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Janet Warner, M.D., FACOG
Nancy Christy, NP
Valerie Crawford, FNP

Dear Patient:

Congratulations on your pregnancy, and thank you for choosing Generations! During this anticipation-filled time of your life, you may experience many uncertainties or new sensations. Our goal is to be right there along with you, providing you with the best quality of medical care and service throughout your entire pregnancy and delivery.

Generations has four board-certified obstetricians. You have chosen or been assigned to one doctor who will follow you through your pregnancy course, to answer your questions, examine you, and order tests. You can take comfort that your doctor will come to know you very well, because he or she will be seeing you for all of your visits.

When you go into labor, the doctor who is “on-call” will care for you. It is possible that you may make specific arrangements with your obstetrician when your delivery is planned (i.e.: scheduled c-section or induction). The doctor who delivers your baby may or may not be the one who followed you through your pregnancy care, but rest assured, you will be in good hands. A brief introduction of our physicians:

Dr. Victor Chen is a 1991 graduate of the University of Arizona College of Medicine. He completed his residency in 1995 at Texas Tech Health Sciences Center in Odessa, Texas. He returned to Tucson and has been practicing here ever since. Dr. Chen is board certified by the American Board of Obstetrics and Gynecology.

Dr. Mary Kay Durfee graduated as a member of the medical honor society Alpha Omega Alpha from the University of Minnesota School of Medicine in 1997. She completed her residency training at the University of Utah in 2001. Dr. Durfee then returned to the Minneapolis area to practice medicine prior to moving to Tucson in May, 2006. Dr. Durfee is board certified by the American Board of Obstetrics and Gynecology.

Dr. Howard “Howie” Eisenberg completed his medical degree at Mt. Sinai School of Medicine in 1987. His residency training was completed at Kaiser Permanente in California in 1991. He has been in practice for over 10 years in Tucson. Dr. Eisenberg is board certified by the American Board of Obstetrics and Gynecology.

Dr. Janet Warner is a 1998 graduate of the University of Wisconsin Madison College of Medicine. She completed her residency training at the University of Arizona in 2002, and has made Tucson her home, establishing her practice in Northwest Tucson. Dr. Warner is board certified by the American Board of Obstetrics and Gynecology.

We encourage you to ask questions, share your concerns (and your joys), and take comfort in knowing that you will receive compassionate high-quality pregnancy care from our doctors and staff. If you have routine questions, please call us during business hours and a medical assistant will be happy to assist you. Our regular office hours are Monday through Friday, 8:30 am to 4:30 pm. After hours, if you have an urgent matter that cannot wait, please call us and our answering service will page the on-call doctor.

Welcome to Generations Healthcare for Women.

The Physicians and Staff

Pregnancy Information Packet Contents

Enclosed you will find information on the practice and on common prenatal testing as well as answers to other frequently asked questions.

The left pocket contains initial forms. Please complete and bring all forms to your first prenatal appointment.

We welcome your questions. We believe the more you learn about what is happening during your pregnancy, the more fun you will have and the healthier you will be.

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Office Visits

Each of our obstetricians works as a team with a nurse practitioner. Your obstetrician will follow your care throughout your pregnancy, to answer your questions, examine you, and order tests. You can take comfort that your doctor will come to know you very well, because he or she will be seeing you for all of your visits.

When you go into labor, the doctor who is “on-call” will care for you. It is possible that you may make specific arrangements with your obstetrician when your delivery is planned (i.e.: scheduled c-section or induction). The doctor who delivers your baby may or may not be the one who followed you through your pregnancy care, but rest assured, you will be in good hands.

Appointments are made during business hours. Our regular office hours are Monday through Friday, 8:30 am to 4:30 pm. We suggest you make your appointments at least a month in advance. Your family members are welcome to come with you to your visits, however no more than two visitors can be accommodated in the exam room.

We ask that if you are unable to keep an appointment to please call to cancel/reschedule. Someone else will be able to use the time we had reserved for you. If we need to reschedule your appointment due to an unexpected medical emergency, you will be contacted as soon as possible.

Childbirth Education Program

We believe that the more you learn about what is happening during pregnancy, birth and the months after delivery, the more fun you will have and the healthier you will be.

Northwest Medical Center offers a variety of classes. We urge you to call 877-4156 or visit the Community Education page on the Northwest Medical Center website for more information.

We also strongly recommend taking a tour of Northwest Medical Center, giving you an opportunity to get comfortable with the Labor & Delivery area and the Mother/Baby Units. These tours are free.

For information regarding the Northwest Medical Center Childbirth Education Classes and for information on tours please call **(520)877-4156** or visit www.NorthwestMedicalCenter.com.



Telephone Availability

We are available to you at all times, but request that you call during business hours, unless it is an emergency. During business hours, the physicians or their medical assistants will return non-urgent calls in late morning or the end of the day.

If you call after hours, you will be able to leave a message or be connected to the answering service in the case of an emergency. Please remove all blocks on incoming calls to your phone. The answering service will contact the physician on call, and your call will be returned. We are prompt about returning after hours calls. If you are not at a number where we can call you back, the answering service can keep you on hold and “patch” you through to the physician. If you haven’t heard from us in 15 minutes, please call back. If we arrange to meet you at the hospital, please allow at least 30 minutes for us to arrive.

In the rare event of an answering service equipment failure, call Northwest Medical Center’s Labor and Delivery Unit (520) 877-4200. They will be able to reach us directly.

In case of medical emergency, call 911

Generations Healthcare for Women

Locations and Phone Numbers

2171 W. Orange Grove Road, Tucson, Arizona 85741

Phone: (520) 877-3800 Fax: (520) 877-3801

1521 E. Tangerine Road, Suite 283, Oro Valley, Arizona 85755

Phone: (520) 545-0573 Fax: (520) 297-5597

Northwest Medical Center Labor and Delivery Unit

6200 N. La Cholla Blvd.

Tucson, AZ 85741

Telephone :(520) 877-4200

(map enclosed in this packet)



Billing Information Business Office: (520) 795-0549

It is our intention to provide and fully explain all financial policies and arrangements. Generations Healthcare for Women accepts most insurance plans and will bill all insurance companies with whom we participate. If you have questions about your coverage, referrals, co-pays, etc., please contact the business office.

If your insurance provider has a special form for deliveries, you will need to provide us with the completed form as soon as possible. Your insurance will be billed at the time of your delivery.

If you do not have insurance, you may be eligible for Arizona's program for maternity care, Baby Arizona. The Generations Healthcare for Women business office can assist you with processing the application.

Generations Healthcare for Women will charge an "Obstetrical Package Fee", which includes all office visits, and physician charges for delivery. These packages can be arranged for women who are self-pay or those with high deductible insurance plans. Charges may vary depending on the type of delivery you have.

Payment arrangements can be made with the billing office. Payments are to be made monthly with total payment due one month before your due date. If you leave Generations Healthcare for Women care during your pregnancy, a bill will be generated for services provided rather than the package fee.

Hospital care, anesthesia, ultrasounds, pediatric care and lab charges will be billed separately by those providers. To inquire about insurance coverage or cost for these services, contact Northwest Medical Center's billing office at (520)469-8611. Cost will vary depending on the type of delivery you have.

Disability and Pregnancy

The majority of expectant mothers can continue to work until late in pregnancy without any complications. Sometimes, however, the physical changes that occur during pregnancy and/or the demands of a woman's job can create difficulties. Please let us know if you have any concerns in this regard. We are usually able to suggest simple steps to deal with fatigue, "morning sickness", or aches and pains that can be particularly challenging when at work. If you experience more serious symptoms, or concerns about potential workplace hazards to you or your baby, please inform us. We will evaluate the situation and respond accordingly. If your doctor determines you should be placed on disability or medical leave, you will need to obtain forms from your employer.

There is a \$25.00 fee for processing the disability forms. Please allow 7-10 business days for completion of these documents.



Patient Rights and Responsibilities

- ❖ **The patient has the right** to a reasonable response to her requests and needs for treatment of service within the healthcare providers capacity, stated mission and applicable regulations.
- ❖ **The patient has the right** to considerate, compassionate, and respectful care that recognizes her personal values and belief systems.
- ❖ **The patient has the right** in collaboration with her healthcare provider to make decisions involving her healthcare, including the right to accept medical care, or to refuse treatment and to be informed of the medical consequences of such refusal.
- ❖ **The patient has the right** to information necessary to enable her to make treatment decisions that reflect her wishes and participate in the consideration of ethical decisions that arise in her care.
- ❖ **The patient has the right** to be informed of any human experimentation or other research/educational projects affecting her care or treatment.
- ❖ **The patient has the right** to personal privacy and confidentiality of information.
- ❖ **The patient is entitled** to have privacy during examination, to have visitors excused and to be informed why any observer is present, and to grant or refuse another person's presence.
- ❖ **The patient's guardian, next of kin, or legally authorized responsible person has the right** to exercise certain rights on the behalf of the patient.
- ❖ **The patient has the right** to expect explanation of any portion of the bill. Where appropriate the business office staff will assist the patient in making arrangements for payment of the bill through a payment schedule or assistance program.
- ❖ **The patient has the responsibility** to provide a complete and accurate medical history to the best of her knowledge.
- ❖ **The patient has the responsibility** to ask questions and seek clarification about her diagnosis and treatment and participate in decisions involving her care.
- ❖ **The patient has the responsibility** to make it known whether a proposed course of treatment is understood, and whether she is willing and able to comply.
- ❖ **The patient has the responsibility** to provide information about complications or symptoms.
- ❖ **The patient has the responsibility** to be considerate of the rights of other patients and clinical personnel, and to treat them with respect.



Laboratory Testing During Pregnancy

As part of good prenatal care, our staff recommends certain tests to detect infections and other conditions in pregnancy.

At your first OB visit the following tests will be ordered:

CBC This test will check for anemia and other factors.

Blood Type and RH A pregnant woman who is Rh negative may need to receive a blood product called anti-D Immune Globulin (RhoGAM). This prevents the breakdown of your baby's red blood cells, a serious condition which causes hemolytic disease (Additional information in Appendix F).

Antibody Screen This test will check for red blood cell antibodies.

Syphilis A sexually transmitted disease which can cause birth defects.

Hepatitis B If the mother has this viral infection of the liver there is an increased chance that without treatment the baby will be infected. The baby can be treated at birth to prevent infection in most cases.

Rubella (German measles) An infection can lead to severe birth defects. If a woman is not immune, a vaccine can be given to her after the baby is born.

Pap Smear A screening test for cervical cancer.

Chlamydia and/or Gonorrhea Screening cultures that can detect sexually transmitted diseases that can potentially be harmful to you and your baby if not treated.

Urinalysis A screening test for urinary tract infection and culture.

TSH A screening test for thyroid disease.

Your 28-Week Visit:

Glucose Screen To check for diabetes in pregnancy.

Blood Count To recheck for anemia.

Antibody Screen If you are RH negative, administration of RhoGAM

Your 35-37 Week Visit:

Group B Strep Culture Group B Strep is common bacteria found in many women's vaginas that could infect the baby (Additional information in Appendix B).



Recommended Tests:

HIV A blood test screening for AIDS. You can have HIV for years and not have any symptoms. If you have HIV, even without symptoms, there is a 1 in 4 chance you could pass it to your baby. There is treatment available during pregnancy that can reduce the risk of transmission of HIV to the baby (Additional information in Appendix C).

Optional Tests:

AFP Quad A blood test done between 15 to 18 weeks of pregnancy to detect increased risk of having a baby with certain birth defects, such as an open neural tube defect (spina bifida) or Down syndrome (Additional information in Appendix A).

CF A screening test for Cystic Fibrosis (Additional information in Appendix E).

NT (First Trimester Screen) A blood test which shows if you are at increased risk of having a baby with Down Syndrome or Trisomy 18 (chromosomal disorders). It requires a sample of your blood and a special ultrasound measurement performed in the first trimester.

Sonograms

Sonograms are done when medically indicated (to assist us in determining your due date, to check on the growth of the baby, to assess bleeding, to survey the baby and placenta, etc). We only order sonograms and ultrasounds for medical reasons.

You will probably be referred by your physician to one of the following:

Garry Pohoretsky, M.D.
2001 W. Orange Grove Road, Suite 408
Tucson, AZ 85704
Phone: (520) 297-6125

OBSTETRIX
6050 N. Corona, Suite 2
Tucson, AZ 85704
Phone: (520) 322-8188

Women's Diagnostic Imaging Center
Crossroads OB/GYN
4881 E. Grant Road, Second Floor
Tucson, AZ 85712
Phone: (520) 795-8080 ext. 333

University Medical Center
University Physicians Healthcare
1501 N Campbell 8th floor
Phone: (520) 694-6010



Recommended Medication List for Pregnant Patients

Take as directed on the label

Call Generations Healthcare for Women at (520) 877-3800 for questions

Cold Medications: Tylenol products (cold and flu or allergy), Robitussen night relief (alcohol free), Theraflu

Decongestants: Saline nasal spray, Actifed, Sudafed, Tylenol sinus, Chlor-Trimeton, Dimetapp, Tavist-D

Sore Throat: Cepacol, Sucrets, Halls

Cough: Robitussen DM, Halls, Vicks cough drops

Allergy: Benadryl, Claritin

Nausea: Ginger Ale, ginger gum, Vitamin B-6 (25 mg twice a day)

Diarrhea: Imodium AD Do not take Immodium if you have fever or chills.

Constipation: Colace, Senokot, Fibercon, Milk of Magnesia. If needed, glycerin suppository

Heartburn: Tums, Roloids, Mylanta, Zantac 75, Pepcid AC, Gaviscon

Pain: Tylenol or Acetaminophen substitute (do not exceed 4000 mg in 24 hours)

Yeast Infection: Monistat 3 or 7, Femstat 3, Vagistat 1, Mycelex 7, Gyne-Lotrimin 3

Hemorrhoids: Anusol HC, Preparation H, Hydrocortisone Anti-itch cream, Nupercaine, Tucks

Itching (Due to minor skin irritations): Benadryl cream or spray, Caladryl, Aveeno

Sore muscles or joints: Bengay, Flexall

Sleep aids: Unisom, Benadryl, Tylenol PM

Eye Drops: Visine, Aqua site

Sunburn: Solarcaine, Dermoplast

Athletes Foot: Lotrimin cream or powder, Tinactin, Micatin

Dental Care: Local anesthesia, penicillin antibiotics, Tylenol with codeine for pain.

X-Rays: Notify the technician you are pregnant. A shield of the abdomen should be provided during the X-ray.



APPENDIX A

MATERNAL SERUM SCREENING FOR BIRTH DEFECTS

What is the AFP screening test?

A screening test that can be done using a small sample of a pregnant woman's blood to identify pregnant women who may be at increased risk for having a baby with certain birth defects, such as an open neural tube defect (spina bifida), Down syndrome, and Trisomy 18.

How is the AFP screening test done?

A small amount of blood is drawn from a vein in the pregnant woman's arm. The test is done at 15 to 18 weeks of pregnancy in most cases as this produces the most accurate results. Four substances present in the blood sample will be measured. These substances are Alpha-fetoprotein (AFP), human chorionic gonadotropin (HCG), unconjugated estriol (uE3), and dimeric inhibin A (DIA.) The amount of each substance in the blood sample as well as number of weeks pregnant, height, weight, race, insulin dependent diabetes, single or twin pregnancy, maternal age and any significant family history are all taken into account to calculate the individual patient's specific risk.

Why is the AFP test called a screening test?

A screening test can help predict the risk of a problem. It is not a diagnostic test and cannot give you a definite "yes" or "no" answer.

What does an abnormal screening result mean?

Some women having an AFP screening test will be identified as being in the high-risk group even though they are carrying a normal fetus. This screening result does not always mean there are problems in the baby. For example, the due date might have been estimated incorrectly, or twins might be present instead of just one baby. Women in the high-risk group are offered diagnostic tests, which can give a definitive answer. A sonogram or amniocentesis is examples of further testing, which might be offered if the screening results are abnormal. No test is perfect. Not every abnormal result of a screening test will mean that your baby has a birth defect. Sometimes there is no reason for an abnormal screening test. Not every normal result of a screening test will mean that your baby does not have a birth defect. It is up to you whether to be tested. Some women find having the screening test is reassuring, and other women would rather not have the information. The results of the tests can help some women make decisions about their options.



APPENDIX B

GROUP B STREPTOCOCCUS (GBS) AND PREGNANCY

GBS is a type of bacteria that can be found in 10-30% of pregnant women. It usually does not cause serious illness. It may be found in the digestive, urinary, and reproductive tracts of men and women. In women, it is most often found in the vagina and rectum. GBS is not a sexually transmitted disease.

A woman with GBS can pass it to her baby during delivery. Most babies who get GBS from their mothers do not have any problems. A few, however, will become sick. This can cause major health problems or even threaten their lives.

If the bacteria are passed from a woman to her baby, the baby may develop GBS infection. This happens to only 1 or 2 of every 100 babies whose mothers have GBS. Babies who do become infected may have early or late infections. Both early and late GBS infections lead to death in about 5% of infected babies.

A culture is the most accurate way to test for GBS. This is a simple painless procedure performed at 35 to 37 weeks. The swab is sensitive in only 97% of women.

A swab is placed in the woman's vagina and rectum to obtain a sample. If the test results are positive, showing that GBS is present, you will receive antibiotics during labor to help prevent GBS from being passed to your baby.

Babies of women who are carriers of GBS and do not get treatment have more than 20 times the risk of getting infected than those who do receive treatment. The antibiotics work only if taken during labor. The bacteria grow so fast that if treatment is given earlier, the GBS may grow back before labor. If you had a previous baby with GBS infection or you had a urinary tract infection caused by GBS during pregnancy, you do not need to be tested. You will need to get antibiotics during labor.

In women who have planned a cesarean birth, it is not necessary for them to be given antibiotics during delivery, whether or not they are GBS carriers. However, these women should still be tested for GBS because preterm labor may occur before the planned cesarean birth and your baby's pediatrician will want to know the results. GBS is fairly common in pregnant women. Yet, very few babies actually become sick from GBS infection. Treatment during labor and delivery may help prevent infection in your baby. If you would like additional information about GBS, please ask for a brochure, and/or talk with your doctor or nurse practitioner.



APPENDIX C

INFORMATION ON HIV AND PREGNANCY

The human immunodeficiency virus (HIV) causes AIDS, a disease that is increasing among women of childbearing age. A person who is infected with HIV does not get sick right away. The virus lives in the body of an infected person for the rest of her life, and breaks down the immune system over time. It may take many years after being infected to develop symptoms of AIDS. AIDS is a very serious disease causing much suffering and many deaths throughout the world. There is no current cure for AIDS.

HIV is spread by contact with the body fluids of an infected person (blood, semen, vaginal secretions and breast milk). Contact with these fluids can occur during sex, breastfeeding, sharing needles, blood transfusions and pregnancy.

HIV affects 2 out of every 1,000 pregnant women. A woman can pass the infection to her baby as early as the 8th week of pregnancy. About half of the children infected with HIV get it from their mother during labor and birth. Breastfeeding is another way a mother can pass the virus to her baby.

Pregnant women infected with HIV need to have their health watched more closely, with careful monitoring of blood levels and symptoms of infection.

A woman can decrease the chance of her baby getting infected by taking medication during her pregnancy. Without treatment, about 25% of babies born to women with HIV will get the virus. With treatment, that number drops to about 8%. To lower the risk, infected women must take the anti-viral medications throughout her pregnancy and during labor. Babies are given the medications for the first 6 weeks after they are born. Some women who are HIV positive choose to terminate their pregnancies.

Generations Healthcare for Women and the American College of Obstetricians and Gynecologists (ACOG) recommend that all women be tested for HIV early in pregnancy. It is important for your health, the health of your baby and the health of your sexual partner. Before we order the test, we will talk to you about the testing procedure and reporting of the results.

We recognize that it is your choice whether or not to be tested. The HIV test is a blood test, and determines if you are carrying the virus by looking for antibodies to HIV. Antibodies usually appear within 3 months of getting the infection, but it may take up to 6 months, so we recommend a second test if there is a chance of recent infection.

Results of testing are confidential. They will be a part of your medical record, and will be released only with your permission. Our medical office and hospital staff will have access to your records may also see the results.

“Anonymous” testing, where your name is not recorded, is available through the Southern Arizona AIDS Foundation (520)628-7223 and the Pima County Health Department (520)791-7676.

If your test is positive, you will need special health care and counseling. We will assist you in obtaining the support, information and care that you need. The CDC National Aids Hotline is 1-800-232-4636. We can add this test to your first prenatal blood tests. Tell the person drawing your blood or sending you to the lab that you want the test (you will need to sign a consent form); or wait and talk with you provider if you want more information before you decide whether to be tested.



APPENDIX D ADVANCED MATERNAL AGE-PREGNANCY AFTER 35

Advanced maternal age is defined as an expectant mother who will be 35 at the time of delivery. If you're over 35 and pregnant, you're not alone. Many women well into their 30s and beyond are delivering healthy babies.

There's nothing special about age 35. However, it is the age at which certain issues are recognized in pregnancy.

UNDERSTAND THE RISKS

Some of the risks associated with a pregnancy after 35 include a multiple pregnancy, a higher risk of pregnancy loss and a higher risk of delivering a baby with chromosomal abnormalities. Women that fit into the advanced maternal age category are also more likely to develop gestational diabetes and high blood pressure. Some of these risks may make it necessary for you to deliver your baby by cesarean section.

MAKE HEALTHY CHOICES

Seeking regular prenatal care during your pregnancy will help your provider monitor your health and your baby's health. Eating a healthy diet is extremely important to your baby's growth and development. We encourage women to take a prenatal vitamin with folic acid daily and to eat lots of protein and other essential nutrients.

Staying active can help to improve your overall health and prepare your body for labor and childbirth.

LEARN ABOUT PRENATAL TESTING AVAILABLE

There are several screening and diagnostic test available to you during pregnancy. Diagnostic tests, such as chorionic villus sampling, genetic amniocentesis and the first trimester screen, are tests that can provide definite results regarding the health of the baby. These tests are accurate and performed at different stages in the pregnancy. Screening tests, such as the maternal serum screening and ultrasounds, are tests that can provide information about whether you are at increased risk for certain conditions during the pregnancy. If you are interested in more information regarding screening or diagnostic testing during your pregnancy, please ask your Healthcare provider at your next visit.



APPENDIX E

CYSTIC FIBROSIS CARRIER SCREENING

Cystic Fibrosis (CF) is a life-threatening condition affecting the ability to secrete mucus fluids normally. Individuals with CF commonly have problems with the lungs, digestive system and reproductive system. They often suffer from pulmonary infections and organ damage due to difficulty in clearing secretions. The severity of CF varies from person to person. CF does not affect intelligence, appearance or development. There is no cure for CF currently. The average life expectancy of a person with CF is 30 years, but children born with CF today may live longer as treatments improve.

WHAT IS A CF CARRIER?

People who receive one normal cystic fibrosis gene and one abnormal cystic fibrosis gene are called CF carriers. They do not have the disease but have a 50% chance of passing the abnormal gene on to their child. In order for the child to be born with cystic fibrosis, he or she would need to inherit an abnormal gene from *both* parents.

WHAT IS CF CARRIER SCREENING?

Cystic fibrosis (CF) carrier screening is a genetic test that lets you know what your risk is for carrying an abnormal gene, as well as what your chances are of having a child with CF.

HOW IS CF CARRIER SCREENING DONE?

Your blood will be drawn and sent to the laboratory for testing. Additional information regarding family history, your race and ethnicity and your personal history will be provided to the lab. This additional information is essential to aid in the interpretation of the blood results.

WHAT DOES A NEGATIVE SCREEN MEAN?

A negative screen does not guarantee that you are not a carrier. This test detects only the most common changes in the CF gene.

WHAT DOES A POSITIVE TEST MEAN?

A positive screen means that the laboratory found a change in one of your two CF genes and that you are a carrier. There is a 50% chance that you will pass this gene to your child. With a positive finding, we recommend that your partner be screened for CF carrier status. Additional testing will be recommended as needed based on the results.

DOES MY INSURANCE PAY FOR THE TEST?

All insurance plans are different. If you aren't sure your insurance plan covers the test speak with the customer service department at your insurance company or your provider.



APPENDIX F

Rh FACTOR IN PREGNANCY

During pregnancy it is necessary to do a blood draw to find out your blood type. There are two components to this testing, a major blood group (A, B, AB, and O) and an Rh factor (positive or negative).

WHAT IS Rh FACTOR?

Rh factor is a protein that is found on your red blood cells. Most of the population has the Rh factor present on their red blood cells. These groups of people are considered to be Rh positive. The rest of the population does not have the Rh factor present on their cells, these people are Rh negative.

WHAT ARE THE HEALTH ISSUES FOR Rh NEGATIVE PREGNANT WOMEN?

During pregnancy you do not share blood systems with your baby. However, your baby's blood can cross the placenta into your blood.

The Rh factor becomes a problem when an Rh negative person's blood comes into contact with an Rh positive person's blood. If this contact occurs, the person with Rh negative blood develops antibodies to fight the Rh factor. In this instance the antibodies see the Rh factor as a harmful substance, or a foreign substance that does not belong in the blood. This is called Rh sensitization. When sensitization occurs these antibodies can go and attack the baby's blood. This can cause a serious health condition in the baby called hemolytic disease. Rh sensitization can also affect future pregnancies.

An Rh negative woman's blood can become sensitized if she is pregnant with an Rh positive fetus. Other ways an Rh negative woman's blood can become sensitized are with a miscarriage, an induced abortion, an ectopic pregnancy, or a blood transfusion.

HOW CAN YOU BE SCREENED FOR Rh SENSITIZATION?

A simple blood test, a red blood cell antibody screen, can be drawn and sent to the laboratory to check for antibodies against the Rh factor.

HOW CAN Rh SENSITIZATION BE PREVENTED?

If your body has not made antibodies against the Rh factor, hemolytic disease can be prevented. Rh immunoglobulin (RhIg), or RhoGAM, is a human blood product (made from human blood plasma) that can prevent sensitization of an Rh negative woman. In a normal pregnancy, when the woman is Rh negative, the RhoGAM is given by intramuscular injection at 28 weeks gestation and again after you deliver your baby. RhoGAM is safe for use in pregnancy and has been used since the late 1960's.

WHAT DO I DO IF I'M Rh SENSITIZED?

Every situation is unique and requires individualized treatment. Your health care provider will work closely with you throughout the pregnancy to plan the safest course of treatment for your baby.



APPENDIX G

First Trimester Screening for Trisomy 21 (Down Syndrome) and Trisomy 18 -- Frequently Asked Questions –

Courtesy Duke University Health System

What is first trimester screening?

First trimester screening is the combination of a maternal blood test and an ultrasound measurement to screen for chromosomal defects associated with significant mental disability, Down syndrome, Trisomy 13, and Trisomy 18.

Down syndrome, Trisomy 13, and Trisomy 18 are chromosome problems that happen randomly at the time of conception. These conditions are relatively uncommon, but the risk increases with a woman's age.

The blood screen measures two pregnancy proteins in the mother's blood, free beta-HCG and PAPP-A. The ultrasound measures the nuchal translucency, an area behind the baby's neck that contains fluid.

First trimester screening is performed between 11 weeks and 14 weeks gestation and is safe for the mother and baby.

How accurate is this screening?

First trimester screening can identify 80 to 90 percent of pregnancies with Down syndrome and up to 97 percent of pregnancies with Trisomy 18. The results are expressed in a ratio, such as "the risk of Down syndrome is 1 in 200." This means that of 200 women with those same results, only one would have an affected pregnancy.

It is important to realize that first trimester screening cannot diagnose or rule out any specific condition.

What does an abnormal result mean?

An abnormal screen means that the estimated chance of having a baby with Down syndrome or Trisomy 18 is higher than expected.

Only a small number of women with an abnormal screen result will have an affected pregnancy. If the screen does identify an increased chance, genetic counseling and further testing will be offered.

Tests that diagnose chromosome problems in pregnancy include chorionic villi sampling (CVS) and amniocentesis. Each has a small risk of complications that can lead to miscarriage.

Can this screen identify other problems?

Although first trimester screening is specific to Down syndrome, Trisomy 13, and Trisomy 18, other birth defects such as heart defects can be associated with an increased nuchal translucency.

For those who have an abnormal ultrasound measurement and otherwise normal test results, targeted ultrasound in the second trimester will be recommended.



How does this screen compare with screening in the second trimester?

Maternal blood screening in the second trimester, offered between 15 and 21 weeks gestation, measures multiple pregnancy proteins to estimate the risk of Down syndrome, Trisomy 18, and open neural tube defects (ONTDs).

ONTDs are openings along the fetal spine (open spina bifida) and skull (anencephaly). About one to two babies per thousand are affected with an ONTD.

Second trimester maternal blood screening can identify 60 to 80 percent of pregnancies with Down syndrome or Trisomy 18 and 80 percent of pregnancies with ONTDs.

First trimester screening cannot identify a risk of an ONTD. If you elect first trimester screening, maternal serum AFP or targeted ultrasound in the second trimester are recommended.

Who should consider first trimester screening?

First trimester screening is available to anyone who desires early pregnancy screening for Down syndrome, Trisomy 13, and Trisomy 18.

Or, a couple with an increased chance of these chromosome problems (due to maternal age or family history) might find it helpful to have more specific information about the pregnancy before making decisions about diagnostic testing.

If you have decided to have amniocentesis or CVS, then this test is not necessary.

[Review the American College of Obstetricians and Gynecologists position statement.](#)

Duke Health.org , Duke University Health System. Published: Mar. 21, 2007

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www.dukehealth.org/healthLibrary/CareGuides/Perinatal/treatment_instructions

Risk of Down Syndrome and Other Chromosome Abnormalities in Live Births by Maternal Age								
MATERNAL AGE (AT TERM)	RISK		MATERNAL AGE (AT TERM)	RISK		MATERNAL AGE (AT TERM)	RISK	
	DOWN SYNDROME	TOTAL CHROMOSOME ABNORMALITY		DOWN SYNDROME	TOTAL CHROMOSOME ABNORMALITY		DOWN SYNDROME	TOTAL CHROMOSOME ABNORMALITY
25	1 in 1,250	1 in 476	32	1 in 637	1 in 323	39	1 in 125	1 in 81
26	1 in 1,190	1 in 476	33	1 in 535	1 in 286	40	1 in 94	1 in 63
27	1 in 1,111	1 in 455	34	1 in 441	1 in 224	41	1 in 70	1 in 49
28	1 in 1,031	1 in 435	35	1 in 356	1 in 179	42	1 in 52	1 in 39
29	1 in 935	1 in 417	36	1 in 281	1 in 149	43	1 in 40	1 in 31
30	1 in 840	1 in 385	37	1 in 217	1 in 123	44	1 in 30	1 in 21
31	1 in 741	1 in 385	38	1 in 166	1 in 105	≥45	≥1 in 24	≥1 in 19

Source: Hecht CA and Hook EB. 1996

What is the chance that my baby will have an open neural tube defect?

The chance of having a baby with an open neural tube defect does not depend on the age of the mother. The chance is approximately 1 in 1,000 for all ages.

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Useful Web Links

Please visit our Women's Health Library at www.genesisobgyn.org for a complete listing of helpful links and information on the web.

Useful Links:

American Academy of Pediatrics <http://www.aap.org/topics.html>

American College of Obstetrics and Gynecology (ACOG) patient information
http://www.acog.org/publications/patient_education

ACOG Exercise During Pregnancy
http://www.acog.org/publications/patient_education/bp119.cfm

Babycenter.com – products and services for expectant and new mothers
<http://www.babycenter.com/>

Babynamer. Com – will help you find the perfect name <http://babynamer.com/>

Breastfeeding – La Leche League Tucson home page <http://www.llusa.org/web/TucsonAZ.html>

Breastfeeding.com – Information and support <http://www.breastfeeding.com/>

Centers for Disease Control and Prevention –
Pregnancy Information http://www.cdc.gov/ncbddd/pregnancy_gateway/

Child Safety Seats – National Highway Transportation Safety Administration
<http://www.nhtsa.gov/portal/site/nhtsa/>

H1N1 Flu (Swine Flu): Resources for Pregnant Women <http://www.cdc.gov/h1n1flu/pregnancy/>

Diapers.com – free shipping and coupons on baby items www.diapers.com

Mayo clinic.com Pregnancy Week by Week <http://www.mayoclinic.com/health/pregnancy-week-by-week/MY00331>

Morning Sickness http://www.femalepatient.com/pdf/pat_0309.pdf

Pregnancy information library <http://www.femalepatient.com>

Womenshealth.gov The federal government source for Women's Health Information (Spanish)
<http://www.womenshealth.gov/pregnancy/>
<http://www.womenshealth.gov/espanol/elembarazo/>

Maternity Services at Northwest Medical Center

Childbirth Education Classes <http://www.northwestmedicalcenter.com/prenatal.html>

The Women's Center http://www.northwestmedicalcenter.com/womens_ctr.html

TMC Maternity Car Seat Loaner Program

https://www.tmcaz.com/TucsonMedicalCenter/Maternity/Car_Seat_Program

If you need help obtaining healthy food and health care for you and your child contact:

State Children's Health Insurance Program 877-KIDS-NOW (877-543-7669) www.insurekidsnow.gov

U.S. Department of Agriculture Food Stamps Program www.fns.usda.gov/fsp/

Women, Infants, and Children Program (WIC) www.fns.usda.gov/wic/

