



Southern Crescent

Women's HealthCare

DELIVERY TEAM

Southern Crescent Women's HealthCare is a group practice comprised of physicians, certified nurse-midwives, and nurse practitioners, based on the belief that all life is sacred and as such, is entitled to competent and compassionate care. The practitioners are well trained with excellent skills and experience in medical procedures and technology. They will be available to you throughout your pregnancy and will continue to provide outstanding gynecology care throughout your lifetime. You may not have the opportunity to meet all of the providers personally, but please visit our website at www.scwhobgyn.com to read a short biography of each of the professionals.

We proudly deliver at two hospitals: Piedmont Fayette Hospital and Piedmont Newnan Hospital

CERTIFIED NURSE MIDWIFERY GROUP (Delivering at Piedmont Fayette only)

Karen Woods, CNM
Stacy Ulmer, CNM
Marjani Jean-Philippe, CNM
Pam Puett, CNM

SOUTHERN CRESCENT DELIVERING PHYSICIANS (Delivering at both hospitals)

Crystal O. Slade, MD
Benita L. Bonser, MD
Cynthia A. Nater, MD
Edwin Bello, MD
Heather Turner, MD
Deborah Shepard, MD
Kristie Dyson, MD
Tanya Beckford, MD
Kimberly Cross, MD

You may schedule your prenatal visits at any of our convenient offices.

1279 Highway 54 West
Suite 220
Fayetteville, GA 30214

7823 Spivey Station Blvd.
Suite 100
Jonesboro, GA 30236

775 Poplar Road
Suite 210
Newnan, GA 30265

Appointments:

(770) 991-2200 or www.scwhobgyn.com

Tips for Morning Sickness

Nausea, with or without vomiting, is commonly known as “morning sickness”. However, it may occur any time of the day or night. It is unclear why some women experience morning sickness, but it is often associated with the normal hormonal changes of pregnancy, low blood sugar, gastric overload, slowed movement of the intestines, the enlarging uterus, and emotional factors.

Take heart . . . in most cases morning sickness goes away by the 14th week of pregnancy.

However, if you have severe symptoms (can't keep down any food or liquids), please contact us during the day at www.scwhobgyn.com or 770-991-2200 as you may need evaluation at the office or hospital. After 5:00pm and on the weekends, please call 770-991-2200 to reach the certified nurse-midwife (CNM) or doctor on-call.

The following suggestions may help:

- Eat small, frequent meals (every 2 hours). Avoid foods that smell “funny” or are not appealing to you at the time. Eat whatever sounds good. Let someone else do the cooking!
- Try the timeless remedy of crackers or toast just before you get out of bed or shortly after you get up.
- Try ice cold beverages. Some women get relief by sucking on ice, lemon drops or frozen grapes. A splash of lemon juice in cold water may help and ginger ale/Sprite is another option.
- A protein snack just before going to bed can help - cheese & crackers, peanut butter and toast, etc.
- You can temporarily stop your prenatal vitamins and iron supplements if this is making the morning sickness worse. Sometimes, taking the vitamin at bedtime with a snack can help.
- Another option is to take a 25mg tablet of Unisom (doxylamine) at bedtime with the vitamin B6 tablet. This is an over-the-counter sleep aid. Generic is ok – ask the pharmacist for help. This works best if used every night, even if you don't feel particularly sick.
- Try a vitamin B6 (pyridoxine) tablet – 25mg, three times a day. Ovaltine is enriched with vitamin B6.
- Take ginger. You can find this spice in the health food or vitamin stores. Get the 250mg capsules. Take one capsule 4 times each day, or try nibbling on ginger snap cookies.
- Sea-Bands (wrist bands for sea sickness prevention) are available at most drugstores and may be helpful.

If these suggestions do not work, there are other medication options available by prescription. Please contact us at www.scwhobgyn.com or 770-991-2200 to determine the best option for you.

You are important to us!

Southern Crescent Women's Healthcare is a group of dedicated physicians, certified nurse-midwives and nurse practitioners educated in the specialty of Obstetrics and Gynecology. We are led to follow the teachings of Christ and the precepts of our specialty to provide quality care for women in all phases of their lives in a warm, compassionate and nurturing environment.

GENERAL HEALTH INFORMATION

1. It is best if you do not use any medications during the first 12 weeks of your pregnancy, unless recommended for a specific condition. It is a general rule that medications should be avoided during pregnancy unless indicated but, if a specific condition develops, there are a number of medications that have been widely used for years and have been demonstrated to have a wide margin of safety.
2. Take your prenatal vitamins daily, about two hours after eating with water or 100% fruit juice. Do not take them first thing in the morning on an empty stomach. If you are unable to find a prenatal vitamin that you can tolerate, take two children's chewable vitamins as a substitute (together or separately as with a prenatal vitamin: two hours after eating with water or 100% fruit juice).
3. We recommend that you decrease your intake of caffeinated drinks to two servings per day (including coffee, teas, and colas with caffeine) during pregnancy. If you are a heavy user, decrease gradually to prevent caffeine withdrawal headaches.
4. Avoid alcohol. There is no amount that is considered safe.
5. Nausea and vomiting are common in early pregnancy. Try the suggestions listed on the "Tips for Morning Sickness" information sheet. If nothing stays in your stomach for greater than forty-eight (48) hours after following the information sheet's recommendations, call the triage nurse or provider on call.
6. If you get a minor illness, such as a cold, runny nose, mild sore throat, slight fever (temperature under 100.4, which lasts less than 3 days) chills, muscle aches or headache, the medications below can be used.
7. If a fever (temperature of 100.4 or greater) develops, take extra strength Tylenol (two pills every three to four hours) to keep your temperature less than 100.4.

8. **COLD, HAYFEVER & HEAD CONGESTION**

Follow the directions on the package and do not exceed the recommended dose

Any products in the following families of drugs: Tylenol (e.g., Tylenol Severe Cold and Sinus), Benadryl, Robitussin, Sudafed, Actifed, Triaminic, Chlor-Trimeton, Claritin)

Other comfort measures for colds include:

Salt water nasal drops; warm, wet compress to your sinus area to help them open and draining; keep room heat on a lower setting - it helps keep the air from being too dry; a vaporizer or humidifier can help keep moisture in the air; sleep on extra pillows to keep your head elevated; be sure to drink lots of fluids, such as, 100% fruit juices and water to help keep you will hydrated.

Coughs: The only active ingredient found to be effective in over-the-counter cough medicines is "DM" (dextromethorphan), e.g., Robitussin DM

Sore Throat: Chloraseptic spray, Warm salt water gargles, **or** Throat lozenges

Diarrhea: Avoid foods containing milk products and caffeine. Kaopectate (although has not been shown to be as effective as Imodium). Imodium AD

Constipation: Fibercon, Metamucil, Citrucel, Colace 100mg tablets twice a day, Unrefined bran 1-2 teaspoons twice daily, Uncle Sam's cereal works, Milk of Magnesia or a Fleets enema at bedtime if condition unresolved by other methods

Hemorrhoids: Tucks (may want to keep them cool in refrigerator for increased pain relief, Anusol HC cream and suppositories and Ice packs

Heartburn & Gas: Liquid remedies work more effectively for rapid relief than do tablets. Products containing simethicone, Tums, Mylanta Complete, Maalox Max, Papaya, Riopan, Pepcid AC, Pepcid Complete, Zantac

Fever, Muscle Aches and Headaches:

Tylenol-Regular Strength 2 tablets every 4-6 hours

Tylenol – Extra Strength 2 tablets every 4-6 hours

AVOID: aspirin products, ibuprofen products, such as, Advil, Nuprin and Motrin IB, and naproxen products, such as, Aleve or Anaprox during pregnancy, unless directed to take by your provider

COMMON DISCOMFORTS OF PREGNANCY

DISCOMFORT	CAUSE	ACTIONS
Bad Dreams	<ul style="list-style-type: none"> *Subconscious fears *A way of working through concerns *High hormone levels 	<ul style="list-style-type: none"> *Talk with someone supportive *They are not predictive
Bleeding Gums	<ul style="list-style-type: none"> *Increased blood volume *Congested mucous membranes 	<ul style="list-style-type: none"> *Use a soft toothbrush/ brush gently *Eat more foods with Vitamin C *Floss daily
Bowel Changes (Constipation)	<ul style="list-style-type: none"> *Decreased movement of intestines due to pregnancy hormones *Not enough fiber/fluids in diet *Pressure from growing uterus 	<ul style="list-style-type: none"> *Eat raw fruits, vegetables, prunes and whole grain or bran cereals *Drink lots of water (8-10 glasses daily) *Drink a cup of hot water 3x a day *Exercise (walk) *See information sheet
Dizziness	<ul style="list-style-type: none"> * Effects of pregnancy hormones on blood vessels (they constrict more slowly) *Sudden changes of position (standing up) *Enlarged uterus restricts return of blood from lower extremities to brain 	<ul style="list-style-type: none"> *Get up slowly when you have been lying down *Drink 8-10 glasses of water daily *Eat regular meals *Do not stay in the sun too long *If cannot resolve with common remedies, report symptoms to provider
Fatigue	<ul style="list-style-type: none"> *Changes in hormones 	<ul style="list-style-type: none"> *Exercise each day *Lie down at least once a day *Eat 5-6 meals a day
Frequent Urination	<ul style="list-style-type: none"> *Pressure on bladder from growing uterus 	<ul style="list-style-type: none"> *Limit fluids in the evening *Avoid caffeine – it's a diuretic *Call health care provider if it is associated with burning, fever, or significant back pain
Headaches	<ul style="list-style-type: none"> *Changes in hormones cause pressure in blood vessels to change *Stress, fatigue, hunger 	<ul style="list-style-type: none"> *Drink more water *Get more rest *Eat a snack *Exercise *Take Tylenol *If frequent, severe headaches occur in late pregnancy, this may be a sign of a more serious problem; you should inform your provider.
Heartburn	<ul style="list-style-type: none"> *Stomach acid gets into the esophagus 	<ul style="list-style-type: none"> *Don't lie down after eating for 2 hrs. *Avoid spicy and greasy foods *Take antacids (see approved meds list)
Leg Cramps	<ul style="list-style-type: none"> *Insufficient calcium intake *Poor circulation *Changes in Ca-Mag- Phosphorus ratio 	<ul style="list-style-type: none"> *Elevate legs often *Point toes upward and press down on kneecap *Wear supportive hose *Take short rests with legs raised
Low Back Pain	<ul style="list-style-type: none"> *Weight of larger belly pulling on lower back *Poor body position when bending/lifting *Loosening of pelvic joints from pregnancy hormones 	<ul style="list-style-type: none"> *Rest often *Maintain good posture *Move around *When reclining or sitting, keep your knees higher than your hips *Wear low-heeled shoes *Wear maternity belt (go to www.prenatalcradle.com)
Low Belly/abd. (Pelvic) Pain	<ul style="list-style-type: none"> *Stretching of round ligaments 	<ul style="list-style-type: none"> *Relax in warm water *Bend over or sit down

Moodiness	<ul style="list-style-type: none"> *Changes in hormones *Psychological adjustment to pregnancy 	<ul style="list-style-type: none"> *Talk with someone supportive *Use relaxation breathing *Don't use as excuse to lash out at loved ones *Report symptoms of significant depression/inability to cope
Nausea/Vomiting	<ul style="list-style-type: none"> *Changes in hormones 	<ul style="list-style-type: none"> *Have a snack in the morning (dry crackers, toast, cereal) *Eat 5-6 meals a day *Avoid greasy/spicy foods *Drink lots of water between meals, but not during meals *See "Tips for Morning Sickness" sheet
Shortness of Breath	<ul style="list-style-type: none"> *Pressure of growing uterus against the diaphragm *Extra protection from the brain's lowered carbon dioxide threshold 	<ul style="list-style-type: none"> *Rest often *Maintain good posture *Sighing and needing to take deep breaths is normal
Sore Breasts	<ul style="list-style-type: none"> *Effects of pregnancy hormones causing significant growth 	<ul style="list-style-type: none"> *Wear a good, well-fitting pregnancy bra
Stretch Marks	<ul style="list-style-type: none"> *Rapid growth of uterus *Genetic predisposition *Pregnancy hormones cause dark coloration 	<ul style="list-style-type: none"> *Wear "scars of motherhood" proudly *Expensive creams have no effect and will not prevent or make them go away *After pregnancy, the color will lighten but the stretch marks will never permanently go away
Swelling of hands/ legs	<ul style="list-style-type: none"> *Slowing of blood due to pressure from growing uterus *Retention of water in extra-vascular spaces due to inc. bl. volume and bl. vessel changes 	<ul style="list-style-type: none"> *Lie on left or right side for 30 minutes 3 to 4 times a day * Exercise often *Drink more water *Eat 3 servings of protein a day *Eat "normal" salt diet (not high or low) *Eat whole grain breads (no white bread) *Report sudden increase in swelling if associated w/ severe headaches after 28 weeks gestation
Uterine Cramping	<ul style="list-style-type: none"> *Muscle contraction due to uterine growth *Not drinking enough water, especially in warm weather or at work 	<ul style="list-style-type: none"> *Drink more water *Expect mild, irregular contractions as the third trimester advances, especially in late evening, nighttime hours
Vaginal Discharge	<ul style="list-style-type: none"> *Stimulation of vaginal tissue growth caused by pregnancy hormones 	<ul style="list-style-type: none"> *Wear cotton underwear *Avoid pantyhose and tight pants *Use non-perfumed soap *Do not use feminine hygiene products, sprays or powders *Bathe the outer vaginal area daily *Call health care provider if accompanied by itching, burning or irritation, or if you think your bag of water is broken *Wear unperfumed light day pads and change frequently *Do not douche
Varicose Veins	<ul style="list-style-type: none"> *Widening of veins because of pregnancy hormones, increased blood volume, and the "tourniquet" effect of uterus on the lower extremities *Genetic predisposition 	<ul style="list-style-type: none"> *Avoid stockings or girdles with elastic bands *Wear supportive hose (thigh high or pantyhose) *Take short rests with legs raised

ANSWER GUIDE: IMPORTANT QUESTIONS DURING YOUR PREGNANCY

The following is a list of **TOP TWENTY Frequently Asked Questions**. Please keep this handy and refer to it **before** calling the office – you may just find the answer you need without making a call. You should also refer to the Pregnancy Book or visit our website at www.scwhobgyn.com to find the book online, as well as additional helpful links.

1. **Can I make my appointments at any office?**

Yes

2. **How do I make an appointment?**

By calling (770) 991-2200 or visit the website at www.scwhobgyn.com.

3. **Will I have an ultrasound and if so, when?**

Yes, either when ordered for medically appropriate reasons by your provider, or at a regularly scheduled visit sometime between 20 - 22 weeks.

4. **How do I find out how much my pregnancy care will cost?**

Just call (770)991-2200 and ask for the financial counselor, or ask to speak with someone when you are here for an appointment. You will get information in the mail from our financial department.

5. **What kind of medicine can I take?**

Try not to take any medications during the first 12 weeks of your pregnancy. For a cold, runny nose, mild sore throat, temperature under 100.4 (lasting less than 3 days) chills, muscle aches or a headache, the following is a list of safe medicines. **DO NOT EXCEED RECOMMENDED DOSAGES.**

Headache- Tylenol

Allergy/Sinus- Benadryl, Sudafed, Actifed, Triaminic, Chlor-Trimeton, Claritin

Cough- Robitussin

Sore Throat- Chloraseptic spray, Throat lozenges or gargle warm salt water

Diarrhea- Kaopectate or Imodium AD

Constipation- Fibercon, Metamucil, Colace (100mg twice a day), Citrucel, Milk of Magnesia

Hemorrhoids- Tucks, Anusol HC cream,

Gas- Mylicon

Heartburn- Tums, Mylanta, Papaya, Riopan, Pepcid AC, Zantac

Fever, Aches- Tylenol – Regular or Extra Strength

DO NOT TAKE: Aspirin, Bufferin, Goody's, Advil, Nuprin, Motrin, Aleve or Anaprox

6. **What if my temperature is over 100.4?**

Take Extra Strength Tylenol (two pills every three to four hours)

7. **Can I go to the tanning bed or the tanning spray system?**

No – but, you may use sunless tanning lotions.

8. **Can I dye or perm my hair?**

Yes

9. **Can I eat Fish?**

Yes – no more than 1 time per week and avoid fish with mercury content (catfish, salmon, tuna, shrimp, mackerel). Go to www.fda.gov for more information.

10. **I am vomiting or sick at my stomach – what should I do?**
Refer to “Tips for Morning Sickness (attached). If you cannot keep anything down for more than 48 hours after following the recommendation on the sheet, call the office or the nurse-midwife on call.
11. **Can I take any kind of vitamin supplements?**
No – just take your prenatal vitamins every day.
12. **Can I have flu, PPD or tetanus vaccinations?**
Yes
13. **Can I travel?**
Yes – If you have a normal pregnancy, you may travel (any mode of travel, including airplane) up to 36 weeks. Be sure to walk every hour.
14. **Can I drink coffee, tea or coke products?**
Yes – but limit to two servings per day.
15. **Is it okay to have an alcoholic drink?**
No – avoid it, no amount is considered safe during pregnancy.
16. **When do I turn in my disability or FMLA forms?**
Bring them to your 28 week visit and give them to the person at the checkout counter.
17. **How long will it take to get them back?**
Within 7-10 business days.
18. **How do I get them?**
They will be mailed to you if you provide a self-addressed and stamped envelope, or you may come in and pick them up.
19. **Do I have to pay for the completion of these forms?**
Yes – it is \$20 per company form and it must be paid when you leave the forms.
20. **What if I need to talk to someone?**
If you call the office after hours, you will be transferred to the answering service – they will page the provider on call to return your phone call. If you call the office during the day – you will leave a message and based on the type of message and its urgency, your call will be returned within the appropriate time frame.

IF YOU HAVE A LIFE THREATENING EMERGENCY, CALL 911!

Donation of Postnatal Tissue and Fluid

In the state of Georgia, physicians and hospitals are required to inform pregnant patients about their options for donation of postnatal tissue and fluids. Additional information on this subject may be found at www.parentsguidecordblood.org, www.marrow.org, and www.knowledgecenter.csg.org/drupal.

Postnatal tissue and fluid such as umbilical cord blood, may be helpful in the treatment of certain medical conditions like cancer and diseases of the blood. Placenta membranes may also prove useful for wound healing, spinal surgery, and eye surgery. Research continues for other uses of postnatal tissue and fluid.

Umbilical cord blood may be donated for public bank storage or private bank storage. Public donation means that the blood is available to *anyone* in need of a transplant, or it may be used for research purposes. There is no cost for public banking. The American Academy of Pediatrics (AAP) encourages public donation if possible. Unfortunately, delivery at DeKalb Medical Center, where the providers of Southern Crescent Women's Healthcare do not practice, is the only way to donate publicly in Georgia.

In contrast, a private bank is chosen by the parent(s) and umbilical cord blood is stored at the family's expense for potential use in the individual child or family member should the need arise. The AAP discourages private banking for later use as a general "insurance policy." The American College of Obstetricians/Gynecologists (ACOG) states that the chance of the child or family member using such blood is approximately 1 in 2700.

Banked umbilical cord blood cannot be used to treat genetic or malignant diseases in the same individual from whom they were collected because the abnormality would likely already be present in the blood cells.

Both AAP and ACOG, however, do support donation of umbilical cord blood in cases where there's a specific diagnosis of a disease known to be treatable by transplant of cord blood, for an immediate family member.

Private banks can cost as much as \$2,000 for the first year of collection, shipping, processing, testing and storage. Annual fees are approximately \$100 per year. These fees are not covered by insurance. Payment plans and discounts are often available through individual companies. Research continues regarding the length of time blood can be stored before it expires.

There is no cost for donation of placental tissue.

NT/1ST TRIMESTER SCREENING

CAN SCREENING DETECT ALL BIRTH DEFECTS?

First trimester screening is not diagnostic, but it can be used to guide decision making. To determine whether the fetus has a chromosomal abnormality, amniocentesis or chorionic villus sampling (CVS) must be performed. These procedures carry a small risk of miscarriage and therefore have traditionally been recommended to women who are over 35 or who have a positive medical history.

HOW IS FIRST TRIMESTER SCREENING PERFORMED?

This screening requires an ultrasound and maternal blood work performed between 11–14 weeks of pregnancy by a Maternal Fetal Specialist. This exam does require a referral to have the ultrasound and blood work performed. The ultrasound will confirm how far along your pregnancy is by measuring the fetal crown rump length (CRL). In addition, a measurement of the skin fold along the back of the baby's neck, called the nuchal translucency (NT), will be taken. A maternal blood sample is used to analyze two biochemical markers called free beta-human chorionic gonadotropin (hCG) and pregnancy associated plasma protein-A (PAPP-A), which are found in the blood of all pregnant women. In some pregnancies when the baby has Down syndrome or trisomy 18, there is extra fluid behind the baby's neck and the hCG and PAPP-A results are abnormal. Combining your age-related risk with the NT measurement and blood work provides a risk figure for Down syndrome and trisomy 18. The blood test and the NT measurement can detect approximately 83% of babies with Down Syndrome or Trisomy 18.

HOW ACCURATE IS FIRST TRIMESTER SCREENING?

Because this is a screening test, a positive result (showing an increased risk) does not mean your baby has a problem, only 1 in 25 is a true positive. Further diagnostic tests are options for you to consider. Also, a negative or normal result (one that shows a decreased risk) does not mean the baby will not have Down syndrome or trisomy 18. The first trimester screen detects about 83% of pregnancies in which the baby has Down syndrome or trisomy 18. Finally, this screen is not designed to provide information about the possibility of other chromosomal conditions, nor about many other genetic syndromes, genetic disorders, birth defects, or causes of mental retardation.

WHAT IS THE INTEGRATED SCREEN?

The integrated screen combines the biochemical markers from the first screen, NT measurements, and a second trimester maternal serum screening test, also known as the “Quad screen”, to provide the highest detection rate for Down syndrome and Trisomy 18. This test requires two separate blood draws and a NT measurement; the results are combined into one risk assessment, reported only in the second trimester. The detection rate of the integrated screen is 92% for Down Syndrome, 90% for Trisomy 18. In addition, the alpha fetal protein (AFP) portion of the Quad screen can identify pregnancies at an increased risk for open neural tube defects such as spina bifida at a rate of 80%. The ability to detect open neural tube defects is not available with first trimester screening.

WHO SHOULD CONSIDER SCREENING?

Screening tests should be offered to all pregnant women who are less than 35 years of age and who are at low risk for genetic abnormalities. The American College of Obstetricians and Gynecologists (ACOG) 2004 Position Paper acknowledges first-trimester screening as a viable option for women under 35 and those 35 and over who choose not to have invasive testing. ACOG continues to recommend chorionic villi sampling or amniocentesis for women who are 35 and over at delivery or high risk to accurately diagnose 99.9% of all chromosome abnormalities.

RISK ASSESSMENT CHART FOR DOWN SYNDROME AND TRISOMY 18

Screening parameters	First Screen 11-14 weeks	Integrated Screen Combines first screen & Quad	Quad Screen 15-18 weeks	Amniocentesis After 15 1/2 weeks	CVS Chorionic Villi Sampling 10-12 weeks
Down syndrome detection rate	83%	92%	81%	99.9%	99%
False positive rate	5%	5%	5%	1%	1%
Trisomy 18 detection rate	80%	90%	80%	99.9%	99%
Biochemical Markers	PAPP-A Free Beta hCG	PAPP-A AFP hCG uE3 Inhibin-A	AFP hCG uE3 Inhibin-A	Diagnostic evaluation of hundreds of types of chromosomal anomalies	Early Diagnostic evaluation of chromosomal anomalies
Nuchal Translucency	NT	NT	NT	***	***
Timing	1st Trimester	1st & 2nd Trimester	2nd Trimester	2nd Trimester	1st Trimester
Open Neural tube defects Detection Rate	***	80%	80%	99.9%	***
Fetal Nasal Bone presence	Preliminary results/ significance	***	***	***	***

GENETIC / PRECONCEPTUAL CONSULTATION

WHAT IS GENETIC COUNSELING?

Genetic counseling is the process by which a healthcare professional gathers and provides information about a real or potential genetic issue that may affect a current or future pregnancy. In our office, the physician, certified nurse-midwife or nurse practitioner provides this service. We also work closely with genetic counselors in the community and other parts of the country.

WHO MAY NEED GENETIC COUNSELING?

- Any pregnant woman who will be 35 years or older at the time of delivery.
- Individuals who have a personal and/or family history of chromosomal anomaly, birth defect, or mental illness.
- Couples at risk for having a child with a genetic condition such as Tay Sachs disease, cystic fibrosis, or sickle cell disease/anemia.
- Couples with increased risk of Spina Bifida.
- Women who have had an abnormal AFP/Triple Screen/First Trimester Screen/Quad Screen, indicating an increased risk of Down's Syndrome, trisomy 18 or neural tube defect.
- Patients with abnormal ultrasound findings.
- Individuals who have experienced two or more pregnancy losses.

WHAT HAPPENS DURING COUNSELING?

A healthcare provider will ask you to complete a genetic questionnaire. You will discuss your personal health history and your family history. The healthcare provider will explain the genetic issue and identify any genetic testing that may be available. They will provide you with community resources and very often, written information. Genetic counseling is non-directive, meaning the practice does not push for any particular resolution. This leaves the provider free to support the individual, couple, and/or family in their decisions regarding testing and pregnancy management.

WHAT IS PRECONCEPTUAL COUNSELING?

Preconceptual counseling is the process by which a healthcare professional provides information about a real or potential health issue, prior to pregnancy.

WHO MAY NEED PRECONCEPTUAL COUNSELING?

- Individuals who have experienced two or more pregnancy losses.
- Individuals who have a personal and/or family history of chromosomal anomaly, birth defect, or mental illness.
- Couples at risk for having a child with a genetic condition such as Tay Sachs disease, cystic fibrosis, or sickle cell disease/anemia.
- Couples with increased risk of Spina Bifida.
- Individuals with a history of chronic disease such as diabetes, sickle cell disease/anemia, Lupus, or other serious medical conditions.
- Individuals with exposure to harmful substances such as radiation, chemicals, drugs or alcohol.

WHAT HAPPENS DURING COUNSELING?

A healthcare provider will ask you to complete a genetic questionnaire. You will discuss your personal health history, social history, and family history. The healthcare professional will provide information regarding potential testing and/or health risks which may be involved with your pregnancy.

Cystic Fibrosis (CF) Information

What is Cystic Fibrosis?

Cystic Fibrosis is a serious disease that can affect different parts of the body. With CF, the glands that help us to digest food, make sweat, and moisten the linings of airways in our lungs do not work properly, and it can cause males to be sterile. CF most commonly causes repeated lung infections and bronchitis. CF does not affect one's intelligence.

What causes Cystic Fibrosis?

CF occurs when a child inherits a defective gene from each parent. If the child inherits the gene from only one parent, the child will be a carrier. It is estimated that over 10 million people are, unknowingly, symptom-free carriers of the CF gene. If only one parent is a carrier of the gene, the child will not be born with the disease. If both parents carry the gene, they have a 1 in 4 (or 25%) chance of having a baby with the disease. In other words, 3 out of 4 times (or 75%), parents who are both carriers will have a baby that does not have CF disease. If both parents are a CF gene carrier, then there is a 2 out of 4 (or 50%) chance that the baby will be a carrier, but will not have the disease. There is also a 1 in 4 (or 25%) chance that the baby will not have received any of the genes and will not be a carrier of the disease.

How common is Cystic Fibrosis?

In the United States, CF is most common in Caucasians, with 1 person in every 2,500 being affected by the disease. Approximately one out of 25 Caucasians are carriers of this gene, but do not have the disease. It is less common in non-Caucasians (1 in 14,000 African-Americans, 1 in 25,000 Asians, 1 in 11,500 Hispanics). Cystic Fibrosis is a genetic disease that affects an estimated 30,000 children and young adults in the United States.

How can someone find out if they have a problem with Cystic Fibrosis?

The American College of Obstetricians and Gynecologists recommends Cystic Fibrosis screening be made available to all couples seeking preconception or prenatal care – not just to those who have a personal or family history of carrying the CF gene. Blood and saliva tests are available for to determine if you are a carrier. A positive test means you are a carrier, however, like many tests in medicine, a negative test is not 100% accurate. Fifteen percent (15%) of those with a negative test result can actually be a carrier. It is now possible, in most cases, to diagnose CF prenatally in the 2nd trimester of pregnancy.

Who should consider having the CF screening test (blood sample)?

- If you or the father of the baby is Caucasian
- Anyone with a relative that has cystic fibrosis
- If the baby's father is a known carrier
- Anyone with medical problems that a physician thinks may be from cystic fibrosis
- Men with a certain kind of sterility
- Others told by a genetic counselor that there is an increased risk of being a carrier
- Couples who are considering pregnancy in the future, or currently pregnant

The decision to have testing done is a personal decision, and most insurance companies do not completely cover the cost for this testing. It is your responsibility to determine whether or not your insurance will pay for the test. **LabCorp provides an online tool to estimate your out of pocket expenses: www.integratedgenetics.com/patients/cost-estimator.**

If a pregnant woman is a carrier, what should she do?

If you are pregnant and you are a CF carrier, then it is recommended the father of the baby have CF screening too. If both you and the baby's father are CF carriers, you will be offered a referral to a maternal fetal specialist who will further discuss your lab results as well as any additional testing that can be done on the baby while he/she is still inside the womb to find out if the baby has cystic fibrosis.

Where can I learn more about this test and about Cystic Fibrosis?

Cystic Fibrosis Foundation
6931 Arlington Road, Bethesda, MD 30925
1-800-344-4823 / www.cff.org

National Society for Genetic Counselors, Executive Office
233 Canterbury Drive, Wallingford, PA 19086-6617
www.nsgc.org

GENITAL HERPES IN PREGNANCY

Because many women of childbearing age are infected or are becoming infected with genital herpes (HSV), the risk of transmission from mother to baby is a major health concern. Neonatal HSV is a major consequence of maternal HSV infection. Most individuals who have HSV are not aware that they have contracted the virus. Less than 10% of people that test positive for HSV II report a history of genital herpes. Only about 5-15% of people infected with HSV report knowing that they have this infection.

Neonatal herpes is usually transmitted from mother to baby during labor and delivery. About 80% of infected infants are born to mothers with no reported history of HSV infection. Neonatal HSV can result from HSV I or HSV II. Approximately 1/3 to 1/2 of cases of neonatal herpes are caused by HSV I.

Among women who have recurrent lesions at the time of delivery, the rate of transmission with vaginal delivery is about 3%. If no lesions are present at the time of delivery, the transmission rate is about 2/10,000.

SHOULD I BE TESTED FOR HERPES?

Testing for HSV is not a routine screening prenatal lab. If you or your partner have never been tested or are unaware of any potential exposure to HSV, prenatal screening may present an opportunity to decrease the rate of transmission to your baby.

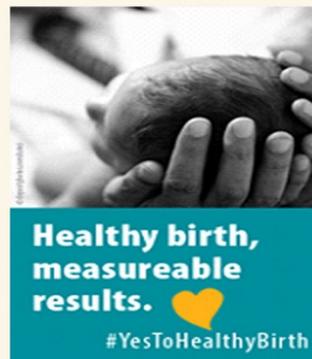
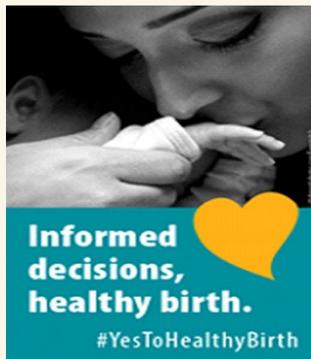
HOW CAN I DECREASE THE RISK OF TRANSMISSION TO MY BABY IF I HAVE HERPES?

Taking medications about a month prior to delivery can decrease the risk of recurrent HSV lesions and decrease the need for cesarean delivery. The risk of recurrence of HSV lesions at delivery may be reduced by 75% and the rate of cesarean delivery for recurrent HSV may be reduced by 40%. If your partner has herpes, avoid intercourse during the third trimester.

DO I NEED TO HAVE A CESAREAN SECTION IF I HAVE HERPES?

Cesarean delivery is recommended for women who have active HSV lesions or prodromal symptoms (signs of impending outbreak – localized tingling, irritation) at the time of labor. Cesarean delivery is not necessary for women with a history of HSV without active genital lesions or prodromal symptoms.

Ask us about our Certified Nurse-Midwife team!



Midwifery Service

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