Pregnancy Notification (First Prenatal Visit)

Please fax **ALL pages** to 702-691-5620 (Must be faxed within 15 days of first visit)



Type of Referral:	Language Prefe	rence:
☐ Pregnancy Notification	☐ High Risk Pregnancy	☐ Miscarriage/Termination Notification
Culinary ID#:		
Patient Name:		
Street Address:		
City/State:		
Phone:		
Date of Birth:		
LMP:		
PARA	GRAVIDA	
Physician:		
Street Address:		
DI		
Tay ID#.		

The information contained in this facsimile is confidential and includes protected patient health information. The information is intended only for the use of CHF and its designees.

If you are not the intended recipient or the employee or the agent responsible to deliver it to the intended recipient, you are hereby notified that any use, disclosure, distribution or copying of this communication is strictly prohibited. If you have received this facsimile in error, please immediately notify us by telephone at 702-892-7393 and return the original message to us at CHF, 1901 Las Vegas Blvd South, Suite 101, Las Vegas, NV 89104.

For Office Use Only

Background Summary for Questionnaires.

These are evidence based guidelines which treating providers are encouraged to use, along with their own clinical judgment:

- 17-Hydroxyprogesterone caproate (17P) Use in Pregnancy Guidelines 17P has been shown to decrease the risk of preterm delivery.
- Aspirin Use in Pregnancy Guidelines

Low dose aspirin has been shown to decrease the risk of preeclampsia in pregnancy and the associated complications.

	_		
Dose	Λen	IIVI	n
DUSE	MON	41111	

Patient Name	
Culinary ID#	

High Risk Factor Questions	Yes	No
1. Is there a history of preeclampsia in a prior pregnancy?		
2. Is the current pregnancy multiple gestation?		
3. Is chronic hypertension present?		
4. Is pre-gestation diabetes present?		
5. Is renal disease present?		
6. Is autoimmune disease or are antiphospholipid antibodies present? (antiphospholipid syndrome, lupus, etc.)		

Do not use Aspirin if any of the following contraindications exist.

If no High Risk Factors are present, evaluate Moderate Risk Factors.

Moderate Risk Factor Questions	Yes	No
1. Is the patient of advanced maternal age, 35 years and over?		
2. Is the patient nulliparous?		
3. Is the patient African American?		
4. Is the patient obese, BMI >30 (based upon pre-pregnancy weight)?		
5. Is this pregnancy the result of in vitro fertilization?		
6. Has it been over 10 years since the last delivered pregnancy?		
7. Did a previous pregnancy have intrauterine growth restriction?		
8. Is there a family history of preeclampsia in a first degree relative?		
9. Does the patient have low socio-economic status? (i.e. Medicaid, some cash only patients)		

If the answers to THREE (3) High Risk Factor Questions are YES, the patient may be a candidate for Aspirin treatment, if no contraindications exist. Move to section B - Exclusion Criteria

B. Exclusion Criteria

Do not use Aspirin if any of the following contraindications exist.

Contraindications to the use of Aspirin	Yes	No
1. Allergy to Aspirin		
2. Bleeding disorder		
3. Platelet disorder		
4. Recent vaginal bleeding		
5. Reye's Syndrome		
6. Inadequate vitamin K		
7. G6PD deficiency		
If ANY contraindication is present, do not use Aspirin		

Fax ALL pages to: 702-691-5620

17-Hydroxyprogesterone caproate (17P)

Patient Name	
Culinary ID#	

A. Inclusion Criteria

Inclusion Criteria	Yes	No
1. Is there a history of previous singleton preterm delivery from 20-36 6/7 weeks gestation?		
2. Was the previous preterm delivery from spontaneous labor or PPROM?		

If the answer to BOTH Inclusion Criteria questions are YES, the patient may be a candidate for weekly 17P treatment, if no contraindications exist. Move to section B - Exclusion Criteria

B. Exclusion Criteria

Do not use 17P if any of the following contraindications exist.

Contraindications to the use of 17P	Yes	No
1. Current pregnancy is multiple (2 or more) gestation		
2. Current pregnancy is more than 20 6/7 weeks gestation		
3. Current or history of thrombosis or thromboembolic disorders		
4. Known or suspected breast cancer, other hormone sensitive cancer or a history of these conditions		
5. Undiagnosed abnormal vaginal bleeding unrelated to pregnancy		
6. Cholestatic jaundice of pregnancy		
7. Liver tumors, benign or malignant or active liver disease		
8. Uncontrolled hypertension		
9. Allergy to hydroxyprogesterone caproate, castor oil or any of the other ingredients in 17P (Makena)		
10. Any other contraindications to 17P: (list here)		

If ANY contraindication is present, do not use 17P treatment

Fax ALL pages to: 702-691-5620

Healthy moms have healthy babies

A program made for pregnant women to have a healthier pregnancy. We give you ways to make this exciting new chapter in your life easier and more enjoyable.

Look inside to see what you get from the program and how to get started.

Mamás sanas tienen bebés sanos

Un programa hecho para que las futuras mamás tengan un mejor embarazo. Le damos lo necesario para que este nuevo capítulo en su vida sea emocionante, fácil y placentero.

Vea adentro lo que el programa le ofrece y como empezar.

Ang malusog na Ina ay may malusog na mga anak

Isang programa ang itinatag para sa mga buntis na kababaihan upang magkaroon ng isang malusog na pagbubuntis. Magbibigay kami ng mga paraan upang ang kapana-panabik na bagong kabanata sa iyong buhay ay mas maging madali at mas kasiya-siya.

Tumingin sa loob upang makita kung ano ang iyong makukuha mula sa mga programa at kung paano makapagsisimula.



EMBARAZO SALUDABLE PLUS



AT MALUSOG NA PAGBUBUNTIS



1901 Las Vegas Blvd. South, Suite 107 Las Vegas, NV 89104 702-733-9938 www.culinaryhealthfund.org



PREGNANCY PLANS



english

Call our Wellness Line at

702-892-7313 #4 when you find out you are pregnant.

YOU WILL GET:

- Educational Materials
- Breastfeeding Classes & Support Groups
- A Breast Pump (if you choose to breastfeed)
- Access to Lactation
 Consultants (helps with
 breastfeeding problems)
- \$100 after your baby is born (if you register before 12 weeks of pregnancy and go to all scheduled appointments)

Disclaimer: The Healthy Pregnancy Plus Program is available only for participants, their spouses and same-sex domestic partners. Dependent children that are pregnant can't participate.

español

Llámenos a la Línea de Bienestar al

702-892-7313 #4 cuando sepa que está embarazada.

Aclaración: El Programa Healthy
Pregnancy Plus está disponible
solamente para participantes,
cónyuges, y parejas domésticas del
mismo sexo. Las hijas dependientes
que estén embarazadas no pueden
participar.

QUÉ OBTENDRÁ:

- Materiales Educativos
- Clases y Grupos de apoyo para Amamantar
- Un Extractor de Leche (si decide amamantar)
- Acceso a Consejeros de Lactancia (ayudan con problemas de amamantar)
- \$100 después que nazca su bebé (si se inscribe antes de 12 semanas de embarazo y asiste a todas sus citas)

lagalog

Tawagan ang ating Linya ng Wellness sa

702-892-7313 #4 sa oras na malaman mo'ng ikaw ay nagdadalang-tao.

Pagtatatuwa: Ang Programa ng Healthy Pregnancy Plus ay magagamit lamang para sa mga kalahok, ang kanilang mga asawa at kapareho-ng-kasaria'ng kapartner sa pamamahay. Hindi maaaring lumahok ang sustentado'ng buntis na anak.

MAKAKAKUHA KA NG:

- Mga Bagay na maaari'ng pag-aralan
- Mga Klase sa pag-papasuso at Grupo'ng Tutulong
- Pang-bomba ng suso (kung pinili mo ang magpa-suso)
- Malalapitan upang sumangguni sa paggagatas (tumutulong sa mga problema sa pag-papasuso)
- \$100 matapos ipanganak
 ang iyong sanggol
 (tumutulong sa mga problema sa pag-papasuso)