WENTWORTH HEALTH PARTNERS | OB/GYN & INFERTILITY

## CONGRATULATIONS ON YOUR PREGNANCY!

We're happy you have entrusted us with your care, and we're privileged to be part of this exciting journey.

The following pages contain information you may reference during your entire pregnancy. Please feel free to make notes on the blank pages and bring this with you to your visits so we're able to answer any questions you have about your changing body, your pregnancy and your care with our excellent team of providers.

*Be sure to download the free WDH Seacoast Babies app on your Apple or Android device.*

# About Our Practice

The obstetric team at OB/GYN & Infertility (OGI) includes obstetrician/gynecologist physicians and certified nurse midwives. As a Wentworth Health Partners practice, we are affiliated and attend deliveries exclusively at Wentworth-Douglass Hospital. All providers take call in rotation, and your birth will be attended by the provider on call at the time you are admitted. We encourage you to meet all the providers throughout your prenatal course so that you can be familiar with the provider that attends your birth.

We will try very hard to be on time for your appointments. Unfortunately, the unpredictability of our patients' needs can mean at times your appointment may be delayed or rescheduled. If such an emergency should arise, we will notify you as soon as possible.

**IMPORTANT TELEPHONE NUMBERS**

| | |
|---|---|
| OB/GYN & Infertility | (603) 749-4963 |
| Wentworth-Douglass Hospital Women & Children's Center | (603) 740-2261 |
| Wentworth-Douglass Hospital Childbirth Education | (603) 740-2858 |
| Wentworth-Douglass Hospital Social Work Services | (603) 740-2826 |
| The Works Health & Fitness (Prenatal Aquatics & yoga) | (603) 742-2163 |
| The Haven (Domestic Violence Shelter) | (603) 436-7924 |

**IF YOU EXPERIENCE ANY OF THE FOLLOWING,**
**PLEASE CALL OUR OFFICE AT (603) 749-4963**
**24 HOURS A DAY, 7 DAYS A WEEK:**

- Moderate to heavy vaginal bleeding or passing of tissue
- Any amount of vaginal bleeding accompanied by pain, cramping, fever, or chills
- Regular contractions unrelieved by rest and fluids
- A severe, persistent headache, especially with dizziness, faintness, nausea, vomiting, or visual disturbance
- Moderate or severe pelvic pain
- Pain with fever or bleeding
- Vomiting with pain or fever
- Chills or fever (101 degrees or higher)

# Your Obstetric Care

**PRENATAL VISITS**

An average pregnancy lasts 40 weeks from the first date of your last menstrual period. Your prenatal visits will be scheduled as follows:

Weeks 1–28, we will see you every 4-6 weeks.

Weeks 28-36, we will see you every 2-3 weeks.

Weeks 36–40, we will see you on a weekly basis.

Should you go past your due date, we will see you twice weekly until you deliver. There may be changes to the above schedule due to individual needs and as directed by your provider.

Your first visit involves a complete physical exam including a pelvic exam with a pap smear if you are due for one. We will review your lab results and order any additional tests if needed.

With each following prenatal visit, mom's health status and needs will be assessed including weight and blood pressure. After 12 weeks, we will assess baby's heartbeat and growth.

# Questions for my Provider

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# Testing

## LAB TESTS

We will give you a lab slip to check early pregnancy bloodwork. These labs do not require fasting and may be done at any time of day.

ALL WOMEN ARE TESTED FOR:

- Complete blood count for anemia
- Hepatitis B
- HIV
- Syphilis
- Gonorrhea
- Chlamydia
- Urine culture for urinary tract infection
- Rubella immunity

OPTIONAL TESTING INCLUDES:

- Genetic carrier screening based on ethnicity, such as Cystic Fibrosis carrier screening.
- Alpha Fetal protein- to determine risk of neural tube defects such as spina bifida (between 16–22 weeks)

SOME ADDITIONAL TESTS THAT ARE ORDERED DEPENDING ON YOUR MEDICAL HISTORY INCLUDE:

- Varicella (Chicken Pox) immunity if you have not had the vaccine or illness before.
- Early testing for gestational diabetes – if your BMI is over 30 or you have a history or risk factors for gestational diabetes.
- Hemoglobin analysis – If you have a family history of certain anemias such as thalassemia or sickle cell.
- Baseline liver function tests and urine protein – if you have a history of hypertension or preeclampsia.

AT 26-28 WEEKS WE WILL ALSO ORDER MORE BLOODWORK INCLUDING:

- Gestational diabetes screening
- Complete blood count to recheck for anemia

At 36-37, weeks we will collect a vaginal swab to check for Group B strep bacteria.

## ULTRASOUNDS

Ultrasound is used for various indications to visualize the fetus and placenta. While we recommend every woman receive at least one ultrasound during your pregnancy, sometimes more exams are needed. Some women will need an early ultrasound to confirm pregnancy dating.

- All women receive a fetal survey ultrasound between 18–20 weeks gestation to visualize all anatomy and growth. Although we do try to determine the sex of your baby, it is not always possible due to his/her positioning.
- In the third trimester some women will need more scans to monitor growth, amniotic fluid levels, and/or to check overall fetal well-being. This is based on your individual risk factors.

Insurance coverage for ultrasound can vary. We do not perform ultrasounds unless medically indicated. If you have any questions on coverage contact your insurance carrier.

## CARRIER SCREENING

Some genetic conditions are more common among people of certain ancestral groups or ethnicities. These are known as recessive genetic conditions. This means both parents must be carriers for the condition in order to have an affected child. You could be a carrier even if no one in your family has the condition or even if you already have healthy children. If your carrier screen is negative, your chance of having a baby with the condition is greatly reduced. If you and your partner are both carriers, there is a 25% chance your baby will have the condition. The most common carrier screenings performed for pregnant women are:

- *CYSTIC FIBROSIS* - causes abnormally thick mucus that affects lungs and digestive system. Increased risk in European Caucasian and Eastern European Jewish families.
- *SPINAL MUSCULAR ATROPHY* - affects the control of muscle movement caused by a loss of motor neurons in the spinal cord and the part of the brain that is connected to the spinal cord. Can affect motor function, breathing and swallowing. Risk is similar across all ethnicities.
- *SICKLE CELL ANEMIA* - a form of anemia causing misshapen red blood cells that have difficulty carrying oxygen. Increased risk in African, Hispanic, Mediterranean, and Asian families.
- *THALASSEMIA* – severe anemia that effects how oxygen is carried in the body. Increased risk in Asian, Mediterranean, and African families.

You will only need screening once for these conditions to know if you are a carrier. Carrier screening is optional and can be performed at any time during pregnancy but for optimal planning, early testing is recommended.

## GENETIC SCREENING

Many times, when a genetic disorder occurs in a pregnancy, it is due to a random genetic accident. Therefore, just because you and the father of your baby have healthy families and are healthy yourselves, this does not mean that your pregnancy may not be at risk for having a birth defect or genetic disorder. The risks of your child having certain genetic disorders such as Down Syndrome or Trisomy 13 & 18 increase as the mother ages. Women over age 35 are at higher risk of having an affected child. There are certain birth defects and genetic disorders that all pregnancies can be screened or tested for if a woman wants this information. All of these tests are **optional** and some women choose to do them while others do not.

It is important to note that the various testing options are performed at different times in pregnancy and have varying degrees of sensitivity. The majority of these tests are SCREENING tests, not diagnostic tests. This also means you can obtain a false positive result. If a screening test is positive or high risk, a recommendation may be made to have an amniocentesis or chorionic villus sampling, which are diagnostic tests. On the next page is a table describing the options available, the timing, advantages, and disadvantages of each option.

*Your insurance carrier may or may not cover genetic testing.*
*Please contact your carrier for your coverage information.*

| TESTING/TIMING | DESCRIPTION | ADVANTAGES | DISADVANTAGES |
|---|---|---|---|
| **First Trimester Screen**<br>11–13 weeks | • Helps assess risk of Down syndrome & Trisomy 13 & 18<br>• A blood test AND ultrasound at 12 weeks with a specific neck measurement on the fetus. | • Non-invasive, no risk to the fetus<br>• Results available in early pregnancy | • Not a 100% pick-up rate<br>• 6% false positive rate |
| **MSAFP Screen**<br>16–20 weeks | A blood test that screens for neural tube defects (like Spina bifida) | Detects 80% of babies with open neural tube defects (Spina bifida)<br>• Non-invasive | Not a 100% pick-up rate |
| **Quad Screen**<br>16–18 weeks | • Helps assess risk of Down syndrome, Trisomy 18, and neural tube defects<br>• A blood test that measures the levels of four biochemical markers | • Non-invasive, no risk to the fetus<br>• Does not require an ultrasound<br>• Can be done if the patient is past the first trimester | • Not a 100% pick-up rate<br>• 5% false positive rate |
| **NIPT Screen**<br>(Non-invasive Prenatal Testing – Eg Panorama Screen)<br>After 10 weeks | • A blood test that screens fetal DNA for Down syndrome, Trisomy 13, 18, microdeletions, sex chromosome abnormalities and triploidy. | • Non-invasive, no risk to the fetus<br>• Very sensitive | • Does not detect Spina bifida, neural tube defects, abdominal wall defects<br>• May be unable to obtain result if high BMI |
| **Amniocentesis**<br>16–21 weeks ideally<br>Diagnostic | Diagnoses presence of Down syndrome and other chromosomal problems | 100% pick up rate of chromosomal abnormalities, including Down syndrome | 0.5% risk of miscarriage following the procedure |
| **Chorionic Villus Sampling (CVS)**<br>10–15 weeks ideally<br>Diagnostic | • Diagnoses presence of Down syndrome and other chromosomal problems<br>• A procedure in which placental cells are obtained through the mother's cervix or abdomen | • 100% pick-up rate of chromosomal abnormalities, including Down syndrome<br>• Earlier definitive detection than amniocentesis<br>• Decisions can be made earlier | 1% risk of miscarriage following the procedure |

**LAB TESTING FACILITIES**

You may have your labs drawn at any laboratory you choose. Your insurance may require you to have lab tests done at a non-WDH lab. If this is the case, results will be faxed to us.

## WENTWORTH-DOUGLASS LAB TESTING LOCATIONS:

**Wentworth-Douglass Hospital Portsmouth Outpatient Center**
**Portsmouth** *Lab Services* (603) 610–8058
67 Corporate Drive, (Building A), Portsmouth, NH
Monday – Friday: 7:00 a.m. – 3:30 p.m.

**Wentworth-Douglass Professional Center**
**Dover** *Lab Services* (603) 742–1123
10 Members Way, Dover, NH 03820
(Off Exit 9 on the Spaulding Turnpike)
Monday – Friday: 6:30 a.m. – 6:30 p.m. and Saturday 6:30 a.m. – 11:30 a.m.

**Wentworth-Douglass Professional Center**
**Lee** *Lab Services* (603) 868–8550
65 Calef Highway, 1st Floor, Lee, NH 03861
Monday – Friday: 7:00 a.m. – 5:00 p.m. Saturday: 7:00 a.m. – 3:30 p.m.
(Closed daily 1:00 – 1:30 p.m.)