Woman To Woman

Obstetrics & Gynecology Associates

Casandra Hicks Autry. M.D., F.A.C.O.G
Kimberly Staton Baldwin,M.D. F.A.C.O.G

Understanding Your Prenatal Care

It is of greatest importance to us that you fully understand the care you will receive at Woman To Woman Obstetrics & Gynecology Associates. Knowing what to expect at your prenatal visits will help you to prepare any questions you might have about your upcoming visit. Please always feel free to ask any questions you may have, it is our pleasure to assist in providing the highest quality care to you and your family.

The Initial Prenatal Visit

Your initial prenatal visit will be a comprehensive one. You will be asked to provide us with a urine sample so that we may verify the pregnancy with a urine HCG test. Your urine will also be tested for traces or protein, glucose and bacteria to establish that you are free from infection. We will establish your preliminary weight for the pregnancy and take your blood pressure. The medial assistant will request information about both your gynecological and obstetrical histories.

Next, you will meet with our Office Manager. She will provide you with information about your care with Woman To Woman Obstetrics & Gynecology Associates. You will receive our prenatal package as well as information and registration material from the hospital where you will deliver.

A Physician will visit with you and fully discuss your medical history. Feel free to address any questions you have related to your medical care during this visit. If you have not had a full gynecological examination within the last year, you will have one at this time. This exam will include a pap smear, cultures and a breast exam. If you have had your annual examination recently, you are likely to only have cultures taken at this time.

Upon completion of your examination, routine prenatal laboratory testing will be performed. **See routine prenatal bloodwork and cultures list below.** You will also be offered samples of prenatal vitamins if they are available, or will be provided with a prescription to be filled at your pharmacy. We encourage you to have your laboratory testing performed soon after your visit so that the physician may review the results prior to your next visit. Your results will be discussed with you at that time. Please be certain to check with the medical assistant before you leave to confirm when the doctor would like to see you for your next visit. You should schedule this next appointment with our Receptionist before leaving the office.

UPCOMING PRENATAL VISITS:

Between 12-36 weeks, no pelvic exam will be performed unless you present with a concern that needs to be addressed by the physician (i.e.: yeast infection or other non-pregnancy related vaginitis, urinary tract infection, etc.). At all subsequent prenatal visits, the medical assistant will test your urine and record your weight and blood pressure. Your visits with the physician will allow her to monitor your pregnancy and address any of your questions and concerns.

AT APPROXIMATELY 12 WEEKS OF GESTATION:

If you will deliver your baby (babies) upon or after your 35th birthday, the physician will recommend that you have a **nucal translucency** performed. This is a simple transvaginal ultrasound, which will focus on the neck of the fetus to **help** determine any risk of neural tube defects. **Please check with your insurance carrier to verify if your particular benefits plan provides coverage for the provision of said services before scheduling this appointment.**

VISITS BETWEEN 16-19 WEEKS OF GESTATION:

Between 16-17 weeks of gestation, you have the option of having a laboratory test (bloodwork) for Alpha-Fetoprotein Screening. This test is also known as the "Quad Screen". This is screening test only, for neural tube defects and Downs Syndrome. **This is not a diagnostic test.** Please note that a "normal" test result does not guarantee that your child will not have a birth defect. If you elect to have this test performed, normal results will be discussed upon your upcoming prenatal visit.

An ultrasound for **Fetal Anatomy** will be preformed between 17-19 weeks of gestation. The medical assistant will schedule this appointment for you and provide you with this information in a timely fashion so that you and your partner or other family member may arrange your schedule accordingly. If the technician cannot full visualize all fetal anatomy due to the positioning of the fetus, you will be asked to schedule a follow-up visit. .

Amniocentesis: If you will be delivering your baby (babies) upon or after your 35th birthday, or if you have an "abnormal" Quad Screen, you will be offered this testing. Amniocentesis can accurately detect most chromosomal abnormalities. This test will be performed by a **Maternal Fetal Medicine** physician, or Perinatologist.

Genetic Counseling: If you will be delivering your baby (babies) upon or after your 35th birthday, or if you have a family history of genetic disorders, you will be offered genetic counseling. A counselor working in conjunction with the maternal fetal medicine practitioner will contact you to provide you with important information about you pregnancy. **See Non-invasive Screening Test below.**

VISITS BETWEEN 24-26 WEEKS OF GESTATION:

You will undergo Glucose Challenge Test. This is a **screening test** for gestational diabetes. Diabetes refers to the inability of your body to metabolize sugar. Some women manifest this condition during pregnancy. We ask that you please fast for 6-8 hours prior to your blood test. **Please note: This testing requires that you drink a solution and wait one hour before your blood is drawn. Please account for this time when planning to bring your children with you, or if you intend to fix this exam into your work schedule.**

Rhogam injection: If you have an Rh negative blood type you will require a Rhogam injection at 28 weeks of gestation and again after delivery. Please feel free to discuss this with the physician at your regular prenatal visit prior to your 28th week of gestation.

AT 36 WEEKS OF GESTATION:

Group B Streptococcus bacteria: Group B Streptococcus bacteria, also know as " GBS" is found in most women. During pregnancy, however, if you are found to have an overabundance of this bacteria, it will require that you be treated with antibiotics when you arrive at the hospital's Labor and Delivery unit. Therefore, at 36 weeks of gestation, a routine vaginal culture is performed in the office by the physician. These results are recorded and forwarded to your hospital of choice so that you may be treated if necessary.

Non-invasive Screening Tests for Down Syndrome, Trisomy 18 and Open Neural Tube Defects in Pregnancy

Woman to Woman Obstetrics and Gynecology Associates (through our affiliates) is pleased to offer you the option of having screening tests performed to determine what your risk is of having a baby affected with Down syndrome, Trisomy 18 or Open Neural Tube Defects (ONTDs). The test is called **First Trimester Sequential Screening.**

Testing can be done as early as 11-13 weeks of pregnancy. These tests are designed to refine a woman's risk for a baby with one of these conditions. Screening tests can only determine if there is an increased or decreased risk for the baby to have one of these conditions. If the test reveals that the pregnancy is at increased risk, then further testing is available to determine if the baby has the condition in question. These tests are screening tests - not diagnostic tests.

Testing includes the following:

- **Counseling** to review the testing options and your family history.
- **Blood tests** to measure pregnancy-associated plasma protein (PAPP-A) and human chorionic gonadotropin (HCG).
- **Ultrasound** (Sequential Screen only) to measure the length of the fetus and the nuchal translucency (a collection of fluid at the back of the baby's neck).

Sequential Screening is a multi-step process that combines both first-trimester, nuchal translucency ultrasound, and second-trimester blood testing. In addition to the first-trimester tests described above, a second blood test is performed at 15 to 18 weeks to measure alpha-fetoprotein, estradiol and inhibin. Both the first and second trimester findings are used to assess your risk for having a baby with Down Syndrome, Trisomy 18 and open neural tube defects. If any of the results are positive, you will be offered additional testing to determine if the baby is affected. If the results are negative, you are not at increased risk to have a baby with one of these conditions. As with any medical test, there is a small chance of error. (A 16-18 week blood test done as part of the sequential screen will be different than the standard Quad screen, as noted below, and must be performed by the same lab that performed the first sequential screen blood test).

Second Trimester Screening (Quad Screen AFP4)

MATERNAL SERUM ALPHA FETOPROTEIN (AFP4) is a useful screening test for prenatal detection of birth defects. Most babies are healthy when they are born, however, approximately 2 percent of babies will have a major birth defect. Some birth defects can be diagnosed in pregnancy. The maternal serum alpha fetoprotein (MS-AFP4) test is a blood test which can give your doctor additional information about your pregnancy and can identify women who may be carrying a baby with certain types of birth defects. It is a screening test only. AFP4 results are not diagnostic.

- **WHAT IS AFP4?**

Alpha-fetoprotein (AFP4) is a protein made by the baby as it grows in the uterus (womb). During pregnancy, AFP4 is present in the amniotic fluid that surrounds the baby. It is also found in small amounts in the mother's blood. In some women there may be more or less AFP4 than normally found. This DOES NOT always indicate a problem with the baby, but does warrant increased or decreased amounts of MS-AFP4. Some reasons for an increased amount of MS-AFP4 include a pregnancy further along than your dates suggests, twins, or the presence of a neural tube defect in the baby. Among the reasons for a decreased amount of MS-AFP4 included a pregnancy less advanced than expected or the presence of Down syndrome in the pregnancy. Other less common conditions may cause increased or decreased amounts of MS-AFP4.

- **WHAT ARE NEURAL TUBE DEFECTS?**

Neural Tube Defects (NTD) are birth defects in which the brain or part of the spinal cord does not form properly. The two major types of neural tube defects are anencephaly and spinal bifida. Anencephaly occurs when the brain and head do not develop normally. Babies with anencephaly are usually stillborn or die within a few days.

Spinal bifida (open spine) involves a defect in the closure of the spine. This defect may be quite severe and result in long term problems such as paralysis of the legs, lack of bowel and bladder control, hydrocephalus (water on the brain) and mental retardation. On the other hand, the defect can be mild and surgically correctable with little or no resulting handicaps. The incidence of open neural tube defects is approximately 1-2 per 1,000 births.

- **WHAT IS DOWN SYNDROME?**

Down syndrome is a disorder of the chromosomes. Children with this condition have varying degrees of mental retardation and have a variety of other birth defects that may include abnormalities of the heart and digestive tract.

- **WHO SHOULD HAVE THE MS-AFP4 TEST?**

Many physicians believe this screening is appropriate for all pregnant women. The MS-AFP4 test is ideally performed between the sixteenth and eighteenth week after the first day of the last menstrual cycle. At this time, the test is most accurate. A small amount of blood is taken from the arm much like any other blood tests that you have had. The test causes no adverse health risks to you or the baby. People with a positive family history of Down syndrome or neural tube defect should ask their doctor if the MS-AFP4 test is appropriate for them.

- **WHAT IF THE TEST RESULT IS NORMAL?**

Normal results mean no further investigation is necessary. However, a normal result cannot guarantee a normal baby. Many birth defects are not detectable by this screening test. Estimates are that the MS-AFP4 test will detect approximately 85 percent of the neural tube defects, and up to 20 percent of Down syndrome for women under 35 years of age. For women over age 35, amniocentesis is advised because the risk of having baby with Down syndrome increases with advanced maternal age.

MATERNAL SERUM ALPHA FETOPROTEIN (AFP4)

- **WHAT IF THE TEST IS ABNORMAL**?

If the test shows either elevated or decreased amounts of AFP4, it does not mean that the baby has a neural tube defect of Down syndrome. It only means that further tests are indicated. When the result of the test is too low, an ultrasound is recommended. Very often the ultrasound proves that the pregnancy is not far along as previously suspected. When the test result is too high, a repeat test may be requested. The test should be repeated within 7 to 10 days. If the second test also shows increased amounts of AFP4, an ultrasound examination should be done. In many cases, the pregnancy is farther along than originally estimated or there is a twin pregnancy. If the ultrasound examination does not explain the high or low AFP4 level, you should discuss this with your doctor who may refer you for genetic counseling. Generally, amniocentesis will be offered at this time. Amniocentesis involves the withdrawal of a small sample of fluid that surrounds the baby. Elevated levels of AFP4 can be detected in the amniotic fluid and with other tests will accurately diagnose most cases of neural tube defects. A chromosome study is also preformed on the amniotic fluid cells which can accurately diagnose Down syndrome and other forms of chromosome abnormalities. Most women who undergo amniocentesis will receive normal results. If a birth defect is detected, genetic counseling is available to discuss the disorder and the various options regarding continuation or termination of the pregnancy or any other questions or concerns the parents may have. If you would like additional information about MS-AFP4 testing ask your doctor or call the genetic counseling center nearest your home.

Your first pregnancy will bring forth many questions about the changes you will be experiencing. We also recognize that each and every pregnancy can be very different from the one before. Therefore, we encourage you to bring to our attention any concerns you might have as you continue your care at Woman To Woman Obstetrics & Gynecology Associates.

We Welcome you into our family and look forward to watching your family grow for years to come!

ROUTINE PRENATAL BLOODWORK AND CULTURES

Initial Bloodwork and Cultures:

1. Complete Blood Count (CBC): This test will let us know if you are anemic or have any other deficiencies in your blood.
2. Type & RH: This test is to determine your blood type & RH factor.
3. Antibody Screen: This test is to screen for abnormal antibodies in the blood.
4. RPR: This test screens for syphilis.
5. Hepatitis B Surface Antigen: This test screens for Hepatitis B.
6. Quantitative B-HCG: This test gives us a numerical value of your pregnancy progress.
7. Rubella: This test screens for immunity to the German measles.
8. HIV: This test Screens for HIV.
9. Cystic Fibrosis: This test screens for Cystic Fibrosis.
10. Urine Culure: This test screens for urinary tract infections/bladder infections.
11. Varicella IGG: This test screens for a history of previous chicken pox.

Initial Vaginal/Cervical Screens

1. Pap Smear: This test screens for cervical cancer.
2. Gonorrhea Culture: This test screens for Gonorrhea.
3. Chlamydia Culture: This test screens for Chlamydia.

Ultrasound

1. The first ultrasound is performed to help confirm your due date. **Prior to your initial visit, please confirm with your insurance company if in office ultrasounds are covered by your insurance plan.**
2. You and your healthcare team will determine any subsequent ultrasounds.

Bloodwork (26-28 Weeks)

1. CBC (Complete Blood Count)

2. Glucose Tolerance Test (1 hr): This test screens for Gestational Diabetes. Diabetes refers to the inability of your system to metabolize sugar.

3. Type and RH, Antibody Screen: This test is repeated now to check for blood antibodies and helps determine whether you need to receive a Rhogam injection.

Genital Culture (34-36 Weeks if indicated):

1. Group B Strep Culture: Group B Streptococcus bacteria, also know as "GBS" is found in most women.