of both B6 and Unisom, *as needed*.

Safe Medications to Use in Pregnancy

The following over-the-counter medications and home remedies have no known harmful effects during pregnancy when taken according to package directions. Please note that no drug can be considered 100% safe to use during pregnancy. If you want to know about the safety of any other medications **not** listed here, please contact your health care provider.

****PLEASE FOLLOW ADULT RECOMMENDED DOSING ON MEDICATION***

Safe Medications to Use in Pregnancy cont...

<u>Condition</u>	<u>Safe Medications to Take</u>
Seasonal Allergies	Oral medications: Cetirizine (Zyrtec); Loratadine (Claritin); Fexofenadine (Allegra); Diphenhydramine (Benadryl) Nasal sprays: Nasacort; Flonase
Cold Symptoms	Fever: Acetaminophen (Tylenol) Congestion: Pseudoephedrine (Sudafed); Phenylephrine; Diphenhydramine (Benadryl); Mentholatum rub (Vicks) Cough: Guaifenesin (Robitussin); Dextromethorphan (Delsym); Sore throat and cough lozenges (Sucrets, Cepacol, Halls) Saline Nasal Spray Acceptable multisymptom cold formulas: Tylenol Cold and Flu; Nyquil; Dayquil
Constipation	Fiber supplement (Benefiber, Metamucil) Stool softener: Docusate (Colace) Laxative: Polyethylene glycol (Miralax), Milk of Magnesium (MOM) Sennosides (Senokot)
Diarrhea	Loperamide (Immodium); Kaopectate

Safe Medications to Use in Pregnancy cont...

<u>Condition</u>	<u>Safe Medications to Take</u>
Gas/Bloating	Simethicone (Gas-X, Mylicon); Gaviscon (Mylanta)
Headache	Acetaminophen (Tylenol)
Heartburn	Chewable: calcium carbonate (TUMS) Liquid: Gaviscon (Mylanta); Magnesium/Aluminum Hydroxide (Maalox) Ranitidine (Zantac); Famotidine (Pepcid); Omeprazole (Prilosec) **If you are already taking one of these medications or taking an over-the-counter medication, discuss with your physician at your next visit**
Hemorrhoids	Hydrocortisone cream/suppositories (Preparation H) Witch Hazel Pads (Tucks pads)
Misc.	SalonPas, Bengay, Tiger Balm, Capsaicin, Icy Hot
Nausea and Vomiting	Sea bands; Ginger lollipops/candies; Doxylamine (Unisom) plus Vitamin B6
Rashes (itching)	Hydrocortisone cream (Cortaid); Diphenhydramine cream (Benadryl)
Yeast Infection 7 day treatment	Miconazole (Monistat) vaginal cream; Clotrimazole (Gyne-Lotrimin) vaginal cream

Information you should know during pregnancy

Alcohol

The harmful effects of alcohol consumption during pregnancy are well-known and include physical defects, learning disabilities, and emotional problems in children. Experts haven't yet defined a safe level of alcohol for women who are pregnant, nor do they know whether or how babies differ in their sensitivity or reaction to alcohol. Although you shouldn't worry about alcohol you drank before you found out you were pregnant, you should abstain from any further consumption and avoid all alcoholic beverages. Let your health care provider know if you are finding it difficult to stop drinking alcohol. Another good resource is Lakeside-Milam Recovery Centers, which offer evaluation and treatment for alcohol addiction. You may contact them or get a listing of locations at 1-800-231-4303, (425) 823-3116, or www.lakesidemilam.com.

Tobacco

When you smoke, the placenta is deprived of nutrients and oxygen, which means that less of these get to the developing fetus. Babies born to mothers who smoke are more likely to be low birth weight and have health problems such as poor lung function. Smoking can also lead to pre-term labor and an increased risk of placenta previa, or when the placenta covers the opening to the uterus. If you need assistance with quitting smoking, please let your health care provider know. Nicotine replacement patches and medications such as Wellbutrin are approved to use during pregnancy and are preferable to smoking.

Illegal Drugs

Using drugs such as marijuana, heroin, cocaine, and meth during pregnancy has adverse effects on the developing fetus and newborn. These drugs cross the placenta and enter the fetal blood stream. Use of these drugs can affect central nervous system functioning and can lead to premature delivery, growth retardation, withdrawal symptoms in the newborn, behavioral problems, or even stillbirth. If you use illegal drugs, please notify your health care provider so that we may help you. Lakeside-Milam Recovery Centers may also provide assistance with drug addiction (please see contact information above under "Alcohol").

Diet

If you were eating a well-balanced diet before pregnancy, chances are you will not need to make big changes. Make sure that you are getting food from the five healthy food groups: grains, protein, fruits, vegetables, and milk products. Emphasize whole wheat bread products and brown rice in place of simple/refined carbohydrates, such as white bread, white rice, refined cereal, cookies, etc. In addition, try to limit extra sugar and fat. Drink plenty of water, 6-8 glasses a day. It is also recommended that you continue to take your prenatal vitamin daily throughout pregnancy and breastfeeding. *Foods to avoid in pregnancy are raw eggs, unpasteurized dairy products, and undercooked meat. Certain types of fish should not be eaten more than once a week, including canned tuna, mahi mahi, halibut, pollack, and cod. Tuna steaks, shark, swordfish, tile fish, and sea bass should not be consumed. All other types of seafood are safe to eat.*

Weight Gain

Weight should be gained slowly and steadily, and varies from woman to woman. The average weight gain during pregnancy is 25-40 pounds. Talk to your health care provider if you have questions regarding your individual goal weight gain.

Exercise

Exercise is encouraged during pregnancy. Most types of exercise are safe, but you should avoid activities that increase your risk of falls or injury. Walking, swimming, and yoga are great forms of exercise during pregnancy. After the first five months, it is best to avoid lying flat on your back, as the baby's weight can interfere with blood circulation. Make sure to stay well-hydrated and stop exercising if you notice shortness of breath, dizziness, blurry vision, chest pain, or severe abdominal or pelvic pain.

Caffeine

Most researchers agree that, although caffeine does cross the placenta, moderate amounts (about 300 mg a day) will not hurt your baby. This represents about two 8-ounce cups of coffee, two shots of espresso, or two caffeinated sodas daily. Keep in mind the serving size of your mug or cup (typically around 12-16 oz)!

Intercourse

In most cases, intercourse throughout the pregnancy is fine. Intercourse will not cause a miscarriage. Miscarriages that occur commonly do so as a result of a chromosomal abnormality or other problem with the developing fetus, not from anything you do or don't do. Intercourse will not harm the fetus. It is well protected by the abdomen, amniotic fluid, and cervical mucous plug, which prevents semen and bacteria from entering the uterus. Orgasms can cause contractions; however, most research indicates that if you have a normal pregnancy, orgasm—with or without intercourse—does not lead to premature labor or birth. If certain problems are present, your provider may ask you to stop having intercourse. If you have a new sexual partner during your pregnancy, please use condoms to prevent sexually transmitted diseases.

Safety

Always wear a seatbelt when driving or riding in a vehicle. Avoid activities that may cause injury or falls. Avoid completely immersing yourself in hot tubs. Seek other medical or dental care when needed, but make sure providers know you are pregnant. *If you do not feel safe at home with your partner, please let your health care provider know immediately so that we may be of assistance.*

COMMON 1st TRIMESTER SYMPTOMS

Nausea

This can occur at any time of day and may come in the form of aversion to certain foods. It generally improves by the 13th or 14th week of pregnancy, but can continue into the 2nd trimester. *Munch a few crackers before getting up in the morning, eat several small meals a day so that your stomach is never empty, drink plenty of liquids, try wearing a motion sickness band or ginger soda, tea, or capsules.*

Heartburn

May be an effect of sluggish digestion or the expansion of the uterus. *Eat several small meals a day instead of three large ones, avoid triggers (fried foods, chocolate, peppermint, garlic, onion), drink plenty of fluids, and stay up for 2-3 hours after your evening meal. Antacids (Tums, Mylanta, Maalox) and medications such as Zantac or Tagamet are fine to take for relief.*

Constipation

Constipation affects at least half of all pregnant women and is caused by an increase in progesterone, which slows the digestive process. *Try to eat on a regular schedule, drink plenty of fluids, get some exercise daily, eat high-fiber fruits, vegetables, and grains, try fiber supplements (Metamucil, Citrucel) or a mild laxative (such as milk of magnesia).*

Dizziness

Pregnancy causes dilation of blood vessels, resulting in lower blood pressure. Dizziness may also be caused by low blood sugar or anemia. We will do lab work to rule these conditions out. *Get up slowly from lying or sitting down, walk at a slower pace, avoid prolonged standing, guard against over-heating (hot tubs, saunas), stay physically active, drink plenty of fluids, eat iron-rich foods (beans, red meat, green leafy vegetables, dried fruits).*

Fatigue

Caused by demands on the circulatory system and increased progesterone, which makes you sleepy. *Take naps during the day or go to sleep earlier, avoid taking on extra responsibilities, ask for support when you need it, exercise regularly, eat foods rich in iron and protein, avoid excess caffeine.*

Vaginal discharge and vaginal infections

An increase in vaginal discharge is common in pregnancy due to increase in the turnover of vaginal lining cells. It will likely be present throughout the pregnancy. *Let someone know if discharge becomes odorous, irritating, itchy, or discolored, or if you are having pain with urination.*

Headaches

Headaches are one of the most common discomforts experienced during pregnancy. During the first trimester your body experiences a surge of hormones and an increase in blood volume. Stress, low blood sugar, lack of sleep, dehydration, caffeine withdraw can also be the cause. *Apply cold compress to base of neck, maintain your blood sugar eating smaller more frequent meals, get plenty of sleep, rest in a dark room, having small amount of caffeine, taking Acetaminophen, avoiding Ibuprofen unless instructed by your physician.*

COMMON 2nd and 3rd TRIMESTER SYMPTOMS

Braxton Hicks contractions

Painless, random contractions of the lower abdomen and groin, often a tightening feeling of the uterus. These are “warm-ups” to labor contractions and may occur during the 2nd and 3rd trimester. On the other hand, if you experience timeable, and/or regular contractions, try to lay down and drink fluids, and call if they do not decrease or resolve with these measures.

Leg cramps

May occur especially at night and usually in the calves. Flex your toes up towards your leg if this happens and massage the calf until it resolves. Avoid pointing your toes when stretching.

Heartburn and constipation

See 1st trimester symptoms.

Shortness of breath

Your lungs are processing more air than they did before pregnancy, which may leave you breathing slightly faster and feeling short of breath. Contact us if you experience chest pain, especially if it is localized to one side or the other.

Round ligament pain

The round ligaments support your uterus in your pelvis. As your uterus grows, the ligaments stretch and thicken to accommodate and support it. These changes can cause pain on one or both sides of the pelvis. Pain may start deep within the groin and move upward and outward towards the hips. It may also present as a dull ache after an active day. To help relieve discomfort, you may try warm baths, flexing your knees toward your abdomen, or lying on your side with a pillow under your belly. Decrease activity if necessary.

Hip pain and backaches

As pregnancy advances, the baby gains weight and puts more pressure on your back, while hormones relax the joints between your pelvic bones. Sit in chairs with good back support, apply heat and/or ice to painful areas. Contact EWHC if the pain does not go away or is accompanied by other symptoms.

Swelling

Blood return from your veins is compromised during pregnancy and fluid retention may be evident in your feet, ankles, face, and hands. Drink plenty of fluids and elevate your feet at night.

Frequent urination

Extra pressure on your bladder may cause you to urinate more often or leak urine, especially with laughing, coughing, or sneezing. Watch for signs of a bladder infection, such as burning with urination, fever, or blood in your urine, and call your health care provider if these symptoms are present.

CONTACT US IF YOU EXPERIENCE ANY OF THE FOLLOWING AT ANY TIME DURING YOUR PREGNANCY:

- **Moderate to heavy vaginal bleeding or passing of tissue**
- **Any amount of vaginal bleeding accompanied by pain, cramping, fever, or chills**
- **Timeable, regular contractions unrelieved by rest and fluids**
- **A severe, persistent headache, especially with dizziness, faintness, nausea, vomiting, or visual disturbance**
- **Moderate or severe pelvic pain**
- **Pain with fever or bleeding**
- **Vomiting with pain or fever**
- **Chills or fever (101 degrees or higher)**

Seafood Consumption in Pregnancy

Seafood is low in fat, rich in Omega 3 fatty acids, and good for your heart. However, its health benefits need to be balanced with concerns about contaminants such as mercury and PCBs.

Seafood safe to eat 2-3 times a week:

Anchovies, butterfish (silver pomfret), catfish, clams, cod (Pacific, Atlantic), crab (blue, king, snow, US, Canada, Russia), crayfish, flounder/sole, herring, oysters, Pollock/fish sticks, salmon (fresh, canned-chinook, chum, coho, farmed Atlantic, pink, sockeye), sardines, scallops, shrimp (US, imported), squid/calamari, tilapia, trout, tuna (canned light)

Seafood safe to eat once a week:

Black sea bass, Chilean sea bass, Chinook salmon (Puget Sound), croaker (white, Pacific), halibut (Pacific, Atlantic) lobster (US, Canada), mahi-mahi, monkfish, rockfish/red snapper (trawl caught), sablefish, tuna (canned white Albacore)

Women who are pregnant or planning to become pregnant, or nursing mothers, should NOT eat the following fish:

KING MACKEREL, SHARK, SWORDFISH, TILEFISH, TUNA STEAK (AHI)

Serving Size

A meal appropriate for your body size is roughly the size and thickness of your hand, or about 8 ounces uncooked (based on 160-pound adult).

*To personalize a meal size, add or subtract 1 ounce per 20 pound difference in body weight.

Healthy Hints

Remove visible fat before cooking

Do not eat the skin

Grill, broil or bake the fish

Let fat drip off during cooking

Don't use fat for gravy or sauces

Eat a variety of fish

Consume younger smaller fish

If you eat more than recommended amount of fish once a month, try to eat less the next month.

*Information provided by the Washington State Department of Health

SLEEP HABITS IN PREGNANCY

Is it safe to sleep on my back during pregnancy?

Early in the pregnancy, sleeping on your back is safe. In the third trimester (starting around 28 weeks), it is not recommended that you lie flat on your back for a prolonged period of time because the weight of your uterus presses on the major vein in your back. When you are sleeping, it is hard to control your position. If you wake up on your back, you probably awakened because your body was telling you to shift position. Some women wake up feeling dizzy, short of breath, or with heart palpitations. These symptoms should resolve quickly if you shift to either side. As your pregnancy progresses, try to sleep on one side or the other, or use a cushion to ensure that you are not completely flat on your back to avoid nighttime awakenings and ensure proper blood flow to your baby.

Is it safe to sleep on my stomach during pregnancy?

There is no problem with sleeping on your stomach in early pregnancy, as the uterus is protected by your pubic bone. As the pregnancy progresses, sleeping on your stomach will become uncomfortable, which is the cue to stop.

Is it safe to use sleeping medications during pregnancy?

Some prescription sleep aids can be used in pregnancy but should be discussed with your OB provider before starting. These medications can be habit forming, and in general, are used sparingly in pregnancy. There are over-the-counter sleep aids that are safe to use during pregnancy and are not habit forming, including Benadryl, Tylenol PM, and Unisom. These medications should be taken according to the directions on the package.

Is it safe to sleep under an electric blanket during pregnancy?

Electric blankets are safe to use in pregnancy as long as the temperature setting is not too high. In general, this means high enough to keep you warm, but not so high as to burn you or elevate your temperature. If you are concerned, you can take your temperature to make sure it is in normal range, under 100 degrees.

PREGNANCY SLEEP TIPS:

Drink up. Drink plenty of fluids during the day but cut down in the evening before bedtime to minimize getting up at night.

Keep moving. Exercise regularly to stay fit and improve circulation, and reduce nighttime leg cramps.

Get into a routine. If you establish a soothing and comforting evening routine you'll be able to relax and get to sleep more easily. Try a cup of caffeine-free tea or hot milk, reading, or taking a warm shower.

Keep heartburn at bay. To prevent heartburn, don't recline until 1-2 hours after a meal. If heartburn is a problem, sleep with your head elevated on pillows. Avoid spicy, acidic (such as tomato products), and fried foods as they may worsen symptoms. Safe over-the-counter medications include Tums, Mylanta, and Zantac.

Nap during the day. If you're not getting enough rest at night, take a nap to reduce fatigue. Find a quiet spot and relax, even if only for a half-hour.

Support your body. Use a special pregnancy pillow or regular pillows to support your body. Try placing a pillow under your upper back or hips, or between your knees.

Watch your diet. Completely eliminate caffeine if insomnia is a problem for you. If nausea is a problem, eat bland snacks throughout the day. Keeping your stomach slightly full helps keep nausea at bay. Eating a well-balanced diet, not only helps you and your baby's health, but makes you less prone to nighttime snack attacks that contribute to restlessness and insomnia.

Genetic Testing Options

TEST	DESCRIPTION	TIMING	ADVANTAGES	DISADVANTAGES	CPT & Estimated Cost
First Trimester Screen	*Helps assess risk of Down Syndrome & Trisomy 13 & 18 * A blood test AND ultrasound at 12 weeks with a specific neck measurement on the fetus.	11-13 weeks	*Non-invasive, no risk to the fetus *Results available in early pregnancy	*Not a 100% pick-up rate *6% false positive rate	84163 & 84702 \$337.00 *Plus ultrasound in office* 76813 \$285
MSAFP	*A blood test that screens for neural tube defects (like spina bifida)	16-18 weeks	*Detects 80% of babies with open neural tube defects (Spina bifida) Non-Invasive	*Not a 100% pick-up rate	82105 \$60.25
Quad Screening	*Helps assess risk of Down Syndrome, Trisomy 18, and neural tube defects *A blood test that measures the levels of four biochemical markers	16-18 weeks	* Non-invasive, no risk to the fetus * Does not require an ultrasound * Can be done if the patient is past the first trimester * 81% pick-up of Down Syndrome	*Not a 100% pick-up rate *5% false positive rate	82105, 84702, 82677 & 86336 \$273.30
NIPT (Non Invasive Prenatal Testing) (Eg. Counsyl Prelude Screen) Not recommended for women under age of 35	*A blood that <i>screens</i> fetal DNA for Trisomy 13, 18, and 21	After 10 weeks	*Non-Invasive, no risk to the fetus, 99% Down Syndrome, 97% Trisomy 18 & 85% Trisomy 13	*Only Screens 3 Chromosomes	Call Counsyl 888-268-6795 **Self pay price is \$349, Counsyl will notify you via email with expected out of pocket cost**
Amniocentesis <i>Not recommended for women under age of 35</i>	*Diagnoses presence of Down Syndrome and other chromosomal problems *A procedure in which fetal cells are withdrawn from the amniotic fluid using a long needle guided into the mother's abdomen	16-21 weeks (ideal)	*100% pick up rate of chromosomal abnormalities, including down syndrome	*0.5% risk of miscarriage following the procedure	Procedure performed at Maternal Fetal Medicine
Chorionic Villus Sampling (CVS) Not recommended for women under the age of 35	* Diagnoses presence of Down Syndrome and other chromosomal problems * A procedure in which placental cells are obtained through the mother's cervix or abdomen	10-15 weeks (ideal)	*100% pick-up rate of chromosomal abnormalities, including Down Syndrome *Earlier definitive detection than amniocentesis *Decisions can be made earlier	* 1% risk of miscarriage following the procedure	Procedure performed at Maternal Fetal Medicine

For the **NIPT** or **Forsight Carrier Screen** cost please call COUNSYL at 888-268-6795

For all other laboratory costs call **PACLAB** at 800-541-7891

TEST	DESCRIPTION	TIMING	ADVANTAGES	DISADVANTAGES	CPT & COST
Forsight Carrier Screen (Counsyl)	*Testing for risk of having children with a range of inherited diseases, including cystic fibrosis, Spinal Muscular Atrophy, Fragile X, or Tay-Sachs disease	Anytime	*Noninvasive, No risk to fetus *Perform Prenatal Diagnosis if desired *Find a specialist to be involved in your child's care after delivery *Free Genetic Counseling	*Not all carriers will be detected	Call Counsyl 888-268-6795 *Self-Pay price is \$349. Counsyl will notify you via email with expected out of pocket cost*
	Panel Options: 1. Cystic Fibrosis/ SMA/ Fragile X (3 most common recessive genes) 2. ACOG/ACMG: 11 Gene Panel 3. Universal Panel: 100+ Genes				
Cystic Fibrosis	*Most Common life-threatening autosomal recessive condition in the non-Hispanic white population *Does not affect intelligence *Usually shorter life span *included in state newborn screen	Anytime	*Noninvasive, no risk to fetus *perform prenatal diagnosis if desired *Find specialist to e involved in your child's care after delivery	*not all carriers will be detected	81220
Fragile X	*Most common inherited form of intellectual disability *Normal life span	Anytime	*Non Invasive, no risk to fetus *Perform prenatal diagnosis if desired *Find specialists to be involved in your child's care after delivery	*Not all carriers will be detected	81243
Spinal Muscular Atrophy (SMA)	*Destroys nerve cells that control muscle movement *Does not affect intelligence *60% of cases are severe with life expectancy less than 3 years of age	Anytime	*Noninvasive, no risk to fetus *Perform prenatal diagnosis if desired *Find Specialists to be involved in your child's care after delivery	*Not all carriers will be detected	81401

How much will your Counsyl screen cost?

Most people have insurance that covers Counsyl screens and the exact amount you may owe can vary based on your plan. Here's how it works:



We'll send you an e-mail

with an estimate of your cost within 48 hours of you receiving your order



We'll file a claim

with your insurer, who may also send you an Explanation of Benefits.

Don't worry — this is not a bill



We'll send you an invoice

If you owe anything for your screen.

Counsyl will reach out to you with your estimated cost based on your insurance provider. This test is covered by most insurance companies nationwide and if your insurance provider is in-network, your cost for the test will help you meet your in-network deductible.

If you would not like to be billed to your insurance, or if your insurance company is out-of-network and do not want to be billed to an out-of-network provider, you may choose the self-pay option which allows you to pay for the test without going through your insurance. The self-pay price is \$349. Lastly, you may cancel the test by reaching out to Counsyl.

Estimate your cost

Go to counsyl.com/price to receive an immediate estimate

Financial assistance is available

It's our mission to make sure anyone who needs screening can get it. We make it quick and easy to request financial assistance, and you can apply before or after getting your screen.

Live support

Our billing specialists are available to help you answer any questions you may have.

[GENERAL INQUIRIES
support@counsyl.com](mailto:support@counsyl.com)

[BILLING INQUIRIES
billing@counsyl.com](mailto:billing@counsyl.com)

[CALL US](tel:(888)268-6795) (888) COUNSYL or (888) 268-6795

[LIVE CHAT](https://counsyl.com) counsyl.com

ABOUT THE TEST

The **Counsyl** Test covers many different types of diseases. We'll help you learn about them, so you can better help your patients.

59

Diseases resulted in a shortened life expectancy.

- Cystic fibrosis (35 years)
- Hurler syndrome (10 years)
- Spinal muscular atrophy (less than 2 years)

78

Diseases have limited or no treatment options.

- Tay-Sachs disease (no treatment available) Ataxia-Telangiectasia (treatment is only partially effective)
- Beta thalassemia (treatment is only partially effective)

45

diseases carry a significant risk for intellectual disability.

- Fragile X syndrome
- Smith-Lemli-Opitz syndrome
- Costeff optic atrophy syndrome

80%

of the diseases on the **Counsyl** Test have at least one of the characteristics above.

About Disease Categorizations

The information presented in this document is meant as a quick reference to diseases tested by **Counsyl** and is not meant to be a comprehensive guide. Individual diseases can have widely varying phenotypes not captured here. For specific disease information, please refer to counsyl.com/diseases.

Treatment

Considered available if there is a standard of care reasonably accessible to most individuals with the disease. Experimental treatments are not included.

Life Expectancy

Defined as the life expectancy of most (at least 60%) individuals.

Intellectual Disability

Describes conditions that have a greater than negligible risk for intellectual disability, after standard treatments are applied. Severity of intellectual disability is not considered.

DISEASE LIST

The following diseases are covered on the **Counsyl** Test, listed here with the number of mutations tested.

ABCC8-Related Hypoketoticosis (3)	Familial Dysautonomia (2)	Joubert Syndrome 2 (1)	Primary glyceroluria
Achromatopsia (3)	Familial Mediterranean Fever (4)	Krabbe Disease (2)	Type 1 (2)
Alkaptonuria (11)	Fanconi Anemia Type C (3)	Limb-Girdle Muscular Dystrophy Type 2D (1)	Type 2 (2)
Alpha-1 Antitrypsin Deficiency (1)	Fragile X Syndrome (female specimens only) (1)	Type 2E (1)	PROP1-Related Combined Pituitary Hormone Deficiency (1)
Alpha- Mannosidosis (1)	Galactosemia (8)	Lipoamide Dehydrogenase Deficiency (2)	Pseudocholera Deficiency (1)
Andermann Syndrome (2)	Gaucher Disease (10)	Long Chain 3-Hydroxyacyl-CoA Dehydrogenase Deficiency (1)	Pycnodysostosis (1)
ARSACS (2)	GJB2-Related DFNB 1 Nonsyndromic Hearing Loss and Deafness (7)	Maple Syrup Urine Disease Type 1B (3)	Spinocerebellar Ataxia Type 1 (4)
Asparaglycosaminuria (1)	Gutatac Acidemia Type 1 (1)	Medium Chain Acyl-CoA Dehydrogenase Deficiency (2)	Salla Disease (1)
Ataxia with Vitamin E Deficiency (1) Ataxia-Telangiectasia (8)	Glycogen Storage Disease Type IA (7)	Megalencephalic Leukoencephalopathy with Subcortical Cysts (4)	Sengers Syndrome (1)
Autosomal Recessive Polycystic Kidney Disease (4)	Type IB (2)	Metachromatic Leukodystrophy (5)	Short Chain Acyl-CoA Dehydrogenase Deficiency (1)
Bardet-Biedl Syndrome Type I (1)	Type II (3)	Mucopolysaccharidosis IV (2)	Sjogren-Larsson Syndrome (1)
Type II (1)	Type V (4)	Muscle-Eye-Brain Disease (1)	Smith-Lemli-Opitz Syndrome (13)
Biotinidase Deficiency (4)	GRACILE Syndrome (1)	NEB-Related Nemalin Myopathy (1)	Spinal Muscular Atrophy (1)
Bloom Syndrome (1) Canavan Disease (4)	Hb Beta Chain-Related Hemoglobinopathy (Including Beta Thalassemia and Sickle Cell Disease) (28)	Neuronal Ceroid Lipofuscinosis	Steroid-Resistant Nephrotic Syndrome (2)
Camitine Palmitoyltransferase IA Deficiency (1)	Hereditary Fructose Intolerance (3)	TCN3-related (1)	Sulfate Transporter-Related Osteochondrodysplasia (4)
Camitine Palmitoyltransferase II Deficiency (3)	Hereditary Thymine Uraciduria (1)	TCN3-related (1)	Tyrosinemia Type I (6)
Cartilage-Hair Hypoplasia (1)	Heitz Junctional Epidermolysis Bullosa LAM3-Related (1)	TPPT1-related (3)	Usher Syndrome Type 1F (1)
Choroideremia (1)	LAM2-Related (2)	TPPT1-related (3)	Type 2 (1)
Cohen Syndrome (1)	LAM2-Related (1)	Niemann-Pick Disease SMPD1-Associated (4)	Very Long Chain Acyl-CoA Dehydrogenase Deficiency (1)
Citrullinemia Type 1 (2)	Hexosaminidase A Deficiency (Including Tay-Sachs Disease) (5)	Type C (1)	Wilson Disease (2)
Congenital Disorder of Glycosylation Type 1a (4)	Homocystinuria Caused by Cystathionine Beta-Synthase Deficiency (1)	Nijmegen Breakage Syndrome (1)	X-Linked Juvenile Retinoschisis (3)
Type 1b (1)	Hurler Syndrome (2)	Northern Epilepsy (1)	
Congenital Finnish Nephrosis (2)	Hypophosphatasia , Autosomal Recessive (4)	Rendu Syndrome (5)	
Costeff Optic Atrophy Syndrome (1)	Inclusion Body Myopathy 2 (2)	PEX1-Related Zellweger Syndrome Spectrum (2)	
Cystic Fibrosis (100) MCUR Deficiency (4)	Isovaleric Acidemia (1)	Phenylalanine Hydroxylase Deficiency (13)	Opt-In Diseases
D-Bifunctional Protein Deficiency (2)		Polycystic Autoimmune Syndrome Type 1 (2)	Factor V Leiden Thrombophilia (1)
Factor XI Deficiency (4)		Porphyria Disease (4)	Glucose-6-Phosphate Dehydrogenase Deficiency (7)
		Primary Carnitine Deficiency (1)	HFE-Associated Hereditary Hemochromatosis (2)
			MTHFR Deficiency (2)
			Prothrombin Thrombophilia (1)

Limitations: As with any medical diagnostic test, genetic testing is risk-reducing, rather than risk-eliminating. Results are based on probabilities, and as such, cannot give 100% definitive conclusions, and cannot diagnose or predict all diseases. In addition to the **Counsyl** Test, further testing options may be recommended to your patients. If only one member of a couple is of Ashkenazi Jewish background, a biochemical assay for **Tay-Sachs** disease can be performed.* Individuals of African, Asian, and Mediterranean ancestry are at increased risk for being carriers for **sickle cell anemia**, and should also be offered carrier testing by CBC and hemoglobin electrophoresis or HPLC.*

*Screening for **Tay-Sachs** and **sickle cell anemia** is recommended for all patients.

ACMG - Testing for this disease recommended to be offered by ACMG
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CHROMOSOMAL ABNORMALITIES IN LIVE BORN

MATERNAL AGE	RISK FOR DOWN SYNDROME	TOTAL RISK FOR CHROMOSOMAL ABNORMALITIES
20	1/1,667	1/526
21	1/1,667	1/526
22	1/1,429	1/500
23	1/1,429	1/500
24	1/1,250	1/476
25	1/1,250	1/476
26	1/1,176	1/476
27	1/1,111	1/455
28	1/1,053	1/435
29	1/1,000	1/417
30	1/952	1/385
31	1/909	1/385
32	1/769	1/322
33	1/602	1/286
34	1/485	1/238
35	1/378	1/192
36	1/289	1/156
37	1/224	1/127
38	1/173	1/102
39	1/136	1/83
40	1/106	1/66
41	1/82	1/53
42	1/63	1/42
43	1/49	1/33
44	1/38	1/26
45	1/30	1/21
46	1/23	1/16
47	1/18	1/13
48	1/14	1/10
49	1/11	1/8

TO: Our Maternity Patients

Obstetrical fees are "global" this means that your OB care is one fee. The global fee includes office visits, the delivery of your baby and postpartum visit.

The global fee does **NOT** include lab work (other than routine urine screens) or ultrasounds performed during your pregnancy. These services will be charged at the time of the appointment and will be billed to your insurance company if applicable. You will be asked to pay any co-pays or deductible amount that may be applicable.

The global OB fee will not be billed until the birth of your baby. Our global obstetrical fees are:

Normal Vaginal Delivery:	\$5167.00
Vaginal Birth after Cesarean (VBAC):	\$5437.00
Cesarean Section:	\$5735.00

A cesarean section delivery requires an assistant surgeon who will also charge for services.

Hospital, newborn care, and anesthesia services are **NOT** included in the global fee and will be billed separately. Should you have any questions regarding their fees, please contact them directly.

Anesthesia Billing:	425-451-4141
Evergreen Hospital, Financial Counselor:	425-899-3632

We will call your insurance company to confirm your medical benefits and will mail you an estimate of what your responsibility will be. **Depending upon your deductible amount, you may be asked to pay a deposit which would be made in payments up to the 36th week of your care.** The global fee will be billed at the time of your delivery. Whatever your insurance does not pay will be your responsibility, and we will ask for the balance due within 30 days of the insurance payment. To avoid being overwhelmed with so many bills after birth, we recommend that all patients pay their estimated amount prior to delivery.

If for any reason you need to transfer your care, or if your insurance changes mid-pregnancy, we will itemize the charges for the services provided prior to the change and bill accordingly.

If you do not have insurance coverage please contact our office at 425-285-0060 to discuss resources and/or options for payment.

Sincerely,
EvergreenHealth Obstetrics & Gynecology Care, Tan