

Charleston
OB/GYN

A Guide to Your Pregnancy

Welcome to Charleston Ob/Gyn!

Charleston OB/GYN is proud to be providing the women of the Lowcountry with outstanding obstetrical and gynecological care for over 50 years.

Our Board-certified physicians provide care in offices located in West Ashley, James Island, and Mount Pleasant and utilize the Roper St. Francis Hospital System.

Our practice consists of 6 Ob/Gyn physicians. Although this means we have a large office, we strive to provide care in a personal and individualized manner. We are proud to offer minimally invasive surgery procedures. We are an AIUM accredited private ultrasound facility and offer 3D ultrasound.

We provide 24/7 call coverage at **Roper St. Francis Hospital**. Our physicians rotate who is on call throughout the week.

If this is your first pregnancy, we recommend reading this guide in addition to other educational materials. You can find books about pregnancy that are very helpful to understanding all the changes your body is going to make in the upcoming months.

To read more about our practice and our physicians, please visit www.charlestonobgyn.com

How to Contact Us:

Phone: 843-740-6700

Extension 2 for our Obstetric nurse

Extension 2 also to schedule an appointment

This will be the number to call during office hours. It is recommended that you go to Roper St Francis Hospital to the OB Emergency Department for evaluation during after-hours & on weekends for concerning symptoms or signs of labor.

Online: www.charlestonobgyn.com

Call 911 if you are having a medical emergency

A Pregnancy Overview

1st Trimester (less than 13 weeks)

Start taking prenatal vitamins now! Consider genetic screening, which will be offered between 10-13 weeks. Have all prenatal blood work drawn and 1st ultrasound performed. Routine physical will be performed, including pap smear and STD testing. You may feel more fatigue and nausea which is normal. See the safe medication list for over-the-counter remedies.

16-20 weeks

Baby is now about 4.5-5.5 inches and about 4 ounces! Arms and legs are moving and you may start to feel first movements. Your center of gravity changes as your uterus grows, affecting your balance. As your uterus grows your round ligaments that support the uterus can stretch and pull apart, causing a sharp "stabbing" pain on low abdomen. Optional spina bifida testing offered (simple blood test). We will measure your uterine growth, blood pressure, weight, listen to baby's heart rate. Visits are typically once a month

20-24 weeks

Your second ultrasound will occur this month to determine gender (if desired) and check for fetal well-being. Start looking for a pediatrician to take care of your baby. Routine heart rate check, uterine growth, blood pressure and weight checked. Continue once a month visits.

24-28 weeks

Schedule your glucose test for possible gestational diabetes. This is also good time to register for childbirth class and tour at St Francis Hospital. Baby is a little over a pound and about 8 inches tall! If considering permanent sterilization, this would be a good time to discuss. The doctor will measure your fundal height, check blood pressure and listen to baby's heart rate. Continue monthly visits.

28-32 weeks

Your baby has probably doubled since your last visit! Start twice monthly visits. Braxton Hicks (false contractions) may begin occurring. Call if painful or more than 6 an hour. Sign up for breastfeeding and/or childbirth classes, 402-CARE. Get your Tdap vaccine now at any regular pharmacy. |

32-36 weeks

You are on the homestretch now! Your baby weighs almost four pounds and 18 inches. Continue twice monthly appointments. Most likely, your baby is in the "head down" position so you may feel most of the kicks and jabs under your ribs. You may notice your back and pelvic area feel different. The bones in the pelvis are moving and shifting to make room for the baby's head to pass through. The ligaments around the pelvis stretch, which can cause some discomfort in the hip joints, back, and front of the pelvis. Make arrangements for other children while in labor (no children permitted)

36 weeks to Baby

Begin weekly OB visits with pelvic exams included. Your body is going through lots of changes now: more frequent urination as baby "drops" down, increased backache and heaviness, pelvic and buttock discomfort, increased swelling of the ankles and feet and more frequent and intense Braxton Hicks contractions. Call OB nurse at any point if symptoms of true labor begin.

Postpartum

Congratulations, you did it! Make a 2 week visit if had c-section and 6 week visit if vaginal delivery. Normal to have bleeding off and on for several weeks that may change in color. No exercise, baths or heavy lifting until first visit with doctor. No driving while on any pain medication. Call with any symptoms of baby blues or depression- we are here to help!



EMERGENCY SITUATIONS

1. Headache unrelieved by Tylenol accompanied by blurred or spotty vision, increased swelling of face, hands or feet
2. Temperature of 100.5 or greater unrelieved by Tylenol
3. Decreased fetal movement after 28 weeks. Assess fetal kick counts as follows: Drink something sweet, lay on your left side for 2 hours, call if less than 10 kicks in 2 hours
4. Signs of bladder infection such as burning when you urinate or increased temperature
5. Large gush of fluid (clear) from vagina or continuous leakage of clear fluid
6. Cramping with bright red bleeding. (Recent intercourse or pelvic exam may cause light spotting)
7. If you have signs of the flu, sinus infection, or sore throat, it is best to be seen by primary care doctor or at an urgent care facility

IF ANY OF THESE THINGS HAPPEN, CALL OUR OFFICE IMMEDIATELY AT 843-740-6700 OR GO TO HOSPITAL DURING AFTER-HOURS & WEEKENDS FOR AN EVALUATION.

- **Be readily available for a return call, as the doctor or nurse typically calls you back quickly**
- **Make sure your phone can accept blocked phone numbers**
- **If you miss the return phone call, please call back**
- **Do not leave a voicemail for your doctor or nurse. You should always speak to the OB nurse for questions or problems.**
- **If you are having a medical emergency, call 911**

Common Symptoms in Pregnancy

Problem	Cause	Relief Measures
<i>Swelling in Legs/Feet/Hands</i>	Increased fluid retention (aggravated by heat)	Increase protein, water. Decrease salty foods, wear support hose, elevate legs. Call with persistent headache, blurred vision.
<i>Hemorrhoids</i>	Constipation, pressure on veins in rectum from uterus. Straining while eliminating	See Constipation. Warm tub/sitz bath, tucks pads after BM, Preparation H, Anusol suppositories
<i>Nose/Gum bleeds</i>	Hormones cause an increase in small blood vessels in nose, aggravated by dry air	Apply pressure to affected side of nose, avoid trauma to nose, saline spray as needed.
<i>Cold/Sinus Trouble</i>	Allergies or virus. Hormones may cause an increase in nasal congestion	Push fluids, rest, humidifier at night, warm showers or compress to face. Afrin/saline nasal spray.
<i>Cough</i>	Cold or flu. Post nasal drip	See above. Robitussin. Warm salt water gargles. Call if cough productive of mucous or fever >100.0
<i>Sore Throat</i>	Cough, cold virus	See medication list. Call for white ulcers on throat or fever >100.0
<i>Diarrhea, Nausea/Vomiting</i>	Virus, change in eating habits, travel	Stop vitamins and milk until clears. Clear liquids only for 24 hours. Progress diet slowly after you tolerate liquids for 12-24 hours. Call if persistent or fever.
<i>Nausea</i>	Primarily due to high hormone levels	Eat small, frequent meals, avoid spicy/ greasy foods. See med sheet
<i>Heart Burn</i>	Delayed emptying time of stomach. Increased stomach acids.	Small, frequent meals, bland foods, don't lay after eating.
<i>Vaginal Discharge</i>	Hormonal changes	Normal if no itching, burning, foul odor. Call if symptoms unrelieved. Avoid douching.

Common Symptoms in Pregnancy

Problem	Cause	Relief Measures
<i>Constipation</i>	Relaxing effect of pregnancy hormones. Pressure of the enlarged uterus on lower bowel	Establish a regular, relaxed time for going to the bathroom. High fiber diet, 8 glasses H2O, daily exercise. Stool softeners.
<i>Frequency of Urination</i>	Pressure of growing uterus on your bladder. Higher volume of body fluids	Void when you feel the urge, avoid large liquids at bedtime. Call for burning, blood or fever.
<i>Headaches</i>	Changes in body fluid volume. Hormonal changes. Increased nasal congestion.	Tylenol ES, small amount of caffeine, increase water, rest in a quiet dark room. Call with swelling/blurred vision.
<i>Dizziness/ Lightheadedness</i>	Hormonal changes. Pressure of growing uterus on major blood vessels. Normal drop in blood pressure. Low blood sugar.	Rest on left side. When arising, sit for a few minutes before standing. Avoid standing for long periods time. Eat small, protein snacks every few hours, avoid sugary foods.
<i>"Catchy" Pain Groin or Lower Abdomen</i>	Stretching of "round" ligaments that support uterus. "growing pains"	Warm tub bath, Tylenol, heating pad on low. "Belly support band". Call if persistent or bleeding
<i>Leg Cramps</i>	Pressure of low enlarging uterus on blood vessels causes decreased circulation. Lack of Calcium in diet.	3 servings of dairy daily, good support hose/compression socks, low heeled shoes, avoid pointing toes, warm bath, massage
<i>Varicose Veins</i>	Pressure of uterus on veins. Hormones cause enlargement of veins.	Avoid knee-hi socks, good support hose. Avoid sitting/standing for long periods. Rest on left side with legs elevated.

Screening for Genetic Conditions

There are two types of screening options to discuss here. Carrier screening and prenatal genetic screening.

1. Carrier Screening:

Carriers are individuals who have either no symptoms or mild symptoms of a genetic disorder, but they carry the gene for the disorder. Up to 1 in 3 people carry a genetic disease. Most carriers do not have a family history and the only way to know is to perform a blood test.

Carrier screening is voluntary and only needs to be done once in a person's life. At Charleston OB/GYN, we recommend that all women have carrier screening for at least a few specific genetic conditions. We recommend this testing to identify couples at risk of having a child with a genetic disease and to help understand future medical management. We recommend screening for 29 conditions to meet ACOG professional society guidelines however you can be screened for more conditions if you choose.

2. Prenatal Genetic Screening:

Prenatal Genetic screening is an optional test that can be performed in each one of your pregnancies. There are many different options for genetic screening. These tests are screening for abnormalities of the chromosomes or genes of the specific pregnancy.

One test that is offered is called the *Sequential Screen* which includes an ultrasound in the first trimester plus maternal blood test in the first and second trimesters. This test screens for the risk of Trisomy 21 (Down syndrome), Trisomy 18 (Edwards syndrome), and Open Spina Bifida.

Another test is called *Noninvasive Prenatal Testing (NIPT)* which is a maternal blood test that looks for pieces of fetal DNA. This test is recommended in mothers who will be over the age of 35 at time of delivery but can be performed in any pregnancy. This test screens for Trisomy 21, Trisomy 18, Trisomy 13 (Patau syndrome), sex chromosome abnormalities, Triploidy (an entire extra set of chromosomes) and microdeletions of specific genes.

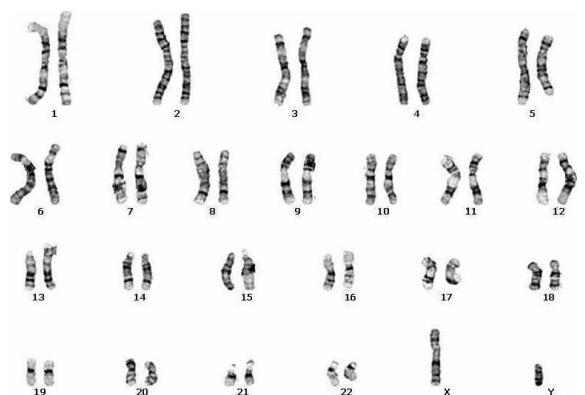
All families have the option for diagnostic testing (Chorionic villus sampling or amniocentesis). This is a procedure done to take samples of cells or amniotic fluid to check for genetic abnormalities. This is done with a specialist and has its own risks and benefits. We recommend a detailed discussion with your provider if you are interested in this option.

Cost:

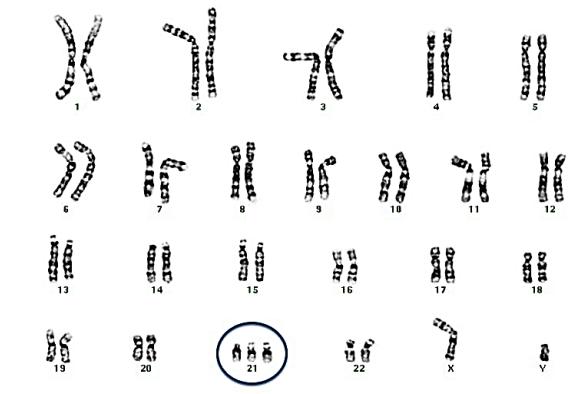
Insurance may or may not cover these tests based on your specific plan. If this is a concern, we encourage you to contact your insurance company beforehand to ask about coverage.

In addition, we have included some pamphlets in your folder for additional information and resources.

EUPLOID XY Chromosomes



XY Chromosomes with Trisomy 21
(Down Syndrome)



Down Syndrome

47,XY,+21

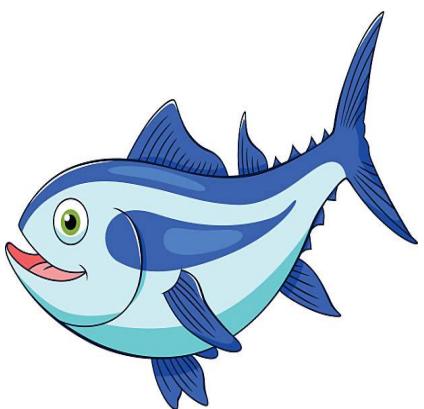
Pregnancy Dos and Don'ts

- Prenatal vitamins are very important during pregnancy. The folic acid in them helps to prevent some birth defects which can occur in the baby's brain and spine. **If taking a prenatal vitamin with DHA, you should stop DHA at 36 weeks.**
- Smoking, alcohol, and drugs should be avoided during pregnancy. This is one of the best things you can do for your baby. E-cigs and vaporized nicotine should also be avoided. Any nicotine use (gum, patch or vaporized) is harmful.
- Nutrition: This is a **very** important part of a healthy pregnancy. Average pregnant woman only needs an extra 300 cal per day. Each meal should consist of protein, fruits, and vegetables. For most women, recommended weight gain will be a total of 25-30 pounds but this may change based on your starting weight. Excessive weight gain can lead to complications during the pregnancy and delivery. Avoid excess calories in sugary drinks like sodas and juices. Other important foods to avoid are listed on the next page.
- HYDRATE! With 8 glasses of water daily and increase this during hot summer months.
- Limit caffeine to 200 mg daily which is approximately one 16 ounce cup of coffee.
- Exercise is safe and encouraged for most pregnancies! There are a lot of benefits to exercising but some high-risk pregnancies should be cautious. For more info, please visit <https://www.acog.org/Patients/FAQs/Exercise-During-Pregnancy>. In general, we advise for no lifting >25 pounds.
- Wear sunscreen and bug spray. DEET is OK to use while pregnant. You AND your partner should wear bug spray during pregnancy.
- Do not change the cat's litter box. Cats can carry toxoplasmosis, a disease that can harm a fetus. Have someone else change the box, and frequently! If you garden, wear gloves and wash your hands well because the soil can contain organisms from cat feces.
- Avoid hot tubs and saunas
- Common weed killers may cause developmental problems. Exposure to chemically treated golf courses and lawns before the recommended waiting period can harm a developing embryo.
- If you are pregnant and planning to travel, you should talk to your doctor at least four to six weeks before your trip to discuss any special precautions or vaccines that you may need. Travel is generally safe up until 32 weeks. We recommend you stay within 2 hours of Charleston from 32-36 weeks and no travel after 36 weeks. Always wear your seat belt low, walk every 2 hours to prevent blood clots! For more information for international travel, visit CDC's Traveler's Health website at www.cdc.gov/travel and specifically for Zika prevention, www.cdc.gov/zika/pregnancy
- Domestic abuse often starts or worsens in pregnancy and we can help. Please notify a nurse at any visit or contact OB nurse directly. Another resource is My Sisters House (800) 273-HOPE (4673) or www.mysistershouse.org

Pregnancy Dos and Don'ts

Food and Drink

- **Cheese and Lunch Meats:** Listeriosis, a food-borne illness with mild flu-like symptoms, can result in premature delivery, miscarriage, severe illness or death of the baby. To prevent listeriosis, do not eat unpasteurized soft cheeses (and other unpasteurized dairy products), hotdogs or lunch meats unless they have been properly cooked, and raw or undercooked seafood, eggs, and meat. Cheeses made in the U.S. from pasteurized milk, such as cheddar, mozzarella, cream cheese and cottage cheese, are considered to be fairly safe.
- **Coffee:** Some studies suggest that large amounts of caffeine lead to low birth-weight babies. Drinking coffee in moderation, however, is usually okay. Recommendation is for 200mg per day or less.
- **Sweet Beverages:** Excess calories from sodas, sweet tea, and juices should be limited.
- **Herbal Tea:** Many herbal teas are safe during pregnancy, but large amounts of some herbs such as peppermint and red raspberry leaf are thought to cause contractions and increase the risk of preterm labor. Avoid teas that have unfamiliar ingredients. "Natural" doesn't always mean "safe."
- **Spicy foods:** These may cause you indigestion so it may be best to avoid them – not because they'll hurt the baby but because they may make you uncomfortable.
- **Alcohol:** No safe level of alcohol consumption has been established for pregnant women. Therefore, avoiding alcohol altogether is recommended.
- **Fish:** To protect your developing baby from potentially brain damaging mercury:
 - **DO NOT** eat shark, swordfish, king mackerel, bigeye tuna, orange roughy or golden or white snapper (tilefish) from the Gulf of Mexico.
 - **DO** eat 8-12 ounces (two to three average meals) a week of any variety of fish and shellfish that are lower in mercury, such as shrimp, canned light tuna, salmon, pollock and catfish. Fish sticks and fast food sandwiches are commonly made from fish that are low in mercury.
 - **DO** limit your consumption of albacore (white) tuna to six ounces (one average meal) per week.
 - Before eating freshwater fish, check for fish advisories on those waterbodies. If there are no warnings, limit eating such fish to six ounces a week.
- **Spinach: DO!** This dark, leafy green has lots of folic acid, which is one substance you want when you're pregnant especially before conceiving and during the first trimester. The recommended dose is 400 micrograms a day. Folic acid reduces the incidence of neural tube defects by 70%.



Medications in Pregnancy:

Some aches and pains are common during pregnancy. It is advised that medications should generally be avoided during pregnancy, especially during the first trimester. However, if it is necessary here is a list of safe over-the-counter medications that can be used during your pregnancy.

Please note we do not advise the use of Aleve, Aspirin, Ibuprofen or Motrin during pregnancy

Allergies (seasonal): Benadryl, Claritin, Zyrtec, Allegra, Flonase (No "D" or decongestant)

Cold and sinus: Mucinex, Saline Spray; After the First Trimester: Tylenol Flu, Tylenol Cold, Tylenol Sinus, Afrin (no more than 3 days), Claritin, Allegra, Zyrtec, and Benadryl

Constipation:

Stool softeners: Surfak, Colace, Senekot

Fiber supplements: Citrucel powder, Fibercon tablets, Metamucil, Fiber One

Laxatives: Milk of Magnesia, Miralax, Dulcolax

Behavioral: increase vegetables, water intake, and exercise

Cough: Robitussin, Guaifenesin

Cracked nipples: PureLan, A&D Ointment, Vitamin E capsules – apply content of gel cap to nipples

Diarrhea: Imodium AD, Kaopectate

Fever/Pain: Tylenol 1000mg every 3-6 hours as needed with max of 4000mg per day. *If greater than 24 weeks and fever persists despite medication, call office

Gas: Mylicon, Beano, Simethicone, Gas-X

Headache: Tylenol 1000mg every 3-6 hours as needed with max of 4000mg per day. *If greater than 24 weeks and headache persists despite medication, call office

Head Lice: RID or NIX

Heartburn/Indigestion: Tums with Calcium, Mylanta, Maalox, Pepcid, Gaviscon, Prilosec, Nexium

Hemorrhoids (external): Sitz baths/soaks, Anusol HC, Preparation-H (with hydrocortisone), Tucks pads, prevention with stool softeners

Insomnia- Unisom, Benadryl, warm bath prior to bed, maintain night routine, exercise during day

Nausea: Vitamin B-6 (25mg Three times a Day) WITH Unisom (Doxylamine), Pepcid AC, Emetrol, Dramamine, sea sickness wrist bands, ginger tablets three times per day

Rash/Itching: 1% Hydrocortisone cream, calamine lotion, Benadryl, Aveeno or Oatmeal Bath

Sore Throat: Lozenges, Chloraseptic Spray, Tylenol, salt water gargles

Yeast Infection: Monistat 7 days cream

How to Tell When You Are in Labor

As you probably noted from listening to other mothers, labor varies greatly from woman to woman. How it starts, how long it lasts, where you feel your contractions, or when your membranes rupture will be very individualized! Although these things may not happen in a certain order, you will certainly notice some of them: bloody show/mucous plug, ruptured membranes.

Bloody Show or Passage of your Mucous Plug:

Passage of blood tinged mucous when the cervix begins to soften and dilate. Mucous may be passed gradually, or as a "cork" of mucous you notice after going to the bathroom. May occur with labor or a few weeks before labor begins. **This does not mean you are in labor!**

Ruptured Membranes or Broken Bag of Waters:

Usually happens as first sign of labor in only 10% of all labors. May occur as a "gush" of fluid or intermittent trickle. Fluid should be clear and smell musky-sweat. If you feel you may be leaking (like involuntary passed urine) try putting on a pad. If the pad stays wet after one hour, come to office during office hours or to hospital to be evaluated

Contractions:

Labor contractions differ from Braxton Hicks contractions in that they are more regular, more intense, and increase in frequency. You may easily feel the contractions (or tightening) by placing your hand just above naval. Contractions usually have a definite beginning, peak in hardness, then completely relax in between. You time them from the start of one contraction to the start of the next.



True Labor

Occur at regular intervals and gradually get closer together

Usually starts in the back and moves to the front

Increase in strength steadily

Wake you up at night and keep you awake

Cervix dilates

False Labor / Braxton Hicks

Occur at irregular intervals and do not get closer together

Usually felt only in the front

Usually stays the same or intensity weakens

Wake you up, but you can fall back asleep

Cervix does not dilate

Breastfeeding:

11

Breastfeeding is one of the most natural and beneficial activities for mom and baby.

Benefits for Baby



- Breast milk is the most complete form of nutrition after birth and as your baby matures. A mother's milk has just the right amount of fat, water, sugar and protein that is needed for a baby's growth and development.
- There are over 100 ingredients in breast milk that cannot be manufactured in formula.
- Most babies find it easier to digest breast milk than formula. Thus, breastfed infants generally have less difficulties with constipation.
- Breastfed babies are less likely to suffer from infectious illnesses and their symptoms.
- Breastfeeding helps to reduce the risk of Sudden Infant Death Syndrome (SIDS), and its protective effect increases if you breastfeed exclusively.
- Breastfed babies score slightly higher on IQ tests.

Benefits for Mom and Dad

- Breastfeeding mothers have a lower risk of pre-menopausal breast cancer, ovarian cancer and uterine cancer.
- Mothers who breastfeed are more likely to return to their pre-pregnancy weight.
- Breastfeeding reduces osteoporosis for Mothers.
- Breast milk is free which reduces or eliminates the cost of formula.
- Breastfeeding is a very relaxing experience that contributes to feelings of attachment between a mother and her child.
- Mothers and fathers benefit by not having to prepare bottles for their infant in the middle of the night.

Vaccines Before and During Pregnancy

Even before becoming pregnant, make sure you are up to date on all your vaccines. Your baby gets disease immunity from you during pregnancy, so this will help protect you and your baby (for the first few months of life) from serious diseases.

We recommend pregnant women get a whooping cough vaccine and a flu shot (depending on flu season) during each pregnancy

Whooping cough, known as pertussis, can be serious for anyone, but for a newborn it can be life-threatening.

About 7 in 10 deaths from whooping cough are among babies younger than 2 months old. These babies are too young to be protected by their own vaccination. The younger the baby is when they get whooping cough, the more likely they will need to be treated in a hospital.

It may be hard to know if a baby has whooping cough because many babies with this disease don't cough at all. Instead, it can cause them to stop breathing and turn blue.

When a pregnant woman gets a whooping cough vaccine during pregnancy, her body will create protective antibodies and pass some of them to the baby before birth. These antibodies will provide the baby some short-term, early protection against whooping cough. CDC recommends getting a whooping cough shot (Tdap) during the 27th through 36th week of each pregnancy, preferably during the earlier part of this time period.

ANYONE else that is going to be around your infant should have had their Tdap within the last 10 years or get it anytime during your pregnancy to be up to date.



Flu: Pregnant women are more likely to have severe illness from flu, possibly due to changes in immune, heart, and lung functions during pregnancy.

Get a flu shot during each pregnancy during flu season—it's the best way for a pregnant woman to protect against the flu and protect the baby for several months after birth from flu-related complications. Get a flu shot anytime during each pregnancy.

CDC recommends **getting a flu vaccine by the end of October** despite flu seasons varying in their timing from season to season. This timing helps protect a pregnant woman before flu activity begins to increase.

Please visit www.cdc.gov/vaccines/pregnancy for more information and safety data

Be Prepared:

Birth Certificate:

You will be asked to complete a South Carolina birth certificate worksheet in the hospital. By state law, we must file the child's birth certificate information within five days of birth. If the mother does not complete the worksheet, we will be unable to file the child's information with SC DHEC – Vital Records and the parents will have to pay to have it updated through Vital Records at a later time.

Please note you will not receive a copy of your child's birth certificate if you don't apply for it through SC DHEC – Vital Records. There is a \$12 charge for the long form birth certificate; additional copies are \$3 each. The birth certificate application can be found at <http://www.scdhec.gov/VitalRecords/BirthCertificates>. You can pick up a copy of your child's birth certificate at: Vital Records, 4050 Bridgeview Dr., North Charleston, SC 29405.

Social Security Card:

On the birth certificate worksheet there is a box to request a social security card. If you would like to receive your child's social security card, then you must check yes and sign. If the worksheet does not have a signature, you will not receive your child's social security card. Your child's social security card will be mailed to the mailing address you enter on the worksheet in approximately three to nine weeks. If you do not receive it, you will need to contact the Social Security Office at [\(866\) 495-0111](tel:(866)495-0111).

Hospital Bag:

Packing is the one thing you don't want to be caught doing as you are leaving for the hospital. You should prepare an overnight bag three weeks prior to your due date. That way, you'll be sure to have everything you and your baby need while in the hospital. Use this list to guide you.

- Bathrobe
- Flat slippers or flip flops
- Cell phone and charger
- Two or three nightgowns, perhaps with a front opening for breastfeeding
- Five or six pairs of underwear
- Personal toiletries: toothbrush, toothpaste, shower cap, deodorant, hair care supplies, a compact and cosmetics
- One or two nursing bras and nursing pads
- Pillows from home
- Important phone numbers
- Insurance card or information/ID/form of payment
- Loose fitting "going home" clothes for you
- "Going home" clothes for baby (including blanket, diaper and a hat)
- Reading material
- Infant car seat with base installed

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Charleston
OB/GYN

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Jennifer A. Winkler, CNM

Genetic Screening

Genetic screening is an optional test that can be performed in every pregnancy. There are many different options for genetic screening. These tests are screening for abnormalities of the chromosomes or genes of the specific pregnancy.

One test that is offered is called the *Sequential Screen* which includes an ultrasound in the first trimester plus maternal blood test in the first and second trimesters. This test screens for the risk of Trisomy 21 (Down syndrome), Trisomy 18 (Edwards syndrome), and Open Spina Bifida.

Another test is called *Noninvasive Prenatal Testing (NIPT)* which is a maternal blood test that looks for pieces of fetal DNA. This test is recommended in mothers who will be over the age of 35 at time of delivery but can be performed for any pregnancy. This test screens for Trisomy 21, Trisomy 18, Trisomy 13 (Patau syndrome), sex chromosome abnormalities, Triploidy (an entire extra set of chromosomes) and microdeletions of specific genes.

All families have the option for diagnostic testing. This is a procedure done to take samples of cells or amniotic fluid to check for genetic abnormalities. This is done with a specialist and has its own risks and benefits. We recommend a detailed discussion with your provider if you are interested in this option.

Insurance may or may not cover these tests based on your specific plan. If this is a concern, we encourage you to contact your insurance company beforehand to ask about coverage.

Please read below statements and circle yes or no:

I have read the above statement regarding genetic screening and Yes No
have no additional questions

I understand that genetic screening is optional Yes No

I would like to proceed with the following genetic screening
(circle one):

- Sequential Screen
- Noninvasive Prenatal Testing
- Diagnostic Testing
- None

Signature: _____

Date: _____

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Carrier Screening

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Carrier screening is voluntary and only needs to be done once in a person's life. At Charleston OB/GYN, we recommend that all women have carrier screening for at least a few specific genetic conditions. We recommend this testing to identify couples at risk of having a child with a genetic disease and to help understand future medical management. We recommend screening for 29 conditions to meet ACOG professional society guidelines however you can be screened for more conditions if you choose.

Insurance may or may not cover these tests based on your specific plan. If this is a concern, we encourage you to contact your insurance company beforehand to ask about coverage.

Please read below statements:

- | | | |
|---|----------|----|
| 1. I have read the above paragraph about carrier screening and have no additional questions | Yes | No |
| 2. I understand that carrier screening is optional | Yes | No |
| 3. I have already had carrier screening in the past | Yes | No |
| 4. I would like to proceed with the following carrier screening (circle one): | | |
| • Preparent Trio test | 3 genes | |
| • Preparent Standard test | 29 genes | |
| • Other | | |

Signature: _____

Date: _____