

## **Congratulations on your pregnancy!!!!**

RiverCity Women's Health is dedicated to high-quality evidence-based prenatal care. We are here to make this pregnancy the most wonderful and joyful experience of your life.

### **Generally, the average-risk pregnant woman is seen and examined in our clinic:**

- Every 4 weeks during first 28 weeks of pregnancy.
- Every 2-3 weeks until 36 weeks gestation
- Every week after 36 weeks gestation.

### **Be sure to discuss the following issues with the doctor:**

- How to get in touch with the doctor after clinic hours.
- Genetic screening
- Vaginal birth after cesarean section if indicated

### **Prenatal tests: Blood work, cultures and diagnostic studies routinely obtained by RiverCity Women's Health:**

At the initial visit includes:

- CBC to check anemia
- Type & Screen to know your blood type and Rh factor
- Hepatitis B surface antigen (HBsAg)
- RPR test for syphilis
- Quantitative B-HCG
- Rubella
- Glucose challenge test (GCT) is done at the first visit if you are at high risk for gestational diabetes, otherwise it is done between 24-28 weeks gestation
- HIV unless patient declines but highly recommended (needs signed patient permission)
- Pap smear for cervical cancer screening

- Chlamydia and gonorrhea
- Urine culture for bladder infections
- Sickle cell screening if indicated
- Cystic fibrosis
- Ultrasound is performed to confirm that pregnancy is in your uterus, heart beat is present and your due date. Further ultrasound would be obtained as pregnancy continues (18weeks-20weeks)
- Finally flu shot.

### **First Trimester:**

- Ultrasound if not done at first visit.
- Influenza vaccination
- Genetic testing
- VBAC discussion with your doctor if indicated

### **24-28 weeks**

- One hour GCT; if abnormal, we will have you perform 3 hour glucose tolerance test
- Select baby's medical provider
- Repeat CBC if necessary
- Type and RH, antibody screen to help determine whether you need to receive Rhogam.
- Offer flu vaccination if not already done

### **36 weeks gestation**

- Group B strep culture
- Urine analysis
- CBC, type and screen, HIV, RPR, Hepatitis B, Gonorrhea and Chlamydia testing
- Discussion on lactation
- Discussion on epidural use during labor
- Discussion on contraceptives options

**Genetic screening:**

Ideally, all women should be offered genetic screening before 20 weeks gestation regardless of mother's age. The genetic testing will determine your risks/chances of having a baby affected with Down syndrome, Trisomy 18, or open Neural Tube defects.

**Types of genetic testing:**

When a patient starts her prenatal care early, we would offer first trimester genetic testing and second trimester maternal serum alpha fetoprotein (MS-AFP) +/- triple screen.

When a patient starts her prenatal care after 13 weeks gestation, we would offer second trimester genetic testing.

**First Trimester genetic testing: 11 weeks -13 weeks****Counseling:**

To review your personal and family history, and also to review the test options.

**Blood work:**

Beta human chorionic gonadotropin( $\beta$ -hCG)

Pregnancy-associated plasma protein A (PAPP-A)

Ultrasound for nuchal translucency (NT) this is the amount of fluid collection at the back of baby's neck.

**Second trimester genetic testing: 15 weeks- 18 weeks**

Quadruple screening:  $\beta$  hCG, unconjugated estriol, inhibin A, and MS-AFP4.

MS-AFP4 only may be obtained if first trimester testing only was performed.

**When Test is Positive**

However if the test is positive, it does not necessarily mean that your baby has a Down Syndrome, Trisomy 18 or Open neural tube defect. It means that further diagnostic amniocentesis and or ultrasound are indicated and will be offered.

**When to Call your Doctor:**

- Vaginal bleeding
- Ruptured fetal membrane (Your water breaks)
- Decrease baby movement
- Uterine contraction that gets worse
- A general feeling that something is not right

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Obstetric Questionnaire:**

Has any of this occurred in this current pregnancy? If yes please check the box.

- Do you have cat?
- Smoke
- Alcohol use
- Street Drug use
- Over the counter medications
- Herbs
- Anorexia
- Gastric surgery
- Rash or viral illness
- Domestic violence

**Genetic Questionnaire:**

Have any of these occurred in your family or the baby's father's family:

- Mental retardation
- Cystic fibrosis
- Birth defect
- Neural tube defect
- Sickle cell disease/ Trait
- Ashkenazi Jewish
- Phenylketonuria
- Fragile X
- Other hereditary disease

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_