Patient Addressograph

DATE _____

NAME _____
LAST FIRST MIDDLE

ID # _____ HOSPITAL OF DELIVERY _____

NEWBORN'S PHYSICIAN _____ REFERRED BY _____

FINAL EDD _____ PRIMARY PROVIDER/GROUP _____

BIRTH DATE AGE RACE MARITAL STATUS S M W D SEP MONTH DAY YEAR	ADDRESS
OCCUPATION EDUCATION (LAST GRADE COMPLETED)	ZIP PHONE (H) (O)
LANGUAGE	INSURANCE CARRIER/MEDICAID #
HUSBAND/DOMESTIC PARTNER PHONE	POLICY #
FATHER OF BABY PHONE	EMERGENCY CONTACT PHONE

TOTAL PREG	FULL TERM	PREMATURE	AB, INDUCED	AB, SPONTANEOUS	ECTOPICS	MULTIPLE BIRTHS	LIVING

MENSTRUAL HISTORY

LMP ☐ DEFINITE ☐ APPROXIMATE (MONTH KNOWN) ☐ UNKNOWN ☐ NORMAL AMOUNT/DURATION ☐ FINAL _____ MENSES MONTHLY ☐ YES ☐ NO PRIOR MENSES _____ DATE FREQUENCY: Q _____ DAYS ON BCP AT CONCEPT ☐ YES ☐ NO MENARCHE _____ (AGE ONSET) hCG + ____/____/____

PAST PREGNANCIES (LAST SIX)

DATE MONTH/ YEAR	GA WEEKS	LENGTH OF LABOR	BIRTH WEIGHT	SEX M/F	TYPE DELIVERY	ANES.	PLACE OF DELIVERY	PRETERM LABOR YES/NO	COMMENTS/ COMPLICATIONS

MEDICAL HISTORY

	○ Neg. + Pos.	DETAIL POSITIVE REMARKS INCLUDE DATE & TREATMENT
1. DIABETES		
2. HYPERTENSION		
3. HEART DISEASE		
4. AUTOIMMUNE DISORDER		
5. KIDNEY DISEASE/UTI		
6. NEUROLOGIC/EPILEPSY		
7. PSYCHIATRIC		
8. DEPRESSION/POSTPARTUM DEPRESSION		
9. HEPATITIS/LIVER DISEASE		
10. VARICOSITIES/PHLEBITIS		
11. THYROID DYSFUNCTION		
12. TRAUMA/VIOLENCE		
13. HISTORY OF BLOOD TRANSFUS		

	AMT/DAY PREPREG	AMT/DAY PREG	# YEARS USE
14. TOBACCO			
15. ALCOHOL			
16. ILLICIT/RECREATIONAL DRUGS			

	○ Neg. + Pos.	DETAIL POSITIVE REMARKS INCLUDE DATE & TREATMENT
17. D (Rh) SENSITIZED		
18. PULMONARY (TB, ASTHMA)		
19. SEASONAL ALLERGIES		
20. DRUG/LATEX ALLERGIES/ REACTIONS		
21. BREAST		
22. GYN SURGERY		
23. OPERATIONS/ HOSPITALIZATIONS (YEAR & REASON)		
24. ANESTHETIC COMPLICATIONS		
25. HISTORY OF ABNORMAL PAP		
26. UTERINE ANOMALY/DES		
27. INFERTILITY		
28. RELEVANT FAMILY HISTORY		
29. OTHER		

COMMENTS _____

ACOG ANTEPARTUM RECORD (FORM A)

Version 5 Copyright © 2003 The American College of Obstetricians and Gynecologists, 409 12th Street, SW, PO Box 96920, Washington, DC 20090-6920 AA128 4 5 / 7 6 5

Patient Addressograph

SYMPTOMS SINCE LMP

GENETIC SCREENING/TERATOLOGY COUNSELING

INCLUDES PATIENT, BABY'S FATHER, OR ANYONE IN EITHER FAMILY WITH:

	YES	NO		YES	NO
1. PATIENT'S AGE ≥ 35 YEARS AS OF ESTIMATED DATE OF DELIVERY			12. HUNTINGTON'S CHOREA		
2. THALASSEMIA (ITALIAN, GREEK, MEDITERRANEAN, OR ASIAN BACKGROUND): MCV <80			13. MENTAL RETARDATION/AUTISM		
3. NEURAL TUBE DEFECT (MENINGOMYELOCELE, SPINA BIFIDA, OR ANENCEPHALY)			IF YES, WAS PERSON TESTED FOR FRAGILE X?		
4. CONGENITAL HEART DEFECT			14. OTHER INHERITED GENETIC OR CHROMOSOMAL DISORDER		
5. DOWN SYNDROME			15. MATERNAL METABOLIC DISORDER (EG, TYPE 1 DIABETES, PKU)		
6. TAY–SACHS (EG, JEWISH, CAJUN, FRENCH CANADIAN)			16. PATIENT OR BABY'S FATHER HAD A CHILD WITH BIRTH DEFECTS NOT LISTED ABOVE		
7. CANAVAN DISEASE			17. RECURRENT PREGNANCY LOSS, OR A STILLBIRTH		
8. SICKLE CELL DISEASE OR TRAIT (AFRICAN)			18. MEDICATIONS (INCLUDING SUPPLEMENTS, VITAMINS, HERBS OR OTC DRUGS)/ILLICIT/RECREATIONAL DRUGS/ALCOHOL SINCE LAST MENSTRUAL PERIOD		
9. HEMOPHILIA OR OTHER BLOOD DISORDERS			IF YES, AGENT(S) AND STRENGTH/DOSAGE		
10. MUSCULAR DYSTROPHY			19. ANY OTHER		
11. CYSTIC FIBROSIS					

COMMENTS/COUNSELING _____

INFECTION HISTORY	YES	NO		YES	NO
1. LIVE WITH SOMEONE WITH TB OR EXPOSED TO TB			4. HISTORY OF STD, GONORRHEA, CHLAMYDIA, HPV, SYPHILIS		
2. PATIENT OR PARTNER HAS HISTORY OF GENITAL HERPES			5. OTHER (See Comments)		
3. RASH OR VIRAL ILLNESS SINCE LAST MENSTRUAL PERIOD					

COMMENTS _____

INTERVIEWER'S SIGNATURE _____

INITIAL PHYSICAL EXAMINATION

DATE ____ / ____ / ____ HEIGHT _____ BP _____

1. HEENT	☐ NORMAL	☐ ABNORMAL	12. VULVA	☐ NORMAL	☐ CONDYLOMA	☐ LESIONS
2. FUNDI	☐ NORMAL	☐ ABNORMAL	13. VAGINA	☐ NORMAL	☐ INFLAMMATION	☐ DISCHARGE
3. TEETH	☐ NORMAL	☐ ABNORMAL	14. CERVIX	☐ NORMAL	☐ INFLAMMATION	☐ LESIONS
4. THYROID	☐ NORMAL	☐ ABNORMAL	15. UTERUS SIZE	_____ WEEKS		☐ FIBROIDS
5. BREASTS	☐ NORMAL	☐ ABNORMAL	16. ADNEXA	☐ NORMAL	☐ MASS	
6. LUNGS	☐ NORMAL	☐ ABNORMAL	17. RECTUM	☐ NORMAL	☐ ABNORMAL	
7. HEART	☐ NORMAL	☐ ABNORMAL	18. DIAGONAL CONJUGATE	☐ REACHED	☐ NO	_____ CM
8. ABDOMEN	☐ NORMAL	☐ ABNORMAL	19. SPINES	☐ AVERAGE	☐ PROMINENT	☐ BLUNT
9. EXTREMITIES	☐ NORMAL	☐ ABNORMAL	20. SACRUM	☐ CONCAVE	☐ STRAIGHT	☐ ANTERIOR
10. SKIN	☐ NORMAL	☐ ABNORMAL	21. SUBPUBIC ARCH	☐ NORMAL	☐ WIDE	☐ NARROW
11. LYMPH NODES	☐ NORMAL	☐ ABNORMAL	22. GYNECOID PELVIC TYPE	☐ YES	☐ NO	

COMMENTS (Number and explain abnormals) _____

EXAM BY _____

ACOG ANTEPARTUM RECORD (FORM B)

Our Birth Plan, designed for the safety of you and your baby:

At OB-Gyne Associates of Lake Forest, Ltd, we are avid and firm believers in having an educated, informed, and engaged patient population. We also believe in the importance of evidence-based medicine. For those reasons, we have outlined our birth plan for you. This birth plan is designed with over 150 years of combined experience caring for mothers and their babies. We ask that you review it carefully and ask questions about it (preferably before 28 weeks). By reviewing this early in your pregnancy, you can ensure that we are the right practice for you.

1. **IV ACCESS:** IV access is critical. Obstetrics is a specialty where there is potential for excess bleeding. Even when things appear to be going well, significant blood loss can occur without much warning. Obtaining IV access once a hemorrhage begins can be difficult. Having early IV access keeps the risk of bad outcomes associated with bleeding to a minimum.

2. **FETAL MONITORING DURING LABOR:** We are aware of, and understand, our college's (ACOG, The American College of Obstetrics and Gynecology) position on intermittent auscultation and monitoring in low risk labor patients. This, however, requires a 1:1 labor nurse to patient ratio, which we cannot guarantee at our labor unit. Thus, we will monitor mothers in labor with continuous fetal monitoring, as we strongly believe this is safest for mom and baby.

3. **INDUCTIONS:** The obstetrical literature has had a significant change since 2018. Several large trials now support the safety of induction of labor around 39 weeks without an increased risk of cesarean section and with similar or improved outcomes for the baby.

4. **GOING PAST YOUR DUE DATE:** We do not allow pregnancies to progress past 41 weeks, as we believe the placenta function deteriorates once that gestational age is reached. This could increase risks to the baby. Please reference #3 above

5. **ELECTIVE CESAREAN SECTION:** We will discourage requests for elective (no medical necessity) primary (first baby) cesarean sections. A cesarean section, although generally safe, incurs higher risks than a vaginal delivery.

6. **THE PROCESS OF INDUCTIONS:** If an induction of labor is necessary, there are different methods to accomplish this. Sometimes it is as simple as rupturing your membranes ("breaking your bag of water"), but often medications are required. The type of medication needed will depend on how favorable (dilated) your cervix is at the time of induction. Pitocin (Oxytocin) is often used to start or augment labor. We consider it a very safe drug with minimal potential adverse side effects. Thus, if a medical induction is required, we hope you trust our judgment in which medication or medications to utilize to safely and effectively get you in labor and hopefully achieve a vaginal delivery. We practice evidence-based obstetrics and active management of labor.

7. **THE USE OF FORCEPS OR VACUUM FOR VAGINAL DELIVERY:** We will on occasion recommend an operative vaginal delivery (vacuum or forceps). The only instances this is offered is if we believe we can safely and quickly deliver your baby in case of an emergency or if you become too exhausted to push your baby out. This would avoid a cesarean section and get the baby out quicker than an emergent cesarean can. All the physicians have had extensive training in operative deliveries and will of course discuss it with you if we think one is necessary.

8. **EPISIOTOMY:** We do not perform routine episiotomies.

9. **TOLAC / VBAC:** We do selectively offer trials of labor in patients with 1 prior low transverse cesarean section (TOLAC) in hopes of achieving a vaginal delivery (VBAC). Not every patient is a

good candidate for TOLAC. We will gladly review each case individually and review the benefits and risks involved. If we do not believe you are a good TOLAC candidate, we will recommend a repeat cesarean section.

10. **PAIN MANAGEMENT DURING LABOR:** Your pain management will be your choice, not ours, not your family's, but yours. We will not agree to anyone but you making pain management decisions. We will not push any pain management modality but will gladly educate you on options. You will be asked about pain levels in labor. It is part of the nurses' job.

11. **DELAYED CORD CLAMPING:** We will attempt to delay cord clamping and cutting for 30 seconds, as recommended. If we, or the nursery/pediatric personnel, feel that the baby has to be attended to immediately, delayed cord clamping will not be our priority.

12. **SKIN-TO-SKIN:** Skin to skin contact and breastfeeding will be supported as long as it is safe for mom and baby.

13. **MEDICATIONS/VACCINATIONS FOR BABY:** Medication concerns regarding your baby (vaccinations, antibiotics, vitamin K, etc.) are for you to discuss with your pediatric team. We will gladly offer advice but will not be a part of this decision-making process.

14. **PLACENTAL PRESERVATION:** No current data support placental preservation for later consumption.

15. **VAGINAL SEEDING:** We will not perform "vaginal seeding" or any procedure to introduce vaginal organisms to your baby. This practice is currently being discouraged by ACOG.

16. **VISITORS DURING LABOR:** Per hospital guidelines

17. **EATING/DRINKING DURING LABOR:** We will generally allow sips of clear liquids during active labor. Your IV fluids will keep you well hydrated. Remember nausea is common during the advanced stages of labor and we want to avoid a full stomach. If a need for a cesarean section were to arise, a full stomach increases anesthesia risk.

18. **ASSISTANCE BY FAMILY MEMBERS:** We welcome assistance from family members as patient advocates and coaches. We appreciate your help with patient positioning and comfort measures. We will absolutely do our very best to have the designated family member cut the umbilical cord. Please understand that sometimes this is not safe and trust us to make that decision for you and your baby. We occasionally receive requests from a family member to aid with the delivery of the infant. Babies are precious and delicate. Babies are slippery. We will deliver your baby.

19. **PHOTOGRAPHY, LIVE STREAMING AND VIDEO:** Photography is allowed in the delivery room as well as the operating room. The hospital has a strict no video, no live streaming policy during procedures.

We are available to answer any questions regarding our birth plan. If, after reviewing it, you feel our practice philosophy is not for you, we completely understand and wish you and your family the best.

Sincerely,

OB-Gyne Associates of Lake Forest, LTD

Insurance Covered Breast Pumps

Physician Prescription

Phone 888-510-5100 • **Fax** 309-664-7931
Email orders@medsourceorders.com
insurancecoveredbreastpumps.com
BT

Patient Name: _____ DOB: _____

Address: _____ Due Date: _____

Phone: _____ Email: _____

Prescription

☐ **Double Electric Breast Pump / Supplies**
ICD-10 Code:
☐ Z39.1 Lactating Mother
Use pump as needed to maintain/increase milk supply.

A4281 - Replacement Tubing - 24 ea.
A4282 - Replacement Battery Pack - 1 ea.
A4283 - Replacement Bottle Lid - 24 ea.
A4284 - Replacement Breast Shields - 24 ea.
A4285 - Replacement Bottle - 24 ea.
A4286 - Replacement Locking Ring - 24 ea.

☐ **Matriarch Maternity Back Brace**
ICD-10 Code:
☐ M54.5 Low Back Pain
Belly Circumference: ____ Inches
Use brace daily to relieve low back pain during pregnancy and post-partum.

☐ **DVT Pump**
ICD-10 Code:
☐ _____
Length of need - 1 month
Use pump continuously when not ambulating.

Clinic Name: _____ Phone: _____

Address: _____ Fax: _____

Physician Name: _____ NPI: _____

Physician Signature: Tanya Huang Date: _____

I certify the above prescribed equipment is medically indicated and supports accepted standards of medical practice for this patient's condition.

PLEASE EMAIL OR FAX THIS FORM WITH A COPY OF PATIENT INSURANCE / DEMOGRAPHIC INFORMATION

OB/GYNE
Associates of Lake Forest, Ltd.
959 S. Waukegan Road, 2nd Floor • Lake Forest, IL 60045
847-234-3250

Carrier Screening for Genetic Disorders

Carrier screening determines if you carry genes for certain genetic disorders. A carrier may not have symptoms of the disorder but can pass the gene to their children who may then have the disease.

Ideally, genetic carrier screening is performed prior to becoming pregnant; however, we offer this screening to all pregnant women. It is **not** a required test in pregnancy and may be declined if you do not wish to be screened.

If screening is chosen and the test results indicate you do carry genes for certain disorders, you will be referred for genetic counseling. In order for a fetus to be affected by most diseases, both parents must be carriers. A negative screening test result reduces the likelihood of being a carrier; however, there is an inherent risk that you could be a carrier.

We can provide you with billing codes for testing and recommend you check with your insurance provider regarding coverage. It is possible that screening for individual conditions may be more expensive than expanded carrier screening panels.

If you have a family history concerning for certain genetic conditions or you would like additional in-depth information, we will refer you to a genetic counselor.

Carrier Screening for Genetic Disorders (Page 2)

Recommended Screening:

All patients:

1) **Spinal Muscular Atrophy (SMA)** - a degenerative disease of the spinal cord of varying severity. It is the leading cause of death of infants due to a genetic disorder.
2) **Cystic Fibrosis (CF)** - affects lung, digestive and pancreatic function. Severity can vary but leads to a shortened life expectancy.

Selected patients:

1) **Hemoglobinopathies** - if you are of African, Mediterranean, Middle Eastern, Southeast Asian or West Indian descent, this would be recommended to screen for disorders such as sickle cell disease and the thalassemias.
2) **Fragile X Syndrome** - the most common form of inherited intellectual disability. Screening is recommended if there is a family history suggestive of Fragile X Syndrome.
3) **Comprehensive Jewish Panel** - if you are of Eastern and Central European Jewish (Ashkenazi) descent, there is a panel that looks for several genetic disorders such as Tay-Sachs and Canavan diseases which are severe neurologic degenerative diseases.

Expanded Panel:

This panel is not necessarily recommended but does allow you the choice to screen for a broader range of select genetic disorders.

Please indicate your choice regarding screening below:

- ☐ I have read the above information and **decline** carrier screening.
- ☐ I have read the above information and **decline** carrier screening at this time, but would like a referral to a genetic counselor for more information.
- ☐ I previously had carrier screening at _____
  Results: ☐ **Normal** ☐ **Abnormal**
- ☐ I have read the above information and choose the following screening options: **(Please check all that apply)**
  - ☐ Recommended Screening, which includes Spinal Muscular Atrophy and Cystic Fibrosis
  - ☐ Selected Screening for:
    - ☐ Hemoglobinopathies (CBC & Hgb Electrophoresis)
    - ☐ Horizon 4 (CF, DMD, SMA, Fragile X)
    - ☐ Comprehensive Jewish Panel
  - ☐ Expanded Panel (Horizon 274)

Patient Name (please print) _____

Patient Signature _____ Date _____

Physician Signature _____ Date _____

OB/GYNE
Associates of Lake Forest, Ltd.
959 S. Waukegan Rd., 2nd Floor · Lake Forest, IL 60045
847-234-3250

CORD BLOOD

CORD BLOOD SAMPLING:

Illinois state law now requires that you be offered cord blood collection at the time of your child's birth. Stem cells in cord blood have potential use for treating some diseases. The blood collected by the delivery doctor is sent to one of the various private organizations offering cord blood banking. You are responsible for contacting one of the companies in advance of your delivery and bringing the collection kit to the hospital for your delivery. You will also be responsible for any costs incurred in this process. Most insurance companies are not providing benefits for cord blood banking. Be aware that at this time, there is no medical organization advocating cord blood banking in the absence of a known family member with a disorder that may benefit from stem cells.

☐ I have read the above information and I am aware that the cord blood banking is available to me should I choose to collect cord blood at my delivery.

_____	_____	_____
Patient's Signature	Date	Print name

Advice About Eating Fish

What Pregnant Women & Parents Should Know

Fish and other protein-rich foods have nutrients that can help your child's growth and development.

For women of childbearing age (about 16-49 years old), especially pregnant and breastfeeding women, and for parents and caregivers of young children.

- *Eat 2 to 3 servings of fish a week from the "Best Choices" list OR 1 serving from the "Good Choices" list.*
- *Eat a variety of fish.*
- *Serve 1 to 2 servings of fish a week to children, starting at age 2.*
- *If you eat fish caught by family or friends, check for fish advisories. If there is no advisory, eat only one serving and no other fish that week.**

Use this chart!

You can use this chart to help you choose which fish to eat, and how often to eat them, based on their mercury levels. The "Best Choices" have the lowest levels of mercury.

What is a serving?

To find out, use the palm of your hand!

For an adult
4 ounces

For children, ages 4 to 7
2 ounces

Best Choices EAT 2 TO 3 SERVINGS A WEEK

- Anchovy
- Atlantic croaker
- Atlantic mackerel
- Black sea bass
- Butterfish
- Catfish
- Clam
- Cod
- Crab
- Crawfish
- Flounder
- Haddock
- Hake
- Herring
- Lobster, American and spiny
- Mullet
- Oyster
- Pacific chub mackerel
- Perch, freshwater and ocean
- Pickerel
- Plaice
- Pollock
- Salmon
- Sardine
- Scallop
- Shad
- Shrimp
- Skate
- Smelt
- Sole
- Squid
- Tilapia
- Trout, freshwater
- Tuna, canned light (includes skipjack)
- Whitefish
- Whiting

OR

Good Choices EAT 1 SERVING A WEEK

- Bluefish
- Buffalofish
- Carp
- Chilean sea bass/ Patagonian toothfish
- Grouper
- Halibut
- Mahi mahi/ dolphinfish
- Monkfish
- Rockfish
- Sablefish
- Sheepshead
- Snapper
- Spanish mackerel
- Striped bass (ocean)
- Tilefish (Atlantic Ocean)
- Tuna, albacore/ white tuna, canned and fresh/frozen
- Tuna, yellowfin
- Weakfish/seatrout
- White croaker/ Pacific croaker

Choices to Avoid HIGHEST MERCURY LEVELS

- King mackerel
- Marlin
- Orange roughy
- Shark
- Swordfish
- Tilefish (Gulf of Mexico)
- Tuna, bigeye

*Some fish caught by family and friends, such as larger carp, catfish, trout and perch, are more likely to have fish advisories due to mercury or other contaminants. State advisories will tell you how often you can safely eat those fish.

www.FDA.gov/fishadvice

www.EPA.gov/fishadvice

EPA United States Environmental Protection Agency

FDA U.S. FOOD & DRUG ADMINISTRATION

THIS ADVICE REFERS TO FISH AND SHELLFISH COLLECTIVELY AS "FISH." / ADVICE UPDATED JANUARY 2017

Genetic Testing Codes

CYSTIC FIBROSIS

CPT Codes: 81220
Diagnosis Code: Z13.228

SMA (Spinal Muscular Atrophy)

CPT Codes: 81400
Diagnosis Code: Z31.430

FIRST TRIMESTER DOWN SYNDROME SCREENING (Nuchal Translucency)

CPT Codes: 81420 **Panorama** (NIPT)
Diagnosis Code: Z36.0
CPT Codes: 76801 and 76813 (ultrasound portion of test)
Diagnosis Code for ultrasound: Z36.82

AFP Single

CPT Codes: 82105
Diagnosis Code: Z36.8A

AFP Tetra

CPT Codes: 82105, 82677, 84702, 86336
Diagnosis Code: Z36.8A

Horizon 4 *

(Includes CF, SMA, Fragile X)
CPT Codes: 81220, 81400, 81243
Diagnosis Code: Z31.430

Horizon 106 *

CPT Codes: 81220, 81400, 81243, 81200, 81251, 81255, 81260, 81361, 81405
Diagnosis Code: Z31.430

Horizon 274 *

CPT Codes: 81220, 81440, 81243, 81200, 81251, 81257, 81260, 81361, 81405, 81443
Diagnosis Code: Z31.430

*= If you have additional questions regarding Horizon testing, please contact Kiteena Bacon (Natera Laboratories) at 414-303-7144 or via email at: kbacon@natera.com.

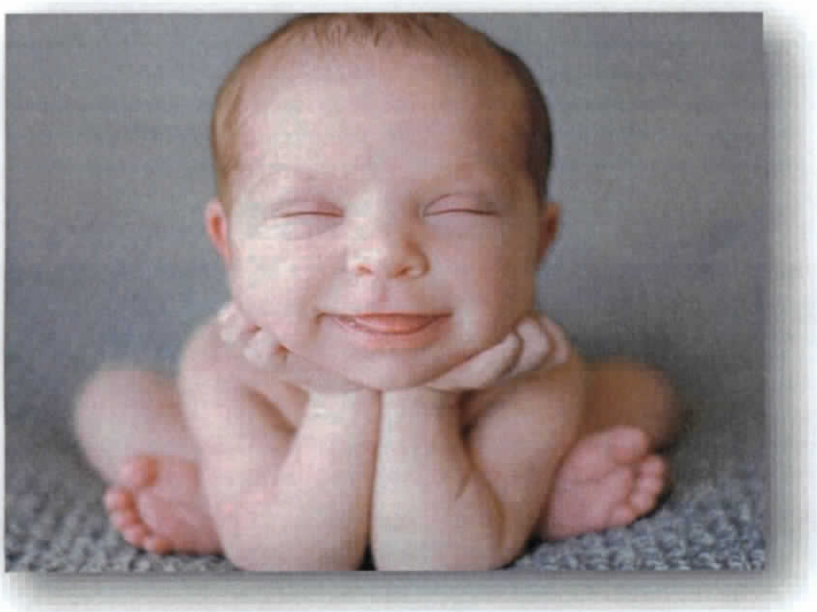
Northwestern Medicine®

NM Lake Forest Maternity Services

(Labor & Delivery and Mother/Baby units)

What You Need to Know

- If you are a scheduled induction, please call the Labor and Delivery unit one (1) hour prior to scheduled induction time @ 847-535-6352 time to determine bed availability. If a bed is unavailable, you may be rescheduled.
- When you arrive to Lake Forest Hospital, the maternity entrance is located at the Emergency Department entrance (south entrance). Parking is in lot 3. Visitors must enter through the main lobby during regular hours. The main entrance is located at 1000 North Westmoreland Road. Both free valet and convenient self-parking options are available in Parking Lots 1 and 2. The concierge desk in the main lobby can be reached at 224-271-5524.
- When admitted to Labor & Delivery, you will be placed in a triage room. You may stay in a triage room overnight. You will be transferred to a Labor & Delivery room at the discretion of the maternity team.
- A maximum of 3 support people are permitted to be in the triage/labor room (this includes your significant other and doula).
- For your safety the Labor & Delivery and Mother/Baby are locked units.
- The Café is open Monday through Friday 7am to 7pm, and Saturday and Sunday from 7am to 3 pm.
- Walgreens is located in the Main Lobby, open Monday through Friday, 8:30am to 5pm.
- Eating solid food in labor is prohibited but modest amounts of clear liquids may be allowed in uncomplicated laboring patients. If you are scheduled for a C-sections, you will have different guidelines and instructions will be given during a preoperative call.
- Mini-Refrigerators available in labor and delivery rooms and community nourishment rooms in Mother/Baby.



Visitor Information

The entrance/exit doors of all our unit are locked and must be unlocked by our staff.
Visitors may be asked to leave to leave the unit based on nursing/physician discretion.
Any Changes in the Visiting Guidelines is at the discretion of Management/Charge Nurse.

Labor and Delivery

- Before delivery, 3 people may visit in the patient's room at one time. Visitors must be 16 years and older.
- After delivery, parents may have more than 3 visitors. Other than siblings, visitors must be 12 years and older to visit the patient's room. All children need to be accompanied by an adult other than the patient.
- Patients having a C-Section (planned or unplanned) may have one banded support person present.
    - No support person/visitor is allowed in the OR if patient is having general anesthesia.
    - In recovery room, patient may have same support person that accompanied her to the OR.
    - No other visitors are allowed in recovery room.
- Inpatient Antepartum patients may have more than 3 visitors and must be 12 years or older. Patient's children may be allowed to visit regardless of age. All children must be accompanied by an adult other than patient. Visiting hours are from 5:30am to 9:00pm.
- All visitors must go to waiting room when asked to leave the patient's room.

Mother Baby

Congratulations on the birth of your baby

- Visiting hours are 5:30 am – 9:00pm. Banded support person is welcome to visit anytime and spend the night. No Children are allowed to spend the night.
- Visitors must be 12 years and older, with the exception of the siblings of the new baby.
- All children must be accompanied by an adult other than patient.
- For the safety of our patients all visitors, including siblings of the new baby must be free of any infections.
- Maternity visitors will stop at the visitor's desk in Pavilion F to be banded with Special Maternity Department band.
- C-Section patients who deliver after hours, visitors may visit for 15 minutes after patient is settled in her room. Visitors should be mindful of other patients and infants who may be sleeping.

Special Care Nursery

Congratulations on the birth of your baby

- Visiting hours are from 9:00 am – 9:00 pm. Parents are allowed to visit on a 24 hour basis, however there is no sleeping in baby's room.
- Parents are encouraged to be at bedside during Multiple Disciplinary Rounds at 10:00 am on Monday, Wednesday, and Fridays.
- All visitors are to pick up the phone for Special Care located in visitor's waiting area to gain entrance to Special Care Unit. Please be patient with staff to answer the phone as we may be taking care of other infants.
- Both parents may be at bedside with 1-2 visitors (4 in total). This applies to parents of multiples.
- All visitors must be free of infection (cold, flu, rash, etc.) to avoid exposure to the newborn.
- All visitors must wash their hands with designated soap and water each time they come into the Special Care Nursery.
- Only siblings, 4 and up are allowed to visit, at the discretion of the nurse taking care of the infant. All siblings will be screened regarding sibling exposure to communicable disease or if they have any current illness in the past 3 days. On every visit, the parents will complete and sign screening form.
- All siblings must be accompanied by an adult other than the mother at all times.

Northwestern Medicine®

NM Lake Forest Maternity Services
Pain Management at LFH
What You Need to Know

During your stay, your nurse will ask you to rate your pain level on a scale of 0 to 10 by using the pain scale. This helps us to more effectively manage your pain. Think about a goal for pain control. Few people are able to meet a goal of "0." Just as each person is different, each person's response to pain is different.

Our goal is to help you reach a **tolerable** level of pain control. Even with pain medicine, you can expect to have some pain during the labor process and recovery.

Comfort Measures during Labor

Please communicate with your nurse when your pain level is higher than your goal. Your nurse will work with you to make a plan to manage pain. Medications and epidurals are one form of pain control. Pain can also be relieved by:

- Changing position
- Birthing ball
- Sacral massage
- Having your support person put a cool or warm cloth on your forehead
- Relaxation techniques, such as deep breathing
- Meditation about pleasant things (visual imagery)
- Focusing on a color, picture or photo
- Listening to music (relaxation music is available on Woman's digital on-demand television)

Pain Management after Childbirth

Most women experience some degree of pain or discomfort after childbirth. The perineum (area surrounding the vaginal opening) may be bruised, or you may need stitches to repair a tear or episiotomy. If you have a Cesarean birth, you will likely have pain at your incision site and it may be uncomfortable to move, cough, or laugh.

As the parent, you may also find it comforting to know that we have a scale to measure newborn pain that your baby may experience during a procedure such as circumcision or blood draw. We make every effort to comfort your newborn during any painful procedure and we will teach you how to do the same.

In an effort to minimize pain and swelling, your physician may order ibuprofen and acetaminophen for you to take on a regular schedule. Research shows that this combination may be enough to control your discomfort. Stronger medications such as opioids may also be ordered on an as needed basis. Let your nurse know if you have pain as soon as you begin to feel uncomfortable. In addition to pain medication, your nurse can suggest comfort techniques such as the use of ice on sore stitches or sitting and lying positions that can help you feel more comfortable.

Going Home:

In an effort to keep you comfortable at home, your physician may suggest that you continue your acetaminophen and ibuprofen around the clock for a couple of days. Discuss this with your physician.

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847-234-3250

MEDICATIONS THAT CAN BE TAKEN DURING PREGNANCY

Over the Counter Medications:

1. **Headaches/Generalized Pain**: Tylenol (Acetaminophen), 400mg magnesium daily
2. **Cold/Flu Symptoms**: Sudafed (pseudoephedrine), ok in 1st and 2nd trimesters, fine in 3rd trimester with normal blood pressure, Mucinex (guaifenesin), OK to use products which combine pseudoephedrine and guaifenesin, Neti pot/nasal irrigation
3. **Sore throats**: Cepacol lozenges (benzocaine and menthol), Hall's lozenges, Luden's, Sucrets, honey
4. **Heartburn or indigestion**: Maalox, Mylanta, Gaviscon (aluminum magnesium), Tums (calcium carbonate), Pepcid AC (famotidine), Tagamet OTC (cimetidine), Zantac, Prilosec (omeprazole), Prevacid, Nexium
5. **Constipation**: Milk of Magnesium, Citrucel, Colace (docusate), MiraLax (polyethylene glycol)
6. **Rash/Hemorroids**: 1% hydrocortisone cream/ointment
7. **Sleep-aid**: Benadryl (diphenhydramine), Tylenol PM, Unisom
8. **Leg Cramps**: Slow release magnesium, tonic water
9. **Diarrhea**: Imodium (loperamide)
10. **Allergy Symptoms**: Zyrtec (cetirizine), Claritin (loratadine), Buffered saline drops or irrigation fluid.

Commonly used prescription medication that can be continued during pregnancy:

1. Asthma medication including aerosolized steroids
2. Skin therapies for chronic issues like eczema, psoriasis, acne, (unless they contain retinols)
3. Anti-depressants

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Please answer the following important medical questions to help ensure a healthy pregnancy and delivery:

1) Methicillin-resistant Staphylococcus aureus or MRSA is a potentially dangerous type of bacteria that is resistant to many antibiotics. We do not screen for MRSA, but need to know if you have been diagnosed or treated for a MRSA infection at any point in your lifetime. Exposure to this infection may result in special precautions and/or treatment to keep you and your baby safe at the time of delivery. Please indicate one of the below:

_____ I have tested positive for a MRSA infection in the past and may have been treated with antibiotics.

_____ I have never tested positive for a MRSA infection.

2) I am willing to receive blood or blood products in the event that they are deemed medically necessary.

_____ Yes _____ No

_____

Signature Date

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Non- Invasive Prenatal Testing (NIPT) and Nuchal Translucency (NT)

INTRODUCTION

NIPT is a highly accurate new test that allows us to screen patients for some common prenatal genetic disorders such as Down's syndrome (trisomy 21), trisomy 18 (Edward's syndrome) and trisomy 13 (Patau's syndrome) simply by drawing blood from the mother. Most of the time, it will also tell us the sex of the baby!

This test analyzes fetal DNA that is circulating in the maternal blood (called cell free DNA) from the breakdown of fetal cells found mainly in the placenta. It is 99% accurate with a low false positive (0.05%) and false negative (0.1%) rate.

Nuchal translucency (NT) is an ultrasound of the fetal neck that is often performed in conjunction with NIPT testing. A normal NT reduces the risk of cardiac and spinal abnormalities of the fetus.

WHEN PERFORMED

NIPT is done any time after 10 weeks of pregnancy but can be done at the same time that we do the NT ultrasound which is 11 -12 weeks. The turnaround time for NIPT is about 10 days while the ultrasound is read immediately.

WHO GETS TESTED

Although we are offering this test on all of our pregnant patients, the decision to get tested is one of personal choice. Currently we do not recommend that twin pregnancies get screened.

We strongly encourage all high risk patients get screened. You are considered high risk if:

1) You are 35 years old or older
2) You have an abnormal ultrasound
3) You have a personal or family history of genetic problems

IMPLICATIONS OF A POSITIVE TEST

As we stated, these tests are highly accurate but are still considered screening tests. In the event of a positive test, we will refer patients for genetic counselling and possibly further diagnostic testing such as chorionic villus sampling (CVS) or amniocentesis.

IMPLICATIONS OF A NEGATIVE TEST

Even though these tests are highly sensitive and specific, it is important to remember that they are not 100% accurate. There are false negative results, so a negative test cannot absolutely rule out an affected fetus. At the present time, this is the best screening test available.

INSURANCE

As these are new tests, the amount of money your insurance pays will vary by plan. Please contact your insurance carrier to verify your out of pocket costs.

These are the insurance codes that can help you check your coverage:

Panorama (NIPT)	81420
NT Scan	76801, 76813

Northwestern Medicine®

Pre-Admission Form for Labor and Delivery
Important Information on Registering for your Upcoming Delivery

Dear Patient,

We look forward to caring for you and your family in this exciting time. Registering for your delivery in advance saves you the time of doing so on your day of delivery and allows your care team to be better prepared for your delivery date. ***Even if you are an existing patient, or have previously delivered at Northwestern, you will need to register for this new delivery.*** Northwestern Medicine recommends that you complete your delivery registration before your seventh month of pregnancy.

For more information about Labor and Delivery at Northwestern Medicine, visit nm.org, select Locations, click on your hospital, then click on Labor and Delivery.

To complete your registration you can:

1. **Register Using MyChart**
   - Log in to mychart.nm.org using your username and password. If you do not have a username or password, follow the prompt to sign up for MyChart.
   - Click on the **Visits** tab and Select **Labor and Delivery Pre Registration**.
   - Follow the prompts to select your due date and the hospital where you intend to deliver. If you do not know, please consult with your physician.

2. **Complete the Registration forms included in this packet and return in one of three ways**

   By Fax:
   Please print, complete, and fax all forms to:
   Northwestern Memorial Hospital Patients: OB registration at: (312) 472-3505.
   Northwestern Medicine Lake Forest Hospital Patients: (847) 535-7838

   By Mail or In Person:
   Please print, complete, and mail or drop off all forms in the packet to:

   Northwestern Memorial Hospital
   Admitting and Registration
   Room 1/2201 Prentice
   250 E Superior Street
   Chicago, IL 60611-9824

   or

   Northwestern Medicine Lake Forest Hospital
   Hunter Family Center for Women's Health
   660 North Westmoreland Road
   1st Floor Registration
   Lake Forest, IL 60045

In preparation for your day of delivery, please review the following forms you will be asked to sign when you arrive. You do not need to complete these forms in advance.

- "NM Consent To Medical Care" (link - https://www.nm.org/patients-and-visitors/patient-rights-website-policies/consent-to-medical-care)
- "NM Notice of Privacy Practices" (link - https://www.nm.org/patients-and-visitors/patient-rights-website-policies/notice-of-privacy-practices)

Additionally, we encourage you to review and complete advance directives forms before your day of delivery if desired.

"Advance Directives & Power of Attorney Healthcare" (link - https://www.nm.org/patients-and-visitors/patient-rights-website-policies/advance-directives

Also, if any of this information should change between now and your delivery, please update this information in MyChart or by calling OB Registration at:

Northwestern Memorial Hospital Patients: (312) 472-3610
Northwestern Medicine Lake Forest Hospital Patients: (224) 271-5528

Northwestern Medicine®

Please review the following information before you begin your registration:

Demographic Information: This asks for the standard information including your name, date of birth, address, telephone, etc. Please provide us with your employer information, an emergency contact, and the name, address, and employer information of the person who will be responsible for the bills (Guarantor), if someone other than the patient.

Insurance Data: At the time of registration, we need to know which insurance company(s) will cover both you and your baby. Make sure to speak with someone at your insurance carrier(s) prior to your due date to ensure that you are in network for Northwestern Memorial Hospital or Lake Forest Hospital and that all the services you need are covered.

Hospital Charges: You will receive a bill from the hospital for services associated with you and your baby's hospital stay. If you need help paying your hospital bill, Northwestern Medicine has a variety of financial assistance options including free care, discounted care, or interest free payment plans. Our financial counselors can help you apply for these program or simply answer questions about your bill. They can be reached toll free at 800-423-0523.

Professional Fees: Physician services are billed separately, meaning you may receive separate bills from your Obstetrician and your baby's Pediatrician. You may also receive a bill for professional fees for interpretations of certain lab tests and/or your anesthesiologist.

Physician/Midwife: It is important that we know the name of your Obstetrician or nurse-midwife, as well as the pediatrician who will be caring for your baby at the hospital and after your delivery. If you have chosen a midwife for your delivery, please provide the name of the Attending Physician who is associated with the midwife.

Pediatrician: It is required that you choose a pediatrician who cares for your baby while in the hospital. Please choose a pediatrician who is on staff at the hospital where you are delivering. This does not have to be the same pediatrician who follows your baby after you leave the hospital. If you have not chosen a pediatrician, you can leverage our physician finder available on:
https://www.nm.org/doctors?clinicalinterest=newborn+care&NewPatients=Y –
Alternatively, you can contact the physician referral department at (312) 926-8400 and they will help you select a pediatrician.

Advance Directives: Advance Directives help ensure that your wishes about our medical care are followed. If you have filled out an Advance Directive form, it is important that the hospital has a copy. Bring your Advance Directive when you come to the hospital and give the form to your nurse. For more information about Advance Directives, contact Pastoral Services at (312) 926-2028.

NonStress Testing (NST)

What is a NST?

NST is non-invasive testing that records your baby's movement, heart rate and uterine contractions. The test is a sign of fetal well-being and gives reassurance that your baby is getting what it needs from the placenta. Two belts will be put around your abdomen to monitor baby's activity and uterine activity. It's called a "nonstress" test because it doesn't bother your baby. The test usually takes 20-30 minutes.

Reasons you may be asked to schedule a NST:

1) You are having twins
2) You are 35 years of age or older
3) You have an underlying medical condition such as diabetes or high blood pressure
4) Your baby is overdue
5) You report that you are feeling less fetal movement

What you should know:

NSTs typically start around 32 to 36 weeks' gestation. You will be asked to purchase a set of belts for your personal use. It is your responsibility to bring them with you to your visits to be used during the NST. If you do not bring them, you will be asked to purchase another set.

Please have a meal or snack before your NST as most babies are more active after mother has eaten. It is also a good idea to bring a snack with you to your appointment!

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OBSTETRICAL FINANCIAL POLICY

Please read carefully, because your clear understanding of our financial policy is important to our professional relationship. Please note -- there may be charges outside of the global obstetrical fee that you will be responsible for. Prices are subject to change.

FEES

Normal Delivery.....$8216.00
Includes all routine prenatal visits, Doctors fee for delivery and your six-week postpartum examination. Obstetrical complications may be an additional charge. All fees for laboratory tests, non-stress tests and injections will be filed with your insurance company as they occur throughout your pregnancy. Ultrasounds in our office are provided by Souma Diagnostics. They will bill separately for their services.

Cesarean Section.....$9458.00
Vaginal Birth After Cesarean Section.....$8514.00
Includes all routine prenatal visits, Doctors fee for delivery, an incision check and your six-week postpartum examination. Obstetrical complications may be an additional charge. All fees for laboratory tests, non-stress tests and injections will be filed with your insurance company as they occur throughout your pregnancy. Ultrasounds in our office are provided by Souma Diagnostics. They will bill separately for their services.

Circumcision of Male Infant.....$858.00

INSURANCE COVERAGE

As a courtesy to you we will bill your insurance carrier. However, the balance is your responsibility. Payment is due within 60 days of your delivery. Since we are not party to the agreement between you and your insurance carrier, it is not our policy to contact them to establish why they have not paid or why they have paid less than originally indicated.

All insurance companies require the patient to call to PRECERTIFY your delivery in order to qualify for your insurance benefit. We also suggest you contact your insurance company prior to delivery to learn what your insurance will cover and what your responsibility will be. A prepayment of the patient's portion of the delivery is required and can be paid at your prenatal visits. A copy of your insurance card must be submitted to our office by your first prenatal visit. This will help ensure a smooth billing process. Please keep in mind that insurance companies are only allowing 2 days for a normal delivery and 4 days for a Cesarean section. Insurance companies seldom allow additional days unless you have unforeseen complications.

NO INSURANCE OR MATERNITY COVERAGE

50% ($_____) of the Delivery charge is due on your first obstetrical visit. The remaining 50% ($_____) is due on the visit in your sixth month. All charges for lab work, ultrasounds, nonstress tests and injections are due at the time of service. A preauthorization of your credit card is required and kept on file. If you choose another method of payment, we will not process the charge on your card. If we do not receive payment, your charges will be processed on the dates due.

Please remember that ALL charges for laboratory services and non-stress tests are to be paid at the time service.

We ACCEPT CASH, CHECK, VISA, MASTERCARD, DISCOVER AND AMERICAN EXPRESS

Visa, Mastercard, Discover or Amex #_____ Expiration Date_____

Signature_____Date_____

FINANCIAL OBLIGATION

I understand my balance is my responsibility. I agree to be fully bound by all the terms contained in the Obstetrical Financial Policy. I certify that, to the best of my knowledge, this information is correct and true.

Patient Signature_____Date_____

Responsible Party Signature_____Date_____

AUTHORIZATION/RESPONSIBILITY AGREEMENT

I hereby authorize my insurance company to pay the proceeds of any benefits due me directly to OB-GYNE ASSOCIATES OF LAKE FOREST, LTD. A copy of this can be considered as an original for insurance purposes.

Patient Signature_____Date_____

****PLEASE SIGN THIS AGREEMENT AND RETURN THIS TO THE FRONT DESK AT YOUR NEXT VISIT****

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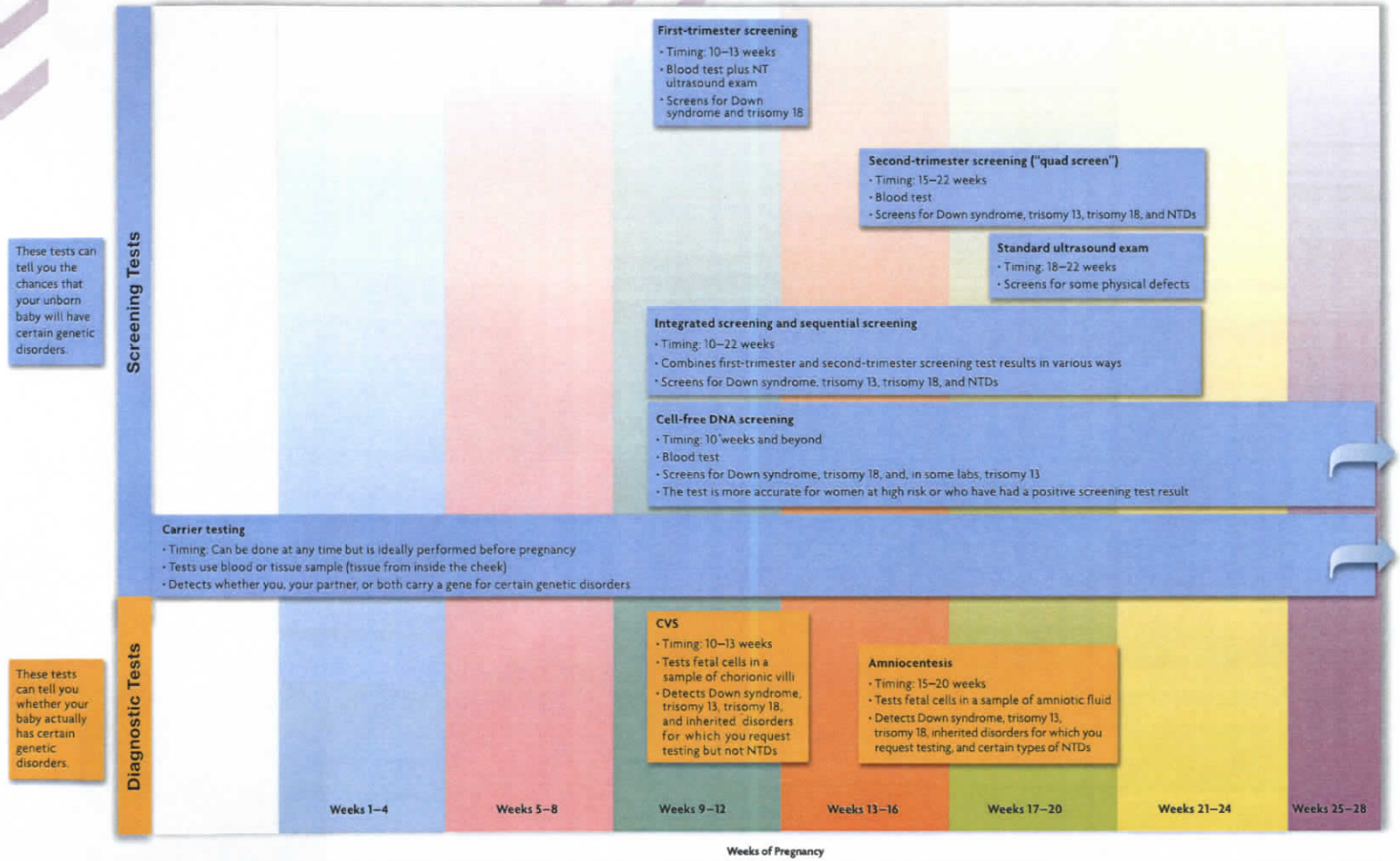
Pediatric Practices in Our Area:

- Bright Horizons Pediatrics:
  - Location: Gurnee
  - Phone Number: 847-693-7020
- Children's Health Center:
  - Locations: Gurnee/Lake Villa
  - Phone Number: 847-244-1375
- Fairview Pediatrics:
  - Location: Grayslake
  - Phone Number: 847-547-8777
- Lake Forest Pediatrics:
  - Locations: Lake Bluff/Lindenhurst/Vernon Hills
  - Phone Number: 847-295-1220
- Lake Shore Pediatrics:
  - Locations: LF/Libertyville/Barrington
  - Phone Number: 847-615-0700
- Lindenhurst Pediatrics:
  - Locations: Lindenhurst/Gurnee
  - Phone Number: 847-356-5575
- Mundelein Pediatrics:
  - Location: Grayslake
  - Phone Number: 847-548-7337
- Pediatric Partners:
  - Locations: Highland Park/Vernon Hills
  - Phone Number: 847-681-7100
- Premier Pediatrics:
  - Locations: Lincolnshire/Gurnee
  - Phone Number: 847-821-9500

PRENATAL GENETIC TESTING CHART

Related FAQS:

- Prenatal Genetic Screening Tests: www.acog.org/Patients/FAQs/Prenatal-Genetic-Screening-Tests
- Prenatal Genetic Diagnostic Tests: www.acog.org/Patients/FAQs/Prenatal-Genetic-Diagnostic-Tests



PFSI010: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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Abbreviations: CVS, chorionic villus sampling; NT, nuchal translucency; NTD, neural tube defect

Note: Check your local and state laws regarding the timing and availability of prenatal genetic testing.

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS
409 12th Street SW, PO Box 96920
Washington, DC 20090-6920
www.acog.org

State of Illinois
Illinois Department of Public Health

Prescription Pain Medicine, Opioids, and Pregnancy:
What All Pregnant Women Need to Know

What are opioids?

Opioids are a class of drugs that includes prescription pain relievers such as oxycodone and hydrocodone, the illegal drug heroin, and dangerous synthetic opioids such as fentanyl, carfentanil, and other analogues. Opioids work in the brain to reduce pain and can also produce feelings of relaxation and euphoria.

Prescribed opioids include:

- Buprenorphine (Belbuca, Butrans, Subutex, Suboxone)
- Codeine
- Fentanyl (Actiq, Duragesic, Sublimaze)
- Hydrocodone (Lorcet, Lortab, Norco, Vicodin)
- Hydromorphine (Dilaudid, Exalgo)
- Meperidine (Demerol)
- Methadone (Dolophine, Methadose)
- Morphine (Astramorph, Avinza, Duramorph, Roxanol)
- Oxycodone (OxyContin, Percodan, Percocet)
- Oxymorphone (Opana)
- Tramadol (ConZip, Ryzolt, Ultram)

Your doctor may prescribe an opioid for you if you've had surgery, dental work, an injury, or after you deliver your baby. Prescription opioids are important pain medications that can provide relief for acute or chronic pain. Unfortunately, they can also be prescribed inappropriately and misused. Misuse or chronic use of prescription opioids increases the risk of developing opioid use disorder (OUD) and may lead to overdose. If you take opioids during pregnancy they can also cause serious problems for your baby.

What is opioid use disorder?

Opioids can be dangerous and addictive. Symptoms of opioid use disorder include developing a need for higher doses in order to feel the same effect; using more than the amount of the drug that is prescribed; taking non-prescribed opioids such as heroin; having work, school, of family problems caused by your opioid use; feeling a strong urge or desire ("craving") to use the drug; and experiencing painful withdrawal symptoms if you abruptly stop taking opioids. Taking higher doses of opioids or using opioids for extended periods of time increases the risk of developing OUD.

What are health risks of using opioids?

Opioids can be deadly. One of the biggest risks is overdose. Higher doses, not taking opioids as prescribed, or mixing opioids with some other medications or drugs can cause people to pass out, stop breathing, and die. Nationally, the number of deaths involving opioids, has quadrupled since 1999, and drug overdoses are now the **leading cause of death in the United States for people under the age of 50**. Among Illinois women of childbearing age, the number of opioid-related deaths nearly tripled between 2008 and 2017. **Naloxone** (brand name Narcan) is a drug that stops the effects of opioids, and it can save your life if you overdose. It comes in the form of a nasal spray. Ask your doctor about naloxone. You should always have a supply of naloxone with you if you have an opioid use disorder, or if you have friends or relatives with this disorder.

Are opioids safe for my baby?

If you take opioids during pregnancy, your baby can be exposed to them in the womb and have symptoms of withdrawal after birth. In newborns, this is called neonatal abstinence syndrome or NAS. Even if you use an opioid exactly like your provider says to, it still may cause NAS in your baby. The symptoms of NAS can range from mild to severe, and may include excessive crying, poor feeding or sucking, fever, vomiting and diarrhea, tremors and irritability, and/or low birthweight. In Illinois, the rate of NAS in newborns increased more than 50% in the 5 years between 2011 and 2016.

NAS usually lasts days or weeks. If a baby is showing signs of withdrawal, loving and caring may be some of the best medicine. The combination of swaddling, cuddling, breastfeeding, skin-to-skin contact, and in some cases, medicine can help your baby. A pediatrician will check in on your baby after birth in the hospital and decide if medication is needed and how long your baby will need to stay in the hospital. On average, babies in Illinois with NAS stay in the hospital five times longer after delivery than babies without NAS.

What is the best way to treat opioid use disorder during pregnancy?

Medication-assisted treatment (MAT) is the best course of action during pregnancy and after the baby is born. These medications, called methadone and buprenorphine, are long-acting opioids that, in the right doses, stop withdrawal, reduce cravings, and block effects of other opioids. Receiving treatment with MAT makes it more likely the baby will grow normally and have fewer NAS symptoms after birth. In addition to medication, treatment involves counseling, social support, and prenatal care, to help women have a healthier pregnancy and start on the road to recovery.

What about breastfeeding?

Women without HIV who are already taking opioid pain medications regularly as prescribed (and not using illicit drugs) are generally encouraged to breastfeed. Be sure to ask your health care provider about breastfeeding when taking any medications. During breastfeeding, avoid opioids, like codeine, whenever possible, or ask your doctor for the lowest possible dose because of the possible risks to your baby.

If you're pregnant and taking opioids

- Don't start or stop taking any opioid until you talk to your health care provider
- Talk to your prenatal care provider about all opioids, pain medicines, or other medicines you take, even if they're prescribed by another health care provider
- Make sure every health provider you see knows you are pregnant before they prescribe any medication, particularly prescriptions for any opioid
- Ask your provider about other kinds of pain medications you can take instead of opioids or alternative non-medication strategies for pain control

If you are no longer pregnant and you're using opioids

- Use effective birth control until you've stopped taking the opioid or have discussed plans for a healthy pregnancy with your doctor
- Talk to your provider about taking a safer pain medicine or an alternative non-medication strategy for pain control

Resources

Illinois Helpline for Opioids and Other Substances:
1-833-2FINDHELP

ILLINOIS HELPLINE
for Opioids & Other Substances
833-2FINDHELP

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P.O. #6018581 160M 5/18

IOCI 18-580

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WHAT YOU NEED TO KNOW ABOUT HAVING A BABY WITH US!

I. Welcome to our practice

II. Introduction to the Doctors

1. Dr. Michael Hubbell
2. Dr. Jill Holden
3. Dr. Tanya Huang
4. Dr. Heather Heiberger
5. Dr. Elizabeth Oh
6. Dr. Maureen Tart

III. Office Visits

1. Patients are **required** to meet all the doctors.
   * Patients are delivered by the doctor on call from our practice
2. Ultrasounds:
   - Confirmation of pregnancy: 1st appointment
   - 21 weeks: A comprehensive anatomy screen
     -Age 35 or older/ BMI of 35 or over/ Gestational diabetic or by MD discretion will be completed with Maternal Fetal Medicine (MFM)
   - Any further ultrasound would be done if Medically Necessary
3. Interval Visits (for uncomplicated low risk pregnancy)
   - Every 4 weeks following initial visit until 28-30 weeks
   - Every 2-3 week visits between your 30-36th week
   - Every week from 36 weeks until delivery
     * See NST form in folder for guidelines on adding NST to weekly visits.

IV. What to expect at each visit

1. Initial Visit: Complete exam, pap smear and urine sample.
   - Most results will be back from the labs within 72 hours.
   - Patient Portal for faster results
2. OB Visits:
   -Urine sample testing for glucose and protein (1st morning urine)
   -Blood pressure
   -Weight
   -Fundal Height: after 20 weeks
   -Fetal Heart Tones: after 10 weeks
3. Weekly Visit:
   -Start @ 36 wks gestation (unless otherwise indicated)
   -Internal Cervical Exam

V. Testing

1. Initial labs:
   - CBC, HIV, Blood typing, Rubella, Varicella, RPR, Hepatitis B & C,
   - Urine Culture: GC/Chlamydia off of urine sample
2. **Optional** Tests:
   -Carrier Screening: Anytime (prior or during pregnancy)
   -Cell free DNA/NIPT: 10 weeks or greater
   -NT ultrasound: Nuchal translucency ultrasound 11-13 6/7wks
   - AFP Testing (15-22 wks):
     Single AFP: Neural Tube Defects (ex: Spina Bifda)
     Quad Screen: if Cell free DNA/NIPTS not done previously
   - CVS: 10-13 weeks (Diagnostic @ MFM)
   - Amniocentesis: 16 weeks + (Diagnostic @ MFM)
4. 24-28 weeks:
   - Recheck CBC, RPR, and get a 1 hour glucose screen
   - Antibody Screen and RhoGam @ 28 wks if Rh negative
   - Depression Screen (EPDS)
5. 35-36 weeks:
   - Group Beta Strep Culture
   - HIV blood draw

VI. Immunizations:

- Influenza: (anytime during cold/flu season)
- TDap @ 35 wks gestation
- Rubella and Varicella will be given after delivery if non immune
-

VII. Diet and Weight Gain

1. Fluids: pregnant women typically need 8-12, eight ounce glasses per day
2. Seafood: See information sheet provided
3. No unpasteurized foods of any kind

VIII. Exercise

- Now is not the time to start a new intense exercise program
  * Make sure to stay hydrated and cool
- Good Ideas: Swimming, walking, biking and Yoga (not hot yoga)
- Bad Ideas: Contact sports, Horseback riding, Rollerbladding, Skiing (water and snow), ice skating, skydiving, scuba diving, thrill rides and all day theme parks.

IX. Travel

It is OK to travel:

1.) 35 weeks internationally
2.) 36 weeks in the U.S.
**Unless any risk factors are identified.

When Traveling:

1.) Request a copy of your most recent prenatal records
2.) Find the location of hospital nearest to your destination.

- Better to fly longer distances as able to move frequently.
- Avoid sitting longer than 2 hours.
- Stay hydrated when traveling.

X. Pregnancy DON'TS:

- No Smoking
- No Alcohol
- No Illicit/Recreational Drugs
- No Hot Tubs or Saunas
- DO NOT change cat litter, if so, check for toxoplasmosis
- No Tanning Bed

Pregnancy DO'S and OK'S:

- OK for hair dyes (not responsible for color result)
- Ok for manicure or pedicure
- Acrylic nails ONLY if in well ventilated area
- OK for massage, make them aware you are pregnant, (A letter from the physician maybe required)
- Piercings, please remove prior to coming to hospital
- Seatbelts, they are safe and necessary
- OK for painting, ONLY in well ventilated area
- Ok for Refinishing ONLY in well ventilated area
- Ok for household chemicals/cleaning products
- OK for sex, unless doctor states otherwise
- It is OK to work until delivery

XI. When to call the office

1. ALWAYS call the office prior to going to the hospital
2. Call with a Fever over 101 that persists longer than 24 hours
3. Asthmatics, with cough or fever
4. Vomiting for greater than 8 hours and unable to keep down fluids
5. Diarrhea for more than 48 hours
6. Vaginal bleeding
7. Decreased fetal movement if over 26 weeks
8. Leaking of fluid from vagina
9. Contractions or abdominal pain

***Please do not call the office for loss of mucous plug; unfortunately this does not signal imminent labor.

***Please do not call if you see vaginal spotting/bleeding after an internal cervical exam or ultrasound. This is very common and may last a few days.

***Please be courteous to the doctors and call after hours only for emergent issues that cannot wait for the office to open. It is NOT an emergency for test results, ultrasound results, etc.

XII. Childbirth Classes at the Hospital

See the handouts and schedule early, the classes fill up fast

XIII. After Delivery

1. Circumcision- Done prior to discharge from hospital by one of our Doctors, not the pediatrician
2. Pediatrician: Check with insurance to be sure they are accepted. Check the Lake Forest Hospital Physicians Referral List
3. Car Seat- A must have for discharge from the hospital. Be sure to unpack and clean prior to delivery, so you know how to operate the base and straps, etc.
4. Post Partum Birth Control- Breastfeeding is not a form of birth control. We do have a specific pill for breastfeeding moms. You will discuss options more at your 6 week postpartum appointment.
5. Return to work note can be provided and is dated based on type of delivery. Time off is usually 6 weeks for vaginal delivery and 8 weeks for a cesarean section delivery unless otherwise indicated by your MD or employer.

XIV. Questions

Please make a short list of questions for you and the doctor to discuss at your appointment. A list of questions can expedite your appt. and guarantee that questions can be answered in the allotted appt. time.

CDC's Response to **Zika**

PREGNANT? READ THIS BEFORE YOU TRAVEL

What we know about Zika

- Zika can be passed from a pregnant woman to her fetus.
- Zika infection during pregnancy can cause certain birth defects.
- Zika is spread mostly by the bite of an infected *Aedes aegypti or Aedes albopictus mosquito.*
  - » These mosquitoes bite during the day and night.
- There is no vaccine to prevent or medicine to treat Zika.
- Zika can be passed through sex from a person who has Zika to his or her sex partners.

What we don't know about Zika

- If there's a safe time during your pregnancy to travel to an area with Zika.
- If you do travel and are infected, how likely it is that the virus will infect your fetus and if your baby will have birth defects from the infection.

Travel Notice

CDC has issued a travel notice (Level 2-Practice Enhanced Precautions) for people traveling to areas where Zika virus is spreading.

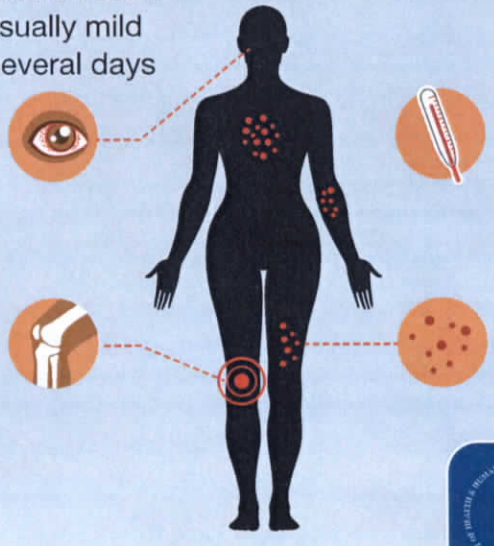
- For a current list of places with Zika outbreaks, see CDC's Travel Health Notices: http://wwwnc.cdc.gov/travel/page/zika-travel-information
- This notice follows reports in Brazil of microcephaly in babies of mothers who were infected with Zika virus while pregnant.

Symptoms of Zika

Most people with Zika won't even know they have it. The illness is usually mild with symptoms lasting for several days to a week.

The most common symptoms of Zika are

- Fever
- Rash
- Joint pain
- Red eyes



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

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CDC's Response to **Zika**

CDC recommends special precautions for pregnant women and women trying to become pregnant

Pregnant?

Pregnant women should not travel to areas with Zika.

Pregnant women and their sex partners should strictly follow steps to prevent mosquito bites.

If you have a sex partner who lives in or travels to an area with Zika, you should use condoms from start to finish every time you have sex, or do not have sex during the pregnancy.

If you develop the symptoms of Zika, see a healthcare provider right away for testing.

Trying to become pregnant?

Women trying to become pregnant and their male partners should consider avoiding nonessential travel to areas with Zika.

Strictly follow steps to prevent mosquito bites.

Talk to your healthcare provider about plans to become pregnant.

Your Best Protection: Prevent Mosquito Bites

Clothing

- Wear long-sleeved shirts and long pants.
- Treat clothing and gear with permethrin or purchase permethrin-treated items.
  - » Treated clothing remains protective after multiple washings. See product information to learn how long the protection will last.
  - » If treating items yourself, follow the product instructions carefully.
- Do NOT use permethrin products directly on skin. They are intended to treat clothing.

Indoor Protection

- Stay in places with air conditioning or that use window and door screens to keep mosquitoes outside.
- Sleep under a mosquito bed net if air conditioned or screened rooms are not available or if sleeping outdoors.

Repellent

Use Environmental Protection Agency (EPA)-registered insect repellents. When used as directed, these insect repellents are safe and effective for pregnant and breastfeeding women.

- Always follow the product label instructions.
- Reapply as directed.
- Do not spray repellent on the skin under clothing.
- If you are also using sunscreen, apply sunscreen before applying insect repellent.
- Use a repellent with one of the following active ingredients: DEET, picaridin, IR3535, oil of lemon eucalyptus or para-menthane-diol, or 2-undecanone.

www.cdc.gov/zika