



Meet the Garden Ob/Gyn Care Team at  
Mount Sinai West Medical Center - Manhattan



Dr. Michael Terrani  
Medical Director

## Meet our New York City Delivering Doctors



Dr. Hope Langer



Dr. Albert Ayoub



Dr. Cassandra Henderson, MFM



 **Lenox Hill Hospital**  
**Northwell Health®**



**LOCATED AT**  
**100 E. 77<sup>TH</sup> STREET**  
**NEW YORK, NY 10075**  
**212-434-2760**

You're Delivering Hospital Mount Sinai West Hospital



**Located at:**

1000 10<sup>th</sup> Ave

New York, NY10019

1(212) 523-4000



**NewYork-Presbyterian  
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(718) 670 – 2000

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## **Congratulations and welcome to our obstetrical practice!**

We and our staff share your joy. During the next several months, our goal is to provide you with the best care leading to delivery of a healthy infant.

Our physicians provide you with excellent care, from the very beginning of the pregnancy. Each of our offices are supplied with state of the art equipment, highly trained clinicians and staff to best suit your needs at this exciting time. Although you may pick one of us as your primary physician, we highly recommend that you make appointments with all the physicians and providers, so that you meet and feel comfortable with all of us, for the duration of your prenatal and postpartum care.

Our practice is staffed by highly trained sonographers and we use state -of-the-art 2 and 3 dimensional ultrasound equipment to provide comprehensive obstetrical ultrasound services, to provide the highest level of care for you and your pregnancy.

**We are also affiliated with Garden Perinatology**, a highly specialized practice in Maternal Fetal Medicine.

Dr. Petrikovsky and Dr. Gonzalez are our Maternal Fetal Medicine Specialists, who are committed to help identify potential obstetrical, medical or fetal problems early enough in the pregnancy to set the proper treatment plan for the pregnancy.

*We look forward to providing you with care during this special time in your life.*

Sincerely,

**GARDEN OB/GYN**

## General Guide to Obstetrical Appointments

Visits are typically scheduled as follows for an uncomplicated pregnancy:

- First appointment between 8 and 12 weeks
  - Every 4 weeks until 32 - 34 weeks
  - Every 2 weeks until 36 weeks
  - Every week until delivery from 37 weeks until delivery
- 

### Pregnancy Checklist

Mark your due date on your calendar at 40 weeks and count the weeks back from that date to determine your current gestational age or “weeks of pregnancy”. You may also refer to the “pregnancy wheel” at your OB visit or download a pregnancy calculator app if you have a smartphone.

#### 8 to 10 weeks

- Initiation of pregnancy care. At this time, the OB care team will complete a full clinical exam and obtain prenatal labs.
- **Genetic carrier screening of the mother.** Genetic testing determines whether either parent is a carrier for certain genetic conditions. Genetic carrier testing is available as a panel that tests for multiple conditions or as an individual test for certain diseases. Cystic fibrosis, Fragile X, SMA, Ashkenazi panel, Thalassemia, and Sickle cell testing are available. Your provider may recommend some of these screening tests based on your ethnic background or risk factors. If you screen positive as a carrier for any of these conditions, it is recommended that your partner be tested.
- When applicable, vaginal cultures and a pap smear may be collected.
- Urine will be checked at each OB appointment. Urine can provide many key components related to the mother's well being and can guide medical professionals to take necessary advance precautions to ensure proper medical care.

#### 10 to 14 weeks

- **Prenatal vitamins.** Ideally pregnant women are advised to take prenatal vitamins before conception. The most important components are folic acid, iron, and calcium. Most prenatal vitamins do not include omega-3 fatty acids, which help promote a baby's brain development (also known as DHA). Omega-3 fatty acids can be included in prescription strength prenatal vitamins or they can be purchased separately without a prescription.
- **Genetic testing:**

1. The **nuchal translucency (NT)** test is an ultrasound done between 11 weeks 2 days and 14 weeks 2 days. Your provider will refer you to the appropriate perinatal center to schedule this ultrasound. We recommend this to be scheduled as close to 12 weeks as possible to avoid the problem of any discrepancies in ultrasound dating. The NT will screen for genetic abnormalities such as Trisomy 18 and 21.
2. **Non-invasive prenatal testing (NIPT)** is a single blood test. It can check the chromosomes of the fetus including the gender. It may not be a covered benefit by some insurance carriers.
  - For women over 35, **NIPT** is strongly advised if you will be over 35 years of age of delivery. It is best after 10 weeks although 9 weeks is mentioned on the company brochures. Please also schedule genetic counseling with the perinatology office where the NT ultrasound is being performed, and they will review the option of a CVS or amniocentesis as well, which is the most definitive option.

### **15 to 20 weeks**

- Integrated Screen's second blood test must be drawn between 16 and 18 weeks. It is the last component of the two-part Prenatal Screening (NT, 1st trimester blood test, 2nd trimester blood test) and yields a risk ratio for Trisomy 18 and 21.
- Anatomy ultrasound between 18 and 20 weeks, best at 20 weeks.
- Amniocentesis is advised for women over age 35 at delivery who want more definitive chromosome testing of the fetus, and is usually performed at 16 – 18 weeks.
- Register for birth classes.

### **24 to 28 weeks**

- 1 hour glucose test to screen for gestational diabetes and blood test for antibody screen and anemia. It is not necessary to fast before this test but recommended that you do not drink or eat 1 hour prior.
- Rhogam injection if you are Rh negative and your partner is Rh positive.
- TDAP booster vaccine is recommended with each pregnancy between 27 and 36 weeks to maximize passive antibody transfer to the baby. All close family members should also have a current vaccination.
- Choose a pediatrician.
- Hospital pre-registration.
- Attend birth classes.

### **35 to 36 weeks**

- Complete disability forms if you qualify and bring your electronic receipt to the office and give it to your provider's medical assistant.
- Attend a hospital tour (held at the hospital according to hospital scheduling—contact information in class list).

- Group B streptococcus culture, vaginal cultures, along with additional blood tests required by New York State will be taken at your office appointment.

**Other considerations:**

- Thimerosal free flu shot with H1N1 is recommended for all women and family members.
- Sign tubal ligation consent for sterilization, if desired. Keep a copy of the consent in your delivery bag. This should be decided by 34 weeks if possible.
- Obtaining cord blood and tissue stem cell collection kit prior to delivery, if desired. The kits will be available through the stem cell bank you have selected.





## Nutrition During Pregnancy

- **How can I plan healthy meals during pregnancy?**
- **How does MyPlate work?**
- **What are the five food groups?**
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### How can I plan healthy meals during pregnancy?

Planning healthy meals during pregnancy is not hard. The United States Department of Agriculture has made it easier by creating [www.choosemyplate.gov](http://www.choosemyplate.gov). This web site helps everyone from dieters and children to pregnant women learn how to make healthy food choices at each mealtime.

### How does MyPlate work?

With MyPlate, you can get a personalized nutrition and physical activity plan by using the “SuperTracker” program. This program is based on five food groups and shows you the amounts that you need to eat each day from each group during each **trimester** of pregnancy. The amounts are calculated according to your height, prepregnancy weight, due date, and how much you exercise during the week. The amounts of food are given in standard sizes that most people are familiar with, such as cups and ounces.

### What are the five food groups?

1. Grains—Bread, pasta, oatmeal, cereal, and tortillas are all grains.
2. Fruits—Fruits can be fresh, canned, frozen, or dried. Juice that is 100% fruit juice also counts.
3. Vegetables—Vegetables can be raw or cooked, frozen, canned, dried, or 100% vegetable juice.

4. Protein foods—Protein foods include meat, poultry, seafood, beans and peas, eggs, processed soy products, nuts, and seeds.
5. Dairy—Milk and products made from milk, such as cheese, yogurt, and ice cream, make up the dairy group.

### Are oils and fats part of healthy eating?

Although they are not a food group, oils and fats do give you important **nutrients**. During pregnancy, the fats that you eat provide energy and help build many fetal organs and the placenta. Most of the fats and oils in your diet should come from plant sources. Limit solid fats, such as those from animal sources. Solid fats also can be found in processed foods.

### Why are vitamins and minerals important in my diet?

Vitamins and minerals play important roles in all of your body functions. During pregnancy, you need more folic acid and iron than a woman who is not pregnant.

### How can I get the extra amounts of vitamins and minerals I need during pregnancy?

Taking a prenatal vitamin supplement can ensure that you are getting these extra amounts. A well-rounded diet should supply all of the other vitamins and minerals you need during pregnancy.

### What is folic acid and how much do I need daily?

Folic acid, also known as folate, is a B vitamin that is important for pregnant women. Before pregnancy and during pregnancy, you need 400 micrograms of folic acid daily to help prevent major birth defects of the baby's brain and spine called **neural tube defects**. Current dietary guidelines recommend that pregnant women get at least 600 micrograms of folic acid daily from all sources. It may be hard to get the recommended amount of folic acid from food alone. For this reason, all pregnant women and all women who may become pregnant should take a daily vitamin supplement that contains folic acid.

### Why is iron important during pregnancy and how much do I need daily?

Iron is used by your body to make a substance in red blood cells that carries oxygen to your organs and tissues. During pregnancy, you need extra iron—about double the amount that a nonpregnant woman needs. This extra iron helps your body make more blood to supply oxygen to your baby. The daily recommended dose of iron during pregnancy is 27 mg, which is found in most prenatal vitamin supplements. You also can eat iron-rich foods, including lean red meat, poultry, fish, dried beans and peas, iron-fortified cereals, and prune juice. Iron also can be absorbed more easily if iron-rich foods are eaten with vitamin C-rich foods, such as citrus fruits and tomatoes.

### Why is calcium important during pregnancy and how much do I need daily?

Calcium is used to build your baby's bones and teeth. All women, including pregnant women, aged 19 years and older should get 1,000 mg of calcium daily; those aged 14–18 years should get 1,300 mg daily. Milk and other dairy products, such as cheese and yogurt, are the best sources of calcium. If you have trouble digesting milk products, you can get calcium from other sources, such as broccoli; dark, leafy greens; sardines; or a calcium supplement.

### Why is vitamin D important during pregnancy and how much do I need daily?

Vitamin D works with calcium to help the baby's bones and teeth develop. It also is essential for healthy skin and eyesight. All women, including those who are pregnant, need 600 international units of vitamin D a day. Good sources are milk fortified with vitamin D and fatty fish such as salmon. Exposure to sunlight also converts a chemical in the skin to vitamin D.

### How much weight should I gain during pregnancy?

The amount of weight gain that is recommended depends on your health and your **body mass index** before you were pregnant. If you were a normal weight before pregnancy, you should gain between 25 pounds and 35 pounds during pregnancy. If you were underweight before pregnancy, you should gain more weight than a woman who was a normal weight before pregnancy. If you were overweight or obese before pregnancy, you should gain less weight.

### Can being overweight or obese affect my pregnancy?

Overweight and obese women are at an increased risk of several pregnancy problems. These problems include **gestational diabetes**, high blood pressure, **preeclampsia**, **preterm** birth, and **cesarean delivery**. Babies of overweight and obese mothers also are at greater risk of certain problems, such as birth defects, **macrosomia** with possible birth injury, and childhood obesity.

### Can caffeine in my diet affect my pregnancy?

Although there have been many studies on whether caffeine increases the risk of **miscarriage**, the results are unclear. Most experts state that consuming fewer than 200 mg of caffeine (one 12-ounce cup of coffee) a day during pregnancy is safe.

### What are the benefits of including fish and shellfish in my diet during pregnancy?

Omega-3 fatty acids are a type of fat found naturally in many kinds of fish. They may be important factors in your baby's brain development both before and after birth. To get the most benefits from omega-3 fatty acids, women should eat at least two servings of fish or shellfish (about 8–12 ounces) per week and while pregnant or breastfeeding.

## What should I know about eating fish during pregnancy?

Some types of fish have higher levels of a metal called mercury than others. Mercury has been linked to birth defects. To limit your exposure to mercury, follow a few simple guidelines. Choose fish and shellfish such as shrimp, salmon, catfish, and pollock. Do not eat shark, swordfish, king mackerel, or tilefish. Limit white (albacore) tuna to 6 ounces a week. You also should check advisories about fish caught in local waters.

## How can food poisoning affect my pregnancy?

Food poisoning in a pregnant woman can cause serious problems for both her and her baby. Vomiting and diarrhea can cause your body to lose too much water and can disrupt your body's chemical balance. To prevent food poisoning, follow these general guidelines:

- Wash food. Rinse all raw produce thoroughly under running tap water before eating, cutting, or cooking.
- Keep your kitchen clean. Wash your hands, knives, countertops, and cutting boards after handling and preparing uncooked foods.
- Avoid all raw and undercooked seafood, eggs, and meat. Do not eat sushi made with raw fish (cooked sushi is safe). Food such as beef, pork, or poultry should be cooked to a safe internal temperature.

## What is listeriosis and how can it affect my pregnancy?

Listeriosis is a type of food-borne illness caused by bacteria. Pregnant women are 13 times more likely to get listeriosis than the general population. Listeriosis can cause mild, flu-like symptoms such as fever, muscle aches, and diarrhea, but it also may not cause any symptoms. Listeriosis can lead to miscarriage, stillbirth, and premature delivery. **Antibiotics** can be given to treat the infection and to protect your unborn baby. To help prevent listeriosis, avoid eating the following foods during pregnancy:

- Unpasteurized milk and foods made with unpasteurized milk
- Hot dogs, luncheon meats, and cold cuts unless they are heated until steaming hot just before serving
- Refrigerated pate and meat spreads
- Refrigerated smoked seafood
- Raw and undercooked seafood, eggs, and meat

## Glossary

**Antibiotics:** Drugs that treat certain types of infections.

**Body Mass Index:** A number calculated from height and weight that is used to determine whether a person is underweight, normal weight, overweight, or obese.

**Cesarean Delivery:** Delivery of a baby through surgical incisions made in the mother's abdomen and uterus.

**Gestational Diabetes:** Diabetes that arises during pregnancy.

**Macrosomia:** A condition in which a fetus grows very large.

**Miscarriage:** Loss of a pregnancy that occurs before 20 weeks of pregnancy.

**Neural Tube Defects:** Birth defects that result from incomplete development of the brain, spinal cord, or their coverings.

**Nutrients:** Nourishing substances supplied through food, such as vitamins and minerals. **Preeclampsia:** A condition of pregnancy in which there is high blood pressure and protein in the urine. **Preterm:** Born before 37 weeks of pregnancy.

**Trimester:** Any of the three 3-month periods into which pregnancy is divided.

**If you have further questions, contact your obstetrician–gynecologist.**

## **Genetic Screening Tests in Pregnancy**

You and your partner should decide how much information you want regarding the chromosomes of the baby. A screening test (non-invasive) does not mean the baby has the condition if you screen positive. A screening test is simply used to determine who may be at high risk and need a diagnostic (invasive) test. Chorionic Villus Sampling (CVS) and Amniocentesis are diagnostic tests that examine fetal chromosomes for the condition and are close to 100% accurate. It is important to note that maternal as well as paternal age plays a role in assessing one's risk of chromosomal abnormalities. Advanced maternal age is set at 35 years and advanced paternal age is set at 40 years by some criterion.

### **What is the Nuchal Translucency (NT)?**

An ultrasound is performed between 11 weeks 2 days and 14 weeks at a Garden Perinatology to measure the clear ("translucent") space in the tissue at the back of the developing baby's neck. This measurement assesses the baby's risk for Down syndrome and Trisomy 18. Babies with abnormalities tend to have more fluid accumulated at the back of their necks during the first trimester, causing this clear space to be larger. Based on statistical probability, the measurements are used along with the maternal age and maternal blood tests to calculate the baby's chances of having Down syndrome or Trisomy 18. A thickened NT can also be an indicator of a heart defect. If your NT is >2.5mm, it is recommended that you have a fetal echo ultrasound between 18-22 weeks since this finding may be associated with heart defects.

### **What is Down syndrome?**

A chromosomal abnormality that causes mental retardation and certain types of birth defects. It is due to an extra copy of chromosome 21- three copies (trisomy) instead of the normal two copies of this particular chromosome are present. Down syndrome affects approximately one in every 800 newborns. The chance of having a pregnancy affected with Down syndrome increases with increased maternal age due to the quality of one's eggs.

### **What is Trisomy 18?**

Trisomy 18 results when the fetus has three, instead of the normal two, copies of chromosome 18. Occurrence increases with maternal age and it causes multiple birth defects along with profound mental retardation. Few Trisomy 18 infants survive their first year.

### **What is Open Neural Tube Defects (ONTD)?**

A major birth defect where the bones of the spine fail to close around the spinal cord at 6 weeks. This may cause paralysis and other problems of the central nervous system such as loss of bowel and bladder function. Taking folic acid preconception helps decrease the risk of ONTD. Examples of ONTD are spina bifida and anencephaly (incomplete development of the brain, results in death).

### **What are Abdominal Wall Defects?**

A major birth defect where the abdominal wall fails to close and internal organs may lie external to the fetus' torso in a sac. Examples include omphalocele and gastroschisis.

### **What options are available for genetic screening?**

#### **• Quad Marker Screening**

The Quad Marker Screening test is a screening test for pregnant women during the second trimester (between 15 and 20 weeks) of pregnancy who choose to do only a second trimester blood test. The detection rates for this test are 80 out of 100 Down syndrome and 67 out of 100 for Trisomy 18.

#### **• Full Integrated Screening**

This includes the Serum Integrated Screening (a combination of first and second trimester blood test) with nuchal translucency (NT) ultrasound and detects 90 out of 100 for Down syndrome and 81 of 100 for Trisomy 18.

### **What is a Preliminary Risk Assessment?**

First trimester results are delivered as a ratio to express your baby's chances of having Down syndrome or Trisomy 18. It is based on your age, the baby's age, the nuchal fold measurement, and your blood samples done in the first trimester. A normal result (sometimes called "screen negative") is not a guarantee that your baby is normal, but it suggests that a chromosomal problem is unlikely. Nor does an abnormal result (sometimes called "screen positive") mean that the baby has a chromosomal problem -just that it has an increased risk of one. (Even so, most "screen positive" babies still end up being normal.)

Based on the screening risk, you can decide if you want to have diagnostic testing done. Individual parents-to-be have different feelings on what is an "acceptable" risk for them. A risk of 1 in 50 is a negative test for Trisomy 18. Our affiliated perinatal diagnostic centers offer genetic counseling and the option of additional testing if the risk is greater than 1 in 500.

Only you can decide what your comfort level is for accepting or declining further testing. With the addition of the second trimester blood work, the ratio of your individual risk may increase, decrease, or stay the same. In order to get to the 90% detection rate for Down syndrome and 81% detection rate for Trisomy 18, you have to complete the second trimester blood work. If you stopped all testing after the first trimester blood work and NT, you are only at the 75% detection rate for Down syndrome. The cut off values change with the addition of the second trimester labs.

A detailed ultrasound can provide additional information, but definitive tests that can diagnose a chromosomal defect are chorionic villus sampling (CVS) and amniocentesis.

### **What does it mean that the Full Integrated Screening test is "90% accurate?"**

You may have read that the results of this test are 90% accurate in detecting your risk of having a baby with Down syndrome. That means that if your baby has Down syndrome, there's a 90% chance that the test will pick that up and give a "screen positive" result that indicates further testing is recommended. It also means there is a 10% chance that the test will miss the Down syndrome and give a "screen negative" result and diagnostic testing will not be recommended. This does NOT mean that a "screen positive" baby has a 90% chance of having Down syndrome. It just means that 90% of babies who have Down syndrome will have screening results that are suspicious enough to recommend diagnostic testing. And 10% of babies who have Down syndrome will be shown to be at normal risk—that is, the results will be falsely reassuring. This screening test also has up to a 5% false positive rate. (A "false positive" result is when a test suggests there may be a problem when, in fact, there is no problem.) In this case, a 5% false positive rate means that 5% of all the babies with normal chromosomes who are tested will be "screen positive" meaning that the test will show them to be at an increased risk even though they are normal. Considering this "false positive" result, their mothers may opt for invasive diagnostic testing that they otherwise might not have done.

### **What are the advantages of the Full Integrated Screening?**

The advantage to these screening tests is that they can give you a better estimate of your baby's risk for chromosomal problems at an early date without subjecting you to the small risk of miscarriage from a more invasive diagnostic test like CVS. If the risk is low, you can find out as soon as possible and may be relieved. If the risk is high you can decide whether to have CVS (done between 10 and 13 weeks 6 days), or amniocentesis at about 16 weeks. These tests give a definitive answer while still early in the pregnancy. The NT is noninvasive and carries no more risk than an ordinary ultrasound. Even if you forgo diagnostic testing (CVS or amniocentesis), you can get more information about your baby's health and development by following up with a second trimester ultrasound at 18 to 20 weeks that looks for "soft markers" of chromosome disorders, such as short limbs, a bright dot in the heart, bright intestines, cysts in a portion of the baby's brain, and certain problems in the kidneys.

### **Is there any other information that is gained from these screening tests?**

The maternal blood samples test for PAPP-A, hCG, AFP, uE3, and Inhibin. Your doctor will look at the actual numbers. There is some data that abnormal values are associated with an increase risk of pre-eclampsia, growth restriction, pre-term delivery, and fetal loss. If appropriate, your doctor may order additional ultrasounds in pregnancy to further evaluate fetal growth.

### **What is the cost of the various components of these tests? What if my insurance does not pay?**

Because this procedure is separate and additional from your global obstetric services, it may not be a covered benefit. Some insurance plans covers the screening tests while others do not. It is important to check with your insurance company.

## **Non-Invasive Prenatal Screening or Testing (NIPS or NIPT)**

Non-Invasive Prenatal Screening (NIPS or NIPT) tests can be used to screen for common chromosome abnormalities. The results of these tests can indicate whether trisomy 21 (Down syndrome), 18, 13, or sex chromosome abnormalities are highly suspected in your pregnancy. These tests are not diagnostic – both false positive and false negative results have been reported. The results can reveal if you are having a boy or a girl. This test does not screen for all chromosomes and is NOT a replacement for CVS or amniocentesis.

### **What is the NIPT and how does it differ to Full Integrated Screening?**

This is a blood test usually done after 10 weeks on a sample of the mother's blood. It analyzes the amount of cell-free fetal DNA picked up from the maternal blood sample. It can detect an increased amount of chromosomes 21, 13 and 18, which are associated with Trisomy 21 (Down syndrome), Trisomy 13 and Trisomy 18. It can also detect the sex chromosomes. The detection rates of chromosome 21, 13 and 18 abnormalities are significantly higher than Integrated testing. It is important to remember it is still a screening test and not a diagnostic test.

### **Who should be tested?**

This test was developed and tested for pregnant women with one or more of the following:

- Advanced maternal age (35 or older)
- Fetal ultrasound abnormality suggestive of chromosomal abnormality
- Positive 1st or 2nd trimester California Screening Test
- Personal or family history of Down syndrome

### **Can I do the test if I am under 35? What is the cost?**

Yes, you can do the test, though your insurance company will often deny coverage, especially if you are not high risk. Check your cost with the company that will do the test. Be sure you know your financial responsibility before doing the test, as it could be very expensive.

### **When can I have this test?**

Most companies recommend doing this test after 10 weeks. Results are available in about two weeks. Genetic counseling is available to further discuss the risks, benefits and alternatives of the various prenatal screening methods in this group of high risk women for whom this testing may be considered.

### **What if I have a positive result?**

A diagnostic test (CVS or amniocentesis) is recommended to confirm this blood test.

### **Does the NIPT test for other conditions?**

Right now, this blood tests for Chromosomes 21, 18, and 13. It also reports on the sex chromosomes and some labs are reporting on abnormalities of the sex chromosomes. This test does not detect all of the types of chromosome problems that genetic amniocentesis or CVS can detect.

### **Can it detect the sex of twins?**

Some companies can detect the sex of twins. (Harmony, MaterniT21, and Verify)

**Can it be done if donor egg was used?** - Yes, only MaterniT21 or Verify can be used if your pregnancy involved a donor.



# **Individual Carrier Testing for Genetic Conditions**

## **Cystic Fibrosis**

Cystic fibrosis (CF) is one of the most common genetic disorders in the Caucasian population, affecting approximately 1 in 3,000 people. The most common problems are chronic lung infection and poor absorption of nutrients due to the accumulation of thick mucus in the lungs and pancreas of patients with CF. While much progress has been made in the understanding and treatment of the disease, there is no cure. Symptoms of the disease range from mild to severe. Typical lifespan of an affected person is 37 years, though some may live longer.

### **What causes Cystic Fibrosis?**

CF is an autosomal recessive disorder. If both parents are carriers, there is a 1 in 4 (25%) chance to have a child with cystic fibrosis. For an individual to be affected with CF, he or she must inherit one copy of the mutated CF gene from each parent. Individuals having one copy of the mutated gene and one copy of the normal gene are known as carriers. Carriers do not have any symptoms of the disorder. The CF carrier frequency differs among different ethnic groups. The frequency is approximately 1 in 25-30 in individuals of Northern European or Ashkenazi Jewish ancestry, 1 in 50 in Hispanics, 1 in 65 in African Americans and 1 in 50 in Asians.

### **How can Cystic Fibrosis be detected?**

A DNA blood test for some of the mutations causing CF is available. The test can be performed on blood specimens or amniotic fluid to detect carriers or affected individuals. Since there are over 900 different mutations within the CF gene, this test cannot detect all the mutations. The detection rate varies among different ethnic groups, with 97% for Ashkenazi Jews, 90% for Caucasians, 68% for Hispanics, 45% for African Americans and 30% for Asians. If you are a carrier of CF and your partner has a negative test and no family history of CF, the chance that your baby will have CF is less than 1%.

### **Who should be tested for Cystic Fibrosis?**

Because it is increasingly difficult to assign a single ethnicity, it is reasonable to offer cystic fibrosis carrier screening to all pregnant patients, provided that women are aware of their 34 carrier risk and of the test limitations. CF carrier testing is strongly recommended for individuals with a family history of CF, spouses of CF carriers and pregnant couples who are of Northern European or Ashkenazi Jewish ancestry. Prenatal diagnosis is recommended when both parents have been found to be carriers, there is a family history of CF and one parent is found to be a carrier, a previous child has been diagnosed with CF or certain ultrasound abnormalities are seen in the fetus. This test is only done once. Please let us know if you have already done this test.

## **Thalassemia**

Thalassemia includes several different types of anemia. Alpha and beta thalassemia's are named for the part of the oxygen carrying protein that is lacking in the hemoglobin of the red blood cells. Thalassemia occurs most frequently in people of Italian, Greek, Middle Eastern, Asian and African descent. The disease can cause the child to have frequent infections and an enlarged spleen, liver and heart. A hemoglobin electrophoresis to diagnose thalassemia is indicated if the MCV value on the routine blood count (CBC) is less than 80. If both parents are carriers, there is the chance that their child could be severely affected and possibly need blood transfusions in utero. Life expectancy for those severely affected is often shortened. This test is only done once. Please let us know if you have already done this test.

## **Ashkenazi Jewish Genetic Screening**

These tests only need to be done once, so let us know if you have done them in the past.

### **What is an Ashkenazi Jewish Disease?**

Ashkenazi is the term used to describe Jewish individuals who have ancestors from Eastern Europe. Roughly 90% of the six million Jewish individuals in the United States are of Ashkenazi descent. Similar to most ethnic populations, the Ashkenazi Jewish population has a higher prevalence of certain genetic disorders. Individuals of Jewish descent should be screened for Tay-Sachs disease, Canavan disease and Gaucher's disease.

## **What is Tay-Sachs Disease?**

Tay-Sachs disease is a fatal genetic disorder that occurs more frequently in the Ashkenazi (Eastern European) Jewish population. Approximately 1 in 27 Ashkenazi Jewish individuals are carriers of this disease. A baby with Tay-Sachs disease appears normal at birth, but after six months of age, the child progressively develops mental retardation followed by paralysis, blindness, and seizures. Death usually occurs by the age of five. Tay-Sachs disease is caused by a deficiency of an enzyme called Hexaminodase-A. As a result of this deficiency, there is an accumulation of certain substances, which damage the nervous system.

## **What is Canavan Disease?**

Canavan disease is a progressive disorder in which the brain and nervous system degenerate. Symptoms of Canavan disease include brain damage, mental retardation, feeding difficulties, blindness, and a large head. There is no treatment, and death usually occurs in the first decade of life.

## **What is Gaucher's Disease?**

Gaucher's Disease is an inborn error of metabolism that results from a specific malfunction in one of the body's individual chemical processes. Although there are at least 34 mutations known to cause Gaucher's Disease, there are 4 genetic mutations, which account for 95% of the Gaucher Disease in the Ashkenazi Jewish population. The carrier rate is 1 in 14 Jewish people of Eastern European ancestry and 1 in 100 of the general population.

## **How are these diseases inherited?**

All three diseases are inherited in an autosomal recessive pattern. For an individual to be affected, he or she must inherit one copy of the abnormal (mutated) gene from each parent. Individuals having one copy of the particular disease-causing gene and one copy of the normal gene are known as carriers. Carriers usually do not have any symptoms of the disorder. If both parents carry the same mutated gene, their child has a 25% chance of having the disease. If only one parent carries the disease gene, their child is not at risk for having that disease but has a 50% chance of being a carrier. If both parents are carriers, the couple should undergo prenatal genetic counseling.

## **Fragile X Syndrome**

It is the most common form of inherited mental retardation and accounts for approximately 40% of cases with X-linked mental retardation. Clinical characteristics include mild learning disabilities to severe mental retardation. Approximately one-third of all children diagnosed with fragile X syndrome also have autism and hyperactivity. Almost all males with full mutations have developmental delay or mental retardation. Approximately 50% of females with a full mutation have IQs in the borderline or mentally retarded range; of the remaining 50%, half have learning disabilities. This test is only done once. Please let us know if you have already done this test.

## **Who should be tested?**

It is recommended that any person with unexplained mental retardation, developmental delay or autism be tested. The American College of Medical Genetics also recommended carrier testing on the basis of a family history of unexplained mental retardation.

## **How common is Fragile X Syndrome?**

The incidence is 1 in 4,000 males and 1 in 8,000 females. The carrier frequency is 1 in 260 and occurs in all ethnic backgrounds. If the test shows that you are a carrier of fragile X, your partner does not need testing because this disease is inherited only through the woman. If a mother is a carrier, there is a 50% chance to have a child with fragile X syndrome. Therefore, the next step is for you to consider diagnostic testing by amniocentesis or chorionic villi sampling (CVS) to determine if your baby is affected.

## **Spinal Muscular Atrophy (SMA)**

SMA is an autosomal recessive condition that causes progressive degeneration of the lower motor neurons, muscle weakness and, in the most common type, respiratory failure by age two. Muscles responsible for crawling, walking, swallowing and head and neck control are the most severely affected. It is variable in severity and age of onset and does not affect intelligence. There is no cure or treatment. This test is only done once. Please let us know if you have already done this test.

# **Postpartum**

## **Your First Week After Delivery**

### **Important**

*You should see your obstetrician or return to the hospital as soon as possible if you experience heavy bleeding, worsening of abdominal pain, discharge from the wound, wound swelling or fever.*

### **Care of an Episiotomy Wound**

If you had a vaginal birth, it is possible that your obstetrician may have performed an episiotomy for you. Some women also tear naturally during delivery. It is important to know how to take care of the wound so that it heals well with the least discomfort. To ease the pain and promote good healing of your episiotomy wound, the following can be applied:

- Icing — immediately after the delivery it is useful to apply some ice packs (usually less than 10 mins) to the sore area as this will relieve the pain and help to “numb” the area. It will also help to reduce the swelling. This is usually done in consultation with the physiotherapist to prevent skin damage from excessive icing.
- Perineal ice pad (e.g. Frida Mom or Lansinoh Instant Ice Pad) - alternatively, you can try a perineal ice pad which combines coldness and padding. This increases patient’s comfort and the coldness is activated by twisting the pad.

### **Good hygiene and wound care**

- Keep the area clean after you pass urine or move your bowels by rinsing the area gently with tap water. You can also use soft cotton balls soaked in Chlorhexidine liquid (a gentle non-stinging antiseptic) to gently clean the area three times a day for the first week. There is no need to use strong soaps. Clean gently from front to back to prevent germs from the rectum coming in contact with your wound. Many patients find it beneficial to use peri bottles to cleanse the area gently (e.g. Frida Mom or Lansinoh Peri wash bottles for postpartum care).
- Keeping the area dry reduces the pain and promotes healing. After washing yourself, you can try putting a hairdryer at the low heat setting to dry the area. Also keep the area dry by changing your sanitary pads regularly especially in the first week when the lochia is the heaviest. If you can, expose your wound to air as much as possible.
- Avoid sitting for prolonged periods while the wound is still healing. The use of an inflated swimming ring or “doughnut” maybe useful as it relieves direct pressure on the sore area.
- Pain control — Your obstetrician would have prescribed you some oral painkillers, e.g. non-steroidal anti-inflammatory drugs which may be stronger. There are also various anesthetic sprays or gels available which you might find useful.

- Avoid constipation — Ensure you have regular bowel movements by drinking plenty of fluids, and take stool softeners, e.g. Colace for the first two weeks. This ensures you do not become constipated. If you have had a third or fourth degree tear (one which involves the anal sphincter), ensure you keep bowel movements soft with stool softeners. Avoid the use of suppositories or enemas.
- Sitz bath — The use of a sitz bath for the first week may relieve pain. A sitz bath is a small basin of warm water with a handful of salt thrown in. You can sit in it, immersing your hips and buttocks and this relieves the pain.
- Pelvic floor exercises — Begin doing Kegel exercises as this will promote healing, improve blood flow to the area, improve pelvic floor tone, and reduce urinary incontinence which can form after delivery. There are additional stimulation therapies available postpartum – speak with your OB/GYN for more information.

### **Care of a Cesarean Section Wound**

If you have had a cesarean section, you will need to cope with your tummy wound. Each person's recovery will be different, depending on the medical and obstetrical circumstances and general health of the patient. It is important to remember that it is a major abdominal surgery and you need to take things slowly.

- Pain control — To prevent pain from the incision, painkillers will be prescribed e.g. non-steroidal anti-inflammatory drugs which may be stronger. It is likely you will need regular painkillers up to two weeks after delivery. You may also experience uterine contractions, especially when breastfeeding.
- Early ambulation — You should get out of bed early and start walking around. This will speed up recovery and prevent the development of blood clots in the veins.
- Catheter care — In general, the catheter will be removed the next day after the operation.
- Suture — The most commonly used types are the dissolvable ones. At times, you may be asked to return after a week to remove the non-dissolvable stitches or metallic staples. Additionally, some physicians close the wound with a surgical adhesive – this will fall off on its own – DO NOT peel it off!
- Dressing — The dressing over the wound may be changed to a waterproof type before you are discharged from hospital. You can bathe but it is important to keep the dressing dry in the first few days. This can be removed after a week. The use of an abdominal binder helps to support the abdominal wall muscles when walking and this reduces pain. The incision wound will feel less painful as the days go by.

**Breastfeeding — Breastfeeding can be started any time after delivery.**

## **Social and Emotional Support**

Social and emotional support from family members and friends is important. By the end of the sixth week, you should be fully recovered and be able to resume most of your activities. You should ask your obstetrician about beginning an exercise program to regain abdominal muscle tone as well as Kegel exercises for your pelvic floor and when to return for a postnatal check-up.

## **FREQUENTLY ASKED QUESTIONS**

### **1. When will my menstruation return after delivery if I am not breastfeeding?**

Most women have their first menstruation by ten weeks if they are not breastfeeding.

### **2. When will my menstruation return after delivery if I am breastfeeding?**

Breastfeeding can delay menstruation for 20 weeks (five months) or more. However, it is not uncommon to find your period returning sooner or much longer than 20 weeks.

## **Your Postpartum Visit**

At the time of a postpartum checkups, (completed generally at 2 weeks, 6 weeks, and 12 weeks – one sooner appointment if post cesarean section) your healthcare provider will review the following:

- You are well and have no problems with fever, urination and defecation or abnormal vaginal discharge.
- You have no breast related problems like engorgement or infections if you are still breastfeeding.
- Your cesarean section or episiotomy wound has healed well.
- Your pap smear is performed. (12 weeks postpartum)
- Discussing the various options of contraception available and helping you decide which is the most suitable (6 weeks postpartum)
- If necessary, your blood pressure will be checked (especially if you had a problem with pregnancy related hypertension) and your Oral glucose tolerance test performed at six weeks postpartum (if you suffered from Gestational Diabetes Mellitus during the pregnancy).

Your healthcare provider will decide on the appropriate follow up visits for you after the initial postpartum review.

## Did You Know?

- It takes up to six weeks for all your pregnancy related changes in your body to revert back to its pre-pregnancy state.
- Water retention (edema): You will experience increased urination (diuresis) immediately after your delivery but it may take up to four to six weeks for the swelling to resolve.
- Womb (uterus): Six weeks to return to its pre-pregnancy size and position.
- Per vaginal bleeding (lochia): Takes 4-6 weeks to completely stop. During the first week, the bleeding can be quite heavy but will gradually decrease. It usually changes from bright red to pink or brown, and may become yellow before it disappears.
- Episiotomy: Takes a week for the pain to diminish and up to two weeks to heal.
- Cesarean section wound: Six to eight weeks for the wound to heal.

## **Important Information for Help for Maternal Depression**

***If you are experiencing pregnancy-related depression or anxiety, you are not alone. Prenatal depression, postpartum depression, and postpartum psychosis occur in about 20% of women.***

During one of your postpartum visit, your healthcare provider will screen you for postpartum depression.

Below are additional resources available to patients in need of supporting care:

1) Service hotline provided through Northwell Health

**Suffolk County:** (631) 608-MOMS (6667)

**Nassau County:** (516) 470-4MOM (4666)

**Queens County:** (718) 470-4MOM (4666)

2) Mindful Urgent Care – Telehealth and in-person services available in New York, New Jersey, Connecticut, and more. Please refer to their website for more information at: [mindful.care](https://www.mindful.care)

3) Postpartum Resource Center of New York at 1-855-631-0001

4) Additional resources available at:  
<https://omh.ny.gov/omhweb/maternal-depression/>



## **Medication Use in Pregnancy**

Medication should not be used in pregnancy unless necessary. Some women will have underlying conditions that require them to continue medication in pregnancy. Medications listed below have been shown to not cause birth defects. Most other medications fall into an “unknown category” meaning there have been no studies documenting their safety in pregnancy. *Always consult with a healthcare professional regarding medication use in pregnancy.*

### **Medical Conditions Requiring Medication Use in Pregnancy**

If you are unsure about continuing a medication in pregnancy, please review your medical history with your healthcare provider. *Do not discontinue any medication without consulting with your doctor.*

#### **Asthma**

Use your inhalers routinely or as needed. Asthma symptoms can worsen in pregnancy. Ventolin, Asthmacort, Proventil, Advair, Nasonex or Flonase help keep the breathing passages open. Claritan, Benadryl, Dimetapp, Zyrtec and Tavist are antihistamines that are safe during pregnancy. Let your doctor know if your asthma is not responding to your routine inhalers. Occasionally oral steroids may be necessary.

#### **Depression**

Your mental well-being is very important for a healthy pregnancy. If you are on antidepressants you may continue them under the advice of your doctor. Safe medications include Prozac, Zoloft, and Wellbutrin. Please monitor your mood and emotional symptoms closely for worsening of depression or post-partum depression.

#### **Diabetes**

If you have Type I or Type II diabetes before pregnancy, continue managing your blood sugars closely. Good control before pregnancy reduces the risk of fetal malformations. During pregnancy, Diabetic Education at the Perinatology office will help manage your diabetes.

#### **High Blood Pressure**

Continue your blood pressure medication. Purchase a blood pressure cuff to use at home and record your values and bring the blood pressure readings to your doctor visit. Blood pressure medications commonly used during pregnancy include Nifedipine, Aldomet, Propranolol, and Labetolol. You may require a higher dose or change to different medication in pregnancy. Preeclampsia is more common in patients with preexisting high blood pressure.

#### **Pre-Term Labor**

Although there is no medication that stops labor completely, your doctor may prescribe Terbutaline, Nifedipine, or Ibuprofen for a short duration. If you are admitted to the hospital you may receive Betamethasone shots to help with fetal lung maturation and Magnesium Sulfate.

#### **Thyroid Disease**

Continue any regular thyroid medication (Synthroid, Thyroxine, PTU). Blood tests for thyroid may be monitored by your obstetrician, primary care doctor, or your endocrinologist during pregnancy. The thyroid medication dose may need to be adjusted.

The following medications may be taken safely during pregnancy. We recommend that you try non-drug treatments first. For example, if you have a headache, try lying down in a quiet, dark room. If you do not get relief, use the following medication guideline. If a prescription is necessary, an Rx will appear next to the medication. Always take according to manufactures directions listed on the bottle unless otherwise indicated. Ibuprofen and aspirin should not be taken on a regular basis unless directed by your physician.

- **Acne:** Topical over the counter are allowed, Cetaphil wash, Clindamycin topical prescription
- **Allergies:** Claritin, Zyrtec, Tylenol sinus, Chlor-Trimeton, Benadryl, Dimetapp, Tavist, Allegra, Flonase, Nasonex
- **Antibiotics:** Ampicillin, Amoxicillin, Clindamycin, Macrobid, Keflex, Zithromax, Erythromycin
- **Antivirals:** Zovirax, Valtrex, Acyclovir, Valcyclovir
- **Cold and Sinus:** Tylenol Cold, Sudafed\*, Actifed, Emergen-C, Theraflu, Nasalcrom, Dristan, Breathe Right strips, Nasonex, Flonase, Saline sprays, Mucinex
- **Cough:** Robitussin DM, Robitussin Plain, Dextromethorphan, Vicks Vapo Rub, Cepacol
- **Constipation Stool Softeners:** Softeners - Benefiber, Colace, Metamucil, Citrucel. DOSS Laxatives - Miralax, Ducolax, Mild of Magnesia, Fleets Enema Diarrhea Imodium, Kaopectate
- **Headache:** Tylenol, Fioricet, Ecedine for migraine, narcotics if necessary under supervision of Medical Provider
- **Heartburn:** Tagamet, Zantec, Pepcid, Tums, Rolaid, Protonix - rx
- **Hemorrhoids:** Preparation H, Anusol HC, Tucks, Hydrocortisone cream or suppository, Analpram - rx
- **Indigestion:** Mylanta, Tums, Rolaid, Maalox, Gas-X, Pepto-bismol Itching Benetryl, Aveno, Atarax - rx
- **Nausea:** Vitamin B6 25 mg every 6-8 hrs with Doxylamine (Unisom) 10mg once or twice daily, Scopolamine patch - Rx, Reglan, Phenergan, Diclegis -Rx
- **Pain:** Tylenol, Tylenol #3, Vicodin - rx
- **Sleeping:** Benedryl, Tylenol PM, Ambien - rx, Sonata - rx, Unisom, Somnifex
- **Sore Throat:** Cough drops, Sucrets, Cepacol, Chloraseptic spray
- **Yeast:** Mycelex, Gyne-Lotrimin, Monistat, Femstat, Diflucan - rx, Terazol – rx

**Medication you should NEVER take during pregnancy includes: Accutane, Lithium, Tetracycline, Vibramycin, Minocycline. \*Sudafed is not recommended in the first trimester, but Sudafed PE 10 mg is allowed. In the 2nd or 3rd trimester, regular Sudafed can be taken as long as you do not have high blood pressure.**

## **Frequently Asked Questions in Pregnancy**

### **What can I take for a headache?**

Tylenol is safe to take for a headache, fever or any general discomfort. Follow the recommended dosage on the bottle. The maximum dose in a 24-hour period is 3gm or 3000mg. Many cold medications have Tylenol in them; read the label! If your headache does not go away with Tylenol, please contact us even if it is after hours. Headaches later in pregnancy can be a symptom of pre-eclampsia. If you suffer from migraines, try to take Tylenol at the first sign and rest in a quiet, dark place. If you have underlying migraines, you may need a narcotic.

### **What can I do if I have been exposed to chickenpox?**

There is no danger to your baby if you have previously had chicken pox. If you are not sure, a blood test can determine if you have had chicken pox. If you are not immune and get chicken pox, please call your physician.

### **What do I do if I have been exposed to Fifth's Disease (Parvovirus B19)?**

It is likely that you have had the disease as a child and are therefore immune. If you are not sure, a blood test can be done to determine your immunity. It is not likely that you will contract the disease with casual contact. Good hand washing and hygiene are important to prevent infection. Please call your physician if you have been exposed. More information is available at [www.cdc.gov/ncidod/dvrd/revb/respiratory/B19&preg.htm](http://www.cdc.gov/ncidod/dvrd/revb/respiratory/B19&preg.htm)

### **What should I do if I am exposed to Hand, Foot, and Mouth Disease?**

HFMD is a common illness of infants and children and is characterized by fever, sores in the mouth, and a rash with blisters. It is caused by an enterovirus and does not harm a pregnant mother or the fetus. Good hygienic practices will prevent its spread.

### **How late in my pregnancy can I travel in an airplane?**

Please discuss with your doctor if you plan to travel during the third trimester, as some physicians do not allow travel after 28 weeks. You should not fly in an airplane after your 34th week of pregnancy. When traveling, it is important to drink plenty of water and to get up and walk about the cabin of the plane every hour. Please check with your insurance company to make sure you are covered outside the local area should an emergency arise. Airport screening will not harm the baby, but the TSA will accommodate requests for pat down screening.

### **Can I sleep on my back or abdomen?**

You may sleep on your back until the third trimester as long as you are comfortable. When your uterus is large enough to compress your major blood vessels causing hypotension (low blood pressure), you will become nauseous and dizzy. Placing a pillow under one hip should prevent these symptoms. You may sleep on either your left or right side. Sleeping on your abdomen does not harm the baby and can be continued if comfortable.

### **When can I expect to feel the baby move?**

You can expect to begin to feel the baby move at about 20 to 22 weeks of pregnancy. You may not feel daily regular movements until 28 weeks of pregnancy.

### **Is it normal for my pelvis to ache?**

Early in pregnancy it is normal to feel cramping as the uterus grows and discomfort as the ligaments stretch. During the second trimester, it is normal to feel pains in the pelvis as the uterus grows, your skin stretches, and the baby moves around. During the third trimester, it is common to have a backache and sciatica. Sciatica causes shooting pains down the back of the leg and buttocks. Toward the end of the third trimester, ligaments in the hips and pelvis loosen causing discomfort. The baby may kick nerves on the inside of the uterus causing shooting pains toward your upper abdomen or vagina/cervix. Areas of numbness may

also occur on your abdomen. If you are concerned about preterm labor, please call your physician. You can try a maternity support belt to see if this relieves the pelvic pressure.

### **Is spotting normal in the third trimester?**

It is common to have spotting or bleeding during the last month of pregnancy after vaginal exams or intercourse. This is caused by hormonal changes that cause the cervix to soften. It is also common to have slight bleeding in early labor. Call the office for heavy bleeding (like a period), prolonged bleeding, or bleeding associated with pain.

### **You say I am 20 weeks pregnant. How many months is that?**

Obstetricians have standardized the duration of a pregnancy to 40 weeks. The first day of your last menstrual period is used to calculate your due date. Twenty weeks is exactly half way through your pregnancy or about 4 1/2 months along.

### **My dentist needs to take X-rays. Is that okay?**

You should continue to care for your teeth in the normal manner. If X-rays are necessary, your dentist will shield the baby. Filling cavities or taking antibiotics if prescribed by your dentist is safe and desirable as poor dental health can increase dental disease and cause preterm labor. Ampicillin is the most commonly prescribed antibiotic and is safe during pregnancy. Lidocaine for pain relief can be used as necessary.

### **Can I paint or remodel the baby's room?**

Many paints, glues and flooring materials can release toxic chemicals long after you complete a project. Ask for VOC-free" and "water-based" materials. Let your partner or someone else do the remodeling and painting. Avoid solvents and oil based paints. Keep the room well ventilated.

### **My feet are swollen. Is that normal?**

Mild swelling of the ankles and legs is related to the normal and necessary increase in body fluids during pregnancy. To ease the discomfort, elevate your legs or lie down when you can. Wear comfortable shoes and avoid elastic-top socks or stockings. Drink at least sixty ounces of fluid each day. Support hose may help ease the discomfort.

### **Is it okay to have my hair colored, highlighted or permed? What about artificial nails? Can I get manicures or pedicures? What about spray tanning and teeth whitening?**

There is no information that any of these procedures will hurt your baby. Please weigh any benefits against any unknown potential risks.

### **Will it hurt the baby if I don't take prenatal vitamins?**

Taking prenatal vitamins with folic acid or folic acid alone during the first trimester may decrease the incidence of neural tube defects such as spina bifida. There is no data that taking vitamins after the first trimester benefits the baby.

### **I would like to take a hot bath. Is that okay?**

Studies show that hot saunas during the first trimester may cause miscarriage. There is no evidence that baths up to 100 degrees Fahrenheit cause fetal harm.

### **I have a belly piercing. What should I do?**

Remove the ring before it starts to stretch. If you want to replace it during the pregnancy, see [www.pregnancypiercing.com](http://www.pregnancypiercing.com).

**I have a sinus infection. Can I take antibiotics?**

Yes, the only antibiotic that you should absolutely not take in pregnancy is tetracycline. Avoid sulfa and quinolone antibiotics like Cipro in the third trimester. Zithromax is frequently prescribed during pregnancy and is safe.

**Will higher elevations and altitude be harmful to the baby?**

No, but if you have any difficulty breathing you should return to a lower elevation. Stay hydrated.

**Is it okay to have sexual intercourse during pregnancy?**

There is no evidence that sex causes miscarriage or premature labor in low risk pregnancies. The baby is inside the uterus surrounded by amniotic fluid and the placenta. You may be sexually active until labor starts unless your physician instructs you otherwise. Lubricants such as Astroglide or KY jelly may help. A small amount of spotting during the 24 hours following intercourse is common. Do not have any sexual activity if you have a placenta previa, preterm labor or your amniotic membranes have ruptured.

**It feels as if my heart is racing. Is that normal?**

Yes, it is common to have palpitations. Notify your physician if you have fainting spells.

**What can I use to relieve the discomfort of hemorrhoids?**

Use Anusol HC cream or Tucks medicated pads to relieve hemorrhoidal discomfort. Increase the fluids and fiber in your diet to decrease constipation. Use Miralax if you need a laxative. Soak in warm water.

**I have varicose veins. Is there anything I can do to alleviate the discomfort and prevent them from getting worse?**

Avoid long periods of standing or sitting. When sitting, elevate your legs above the level of your hips. Try wearing support panty hose or a maternity support belt throughout the day. Exercise, such as walking 20 to 30 minutes daily, is also helpful. If you are experiencing uncomfortable vulvar varicosities, wearing maternity or bicycle shorts may help.

**Should I get the flu shot?**

All pregnant women should be vaccinated, regardless of their stage of pregnancy. The vaccine should be thimerosal (mercury) free. H1N1 is included with all flu shots and saves lives.

**Is it safe to exercise?**

Yes. In an uncomplicated pregnancy, we recommend exercise as it makes labor easier, decreases the incidence of preterm labor as well as cesarean section. If an exercise causes cramping, shortness of breath, or pain, then decrease the intensity or stop exercising and discuss with your doctor. You should be able to carry on a conversation while you exercise. It is not necessary to keep your heart rate below 140. Contact sports such as soccer, ice hockey, skiing, horseback riding, and water skiing are strongly discouraged. Scuba diving is not safe at any time during pregnancy.

**When do I have to stop running or riding my bike?**

You can run and ride your bike as long as you are comfortable doing so. Your ligaments will become softer and stretch after 28 weeks. If you have knee pain, you should discontinue running. Your balance will change during your third trimester, which may limit your ability to run or ride. Please use common sense and stop before it becomes a problem.

**I drank wine, beer, or alcohol before knowing I was pregnant. Will that harm my baby?**

The baby has different blood circulation very early in pregnancy. A small amount of alcohol before missing a period is very unlikely to hurt the baby. After you know that you are pregnant, avoid all alcohol.

## **I just had an ultrasound and they gave me a different due date. Is my baby due at a different time?**

If the dates are off by more than 1 week in the first trimester or 2 weeks during the second trimester, the due date may be changed. The ultrasound machine does not know when you got pregnant. It is giving an estimate based on the size of the baby. If you have a large baby, it may appear that you are further along in your pregnancy. Babies can be smaller than dates and still be healthy. Your doctor will confirm your final due date.

## **What can I do about leg cramps?**

Leg cramps are common during pregnancy, especially in the second and third trimester. The cause is unknown. Stay hydrated and try stretching more. Magnesium supplement may help. Increasing your calcium or potassium intake may also help. When you get a cramp, straighten your leg, and gently flex your toes back toward your shins. Try stretching and muscle massage prior to going to sleep as well.

## **What changes can happen to my skin in pregnancy?**

It is common to have more acne during pregnancy. You may also develop a “mask” of pregnancy (darkening of the skin on your face) and a black line or linea nigra on the abdomen under the umbilicus. These changes are due to the increased hormones your body is producing. Other common changes are development of skin tags and more moles. Most of the changes resolve after the pregnancy. If you are concerned about abnormal growth of any moles, please see a dermatologist.

## **Should I avoid deli meats and hot dogs?**

The March of Dimes website lists recommendations for food borne risks in pregnancy.

[http://www.marchofdimes.com/pregnancy/nutrition\\_risks.html](http://www.marchofdimes.com/pregnancy/nutrition_risks.html)

The FDA lists Food At-A-Glance <http://www.fda.gov/downloads/Food/ResourcesForYou/HealthEducators/UCM148940.pdf>

The recommendations for prevention of listeria include:

- Do not eat hot dogs and luncheon meats — unless they are reheated until steaming hot.
- Do not eat soft cheese, such as Feta, Brie, Camembert, “blue-veined cheeses,” “queso blanco,” “queso fresco,” and Panela — unless they’re labeled as made with pasteurized milk. *Check the label.*
- Do not eat refrigerated pâtés or meat spreads.
- Do not eat refrigerated smoked seafood — unless it’s in a cooked dish, such as a casserole. (Refrigerated smoked seafood such as salmon, trout, whitefish, cod, tuna, or mackerel, is most often labeled as “nova-style,” “lox,” “kippered,” “smoked,” or “jerky.” These types of fish are found in the refrigerator section or sold at deli counters of grocery stores and delicatessens.)
- Do not drink raw (unpasteurized) milk.



**AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA**

**[This form has been approved by the New York State Department of Health]**

Patient Name	Date of Birth	Social Security Number
Patient Address		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV\* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information:	
8. Name and address of person(s) or category of person to whom this information will be sent:	
9(a). Specific information to be released:	
<input type="checkbox"/> Medical Record from (insert date) _____ to (insert date) _____ <input type="checkbox"/> Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test result, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers. Other: <input type="checkbox"/> _____ Include: <i>(Indicate by Initialing)</i> _____ <b>Alcohol/Drug Treatment</b> _____ <b>Mental Health Information</b> _____ <b>HIV-Related Information</b>	
<b>Authorization to Discuss Health Information</b>	
(b) <input type="checkbox"/> By initialing here _____ I authorize _____ Initials Name of individual health care provider	
to discuss my health information with my attorney, or a governmental agency, listed here: _____ (Attorney/Firm Name or Governmental Agency Name)	
10. Reason for release of information: At request of individual <input type="checkbox"/> Other: <input type="checkbox"/>	11. Date or event on which this authorization will expire:
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

\_\_\_\_\_  
 Signature of patient or representative authorized by law. Date: \_\_\_\_\_

\* **Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.**

## Instructions for the Use of the HIPAA compliant Authorization Form to Release Health Information Needed for Litigation

This form is the product of a collaborative process between the New York State Office of Court Administration, representatives of the medical provider community in New York, and the bench and bar, designed to produce a standard official form that complies with the privacy requirements of the federal Health Insurance Portability and Accountability Act (“HIPAA”) and its implementing regulations, to be used to authorize the release of health information needed for litigation in New York State courts. It can, however, be used more broadly than this and be used before litigation has been commenced, or whenever counsel would find it useful.

The goal was to produce a standard HIPAA-compliant official form to obviate the current disputes which often take place as to whether health information requests made in the course of litigation meet the requirements of the HIPAA Privacy Rule. It should be noted, though, that the form is optional. This form may be filled out on line and downloaded to be signed by hand, or downloaded and filled out entirely on paper.

When filing out Item 11, which requests the date or event when the authorization will expire, the person filling out the form may designate an event such as “at the conclusion of my court case” or provide a specific date amount of time, such as “3 years from this date”.

If a patient seeks to authorize the release of his or her entire medical record, but only from a certain date, the first two boxes in section 9(a) should both be checked, and the relevant date inserted on the first line containing the first box.

## PRENATAL GENETIC QUESTIONNAIRE

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

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1. Will you be 35 years or older when your baby is born?  YES  NO  
•Would you like further information on prenatal diagnosis and genetic counseling?  YES  NO
  
2. Are you familiar with Alpha-fetoprotein screening in pregnancy to help rule out open neural tube defects and some cases of Down Syndrome?  YES  NO  
•Would you like further information on the new Triple Marker AFP screening test?  YES  NO
  
3. Do you or the baby's father have a birth defect?  YES  NO  
•If yes, please indicate: \_\_\_\_\_
  
4. Do you have a child with a major birth defect or problem?  YES  NO  
•If yes, please indicate: \_\_\_\_\_
  
5. Have any of the following occurred in *your family* or in the *baby's father's family*:
  - Bleeding disorder (e.g. hemophilia).....  YES  NO
  - Cystic fibrosis.....  YES  NO
  - Muscular dystrophy.....  YES  NO
  - Spina bifida or anencephaly.....  YES  NO
  - Hydrocephaly.....  YES  NO
  - Down syndrome or another syndrome.....  YES  NO
  - Other chromosomal abnormality.....  YES  NO
  - History of two or more miscarriages (indicate #     ).....  YES  NO
  - History of stillbirth or children who died young.....  YES  NO
  - Heart defect.....  YES  NO
  - Severe anemia.....  YES  NO
  - Congenital kidney or liver disease.....  YES  NO
  - Enzyme deficiency (e.g. PKU).....  YES  NO
  - Huntington's disease.....  YES  NO
  - Neurofibromatosis.....  YES  NO
  - Tumors of the eye (retinoblastoma).....  YES  NO
  - Myotonic Dystrophy.....  YES  NO

•If yes, please indicate relationship of the affected person to you or the baby's father: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Do any close relatives, in either your family or the baby's father's family, have a familial disorder not listed above?  YES  NO  
•If yes, please explain: \_\_\_\_\_
  
7. Do you or the baby's father have any close relatives with mental retardation?  YES  NO  
•If yes, please indicate relationship of the affected person to you or the baby's father, and the cause (if known): \_\_\_\_\_
  
8. Are you and the baby's father related to each other in anyway (e.g. cousins)?  YES  NO

•If yes, please

explain: \_\_\_\_\_

9. Have you taken any medication during this pregnancy?  YES  NO

•If yes, please specify name of medication, dosage, and duration of treatment used during pregnancy:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. During this pregnancy have you:

- a. Had exposure to x-rays?.....  YES  NO
- b. Had exposure to contagious illnesses?.....  YES  NO
- c. Had any alcohol to drink?.....  YES  NO
- d. Smoked any cigarettes?.....  YES  NO
- e. Used any "recreational" drugs?.....  YES  NO

11. Auto Immune Deficiency Syndrome (AIDS) is a problem for both mother and baby. Would you like further information on testing for AIDS?  YES  NO

12. Do you have a chronic medical condition, such as diabetes, PKU, thyroid problem, or seizure disorder?  YES  NO

•If yes, list diagnosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A NUMBER OF GENETIC DISEASES OCCUR MORE COMMONLY IN CERTAIN RACES AND ETHNIC GROUPS. FOR THIS REASON, IT IS IMPORTANT THAT WE KNOW YOUR RACE AND ETHNIC BACKGROUND.

13. Are you or the baby's father of Ashkenazi Jewish ancestry?.....  YES  NO

•If yes, indicate who and the ancestry:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

→Have either of you been screened for Tay-Sachs disease?.....  YES  NO

•If yes, indicate who and results:

\_\_\_\_\_  
\_\_\_\_\_

14. Are you or the baby's father of Black or Hispanic ancestry?.....  YES  NO

•If yes, indicate who and the ancestry:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

→Have either of you been screened for sickle cell trait?.....  YES  NO

•If yes, indicate who and the results:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Are you or the baby's father of Italian, Greek, or Mediterranean ancestry?.....  YES  NO

•If yes, indicate who and the ancestry: \_\_\_\_\_

\_\_\_\_\_

→Have either of you been tested to determine if you are carriers of Beta-thalassemia, a blood disorder?..... YES NO

•If yes, indicate who and the results:

\_\_\_\_\_

\_\_\_\_\_

16. Are you or the bay's father of Philippine or Southeast Asian ancestry?..... YES NO

•If yes, indicate who and the ancestry:

\_\_\_\_\_

\_\_\_\_\_

→Have either you, or the father of the baby been tested to determine if you are carriers of Alpha-thalassemia, a blood disorder? .....

YES NO

•If yes, indicate who and the result:

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Today's

Date: \_\_\_/\_\_\_/\_\_\_

**NEW YORK STATE DEPARTMENT OF HEALTH**

**DIVISION OF DISEASE CONTROL**

**LEAD RISK ASSESMENT FOR PREGNANT WOMEN**

<b>LEAD RISK EXPOSURE QUESTIONNAIRE</b>	<b>YES</b>	<b>NO</b>	<b>UNKOWN</b>
1. Do you or others in your household have an occupation that involves lead exposure? (See list below)			
2. Do you ever eat paint chips, clay, soil, or plaster?			
3. Do you live in a household with ongoing renovations that generate a lot of dust? (Ex. Sanding and scraping)			
4. To your knowledge has your home been tested for lead in the water, and if so, were you told the level was high?			
5. Do you use any traditional remedies or cosmetics that are not sold in a regular drug store or are homemade, which may contain lead? (Ex. Litargirio, serma, kohl, or red dye bindi spots)			
6. Do you or others in your household have any hobbies or activities likely to cause lead exposure?			
7. Do you use non-commercially prepared pottery or lead crystal?			
8. Do you live in a home that has plumbing with lead pipes or copper with lead solder joints?			
9. Do you live near a heavily traveled major highway, where the soil and dust have been contaminated?			

Testing of blood lead levels is not recommended for pregnant women who are not considered currently at risk. If you answered "yes" to any of these questions, you may be at risk for current high-dose exposure and should have a blood lead test. A blood lead test during pregnancy is not indicated for a previous history of childhood lead exposure.



### **Lead Related Occupations and Industries:**

- Lead abatement
- Use of lead based paints
- Home renovations/restoration
- Metal scrap yards and other recycling operations
- Manufacturing and installation of plumbing components
- Automotive repair shops
- Brass/copper foundry
- Glass recycling, stained glass/glass
- Firing range work
- Pottery making
- Production and use of chemical preparations
- Bridge, tunnel and elevated highway construction
- Motor vehicle parts and accessories
- Occupations using firearms
- Manufacturing of industrial machinery/ equipment
- Battery manufacturing and repair

If a pregnant woman is exposed to lead at work, she has a right to a safe working environment under federal and state laws. To obtain information on employee workplace rights under Occupational Safety and Health Administration (OSHA) and Public Employee Safety and Health (PESH), call the New York State Department of Health, Center for Environmental Health Information line at 1-(800)-458-1158.

**NEW YORK STATE DEPARTMENT OF HEALTH**

**DIVISION OF DISEASE CONTROL**

**INFORMED CONSENT TO PERFORM AN HIV TEST**

*The decision to have an HIV test is voluntary. In order to have an HIV test in New York State, you must give your consent in writing on the bottom of this form.*

***Testing for HIV Infection***

***Human Immunodeficiency Virus:***

Human Immunodeficiency Virus (HIV) is a virus that can be passed from person to person through body fluids, primarily blood and semen. When HIV enters the bloodstream, it invades and destroys cells within the immune system (the body's defense against infection). In a person infected with AIDS since the immune system can no longer defend itself various infections and tumors develop called "opportunistic infections." It is not HIV that kills a person with AIDS; it is the opportunistic infections that cause death.

***How the Virus is Spread:***

The AIDS virus is not spread through the air, in food, or by casual social contact like shaking hands or hugging. It is passed on only when the blood or body fluids of an infected person mix with your own.

Sexual transmission is mainly the result of the transfer of and exposure to infected semen. Women, as well as men, can transmit the virus sexually. The virus has also been detected in vaginal secretions, tears and saliva, but exposure to saliva has not been proven to transmit the infection.

Intravenous drug users and persons receiving blood transfusions can be exposed to the virus through infected blood or body products. However, the spread of the virus from contaminated transfusions has become greatly reduced since the testing of blood began.

A baby may become infected during pregnancy, delivery, or when breast feeding if its mother has the disease

A person may carry the virus for several months or even years before symptoms appear. The HIV positive person can still spread the disease, even though he or she may appear healthy.

***Behaviors That Can Increase Your Risk of Being Exposed to HIV:***

o *having* sexual contact with:

- Someone who has tested positive for HIV infection
- Someone who is at risk for infection through risky sexual practices, IV drug use, or blood transfusions
- A man who has had sex with another man, regardless of whether he is primarily heterosexual, bisexual, or homosexual and/or...
- More than one sex partner, especially one who could be at risk of an HIV infection.

o *Using* illicit intravenous drugs.

o *Receiving* blood transfusions, plasma, blood cells or a blood clotting factor.

- o *Undergoing* artificial insemination with a donor sperm.

### **Testing Methods:**

There are a number of tests that can be done to show if you are infected with HIV, the virus that causes AIDS. Garden Ob/Gyn can provide specific information on these tests. The most common test for HIV is the HIV antibody test. The HIV antibody test is a blood test for the presence of antibodies to the Human Immunodeficiency Virus. It is a screening test. A sample of blood is taken from your arm, with a needle. If it comes back positive, another test called a Western blot is performed from the same sample. Garden OB/Gyn will not report the positive results to you until the Western Blot is performed. A positive test result means that you have been exposed to the virus and are infected (have built up antibodies against the virus). It may not mean that you have AIDS now or that you will necessarily become sick with AIDS in the future. A negative test means that you are probably not infected with the virus. However a negative test may also mean that you have exposed to the virus but have not yet produced antibodies. It takes time to build up the HIV antibodies. You should be tested in several months if you think you may have been recently exposed to the virus.

### **Meaning of HIV Test Results:**

- A negative test result on the HIV antibody test most likely means that you are not infected with HIV, but it may not show recent infection. If you think you have been exposed to HIV, you should take the test again three months after the last possible exposure.
- A positive result on the test means that you are infected with the HIV virus and that you can infect others.
- Sometimes the HIV antibody test result is not clearly positive or negative, or may be a preliminary result. Garden Ob/GYN will explain such a result, and may ask you to give your consent for another sample of blood so that other tests can be done.

### **There are Benefits to Being Tested:**

#### ***If you receive an HIV negative test result:***

- Garden OB/GYN will tell you how to protect yourself from getting infected with the virus in the future.
- You can end the fear which may come from not knowing if you are infected.

#### ***If you receive an HIV positive test result:***

- Garden OB/GYN can give you medical care and treatments that will help you stay healthy and manage your HIV illness.
- We can tell you how to prevent passing the virus to your sexual or needle sharing partners.
- You can increase your chances of staying healthy by eating a well balanced, nutritious diet, getting enough sleep, exercising, avoiding alcohol, tobacco, recreational drugs, reducing stress and having regular checkups.

#### ***If you are a woman who receives an HIV positive test result:***

- If you have given birth to or breast fed a child since you were infected, your child will need to be tested for HIV and, if infected, may need additional care and treatment. We can provide information about medical care available for children who may be infected with HIV.
- If you are a pregnant woman, we can provide the care you need and information about services and options available to you, We can tell you about the risks of passing the HIV infection to your baby, about medications given during the pregnancy that can significantly reduce the risk of passing HIV to your baby, and the medical care available for babies who may be infected with HIV.

- If you are thinking of having a child, you will be given information to help you make informed choices about your health care and pregnancy, and about the possibility of passing the virus to your baby.

***Confidentiality of HIV Information:***

If you take the HIV antibody test, your test results are confidential. Under New York State law, confidential HIV information can only be given to people you allow to have it by giving your written approval, or to people who need to know your HIV status in order to provide medical care and services, including: medical care providers; persons involved with foster care or adoption; parents and guardians who consent to care of minors; jail, prison, probation and parole employees; emergency response workers and other workers in hospitals, other regulated settings or medical offices, who are exposed to blood/bodily fluids in the course of their employment; and organizations that review the services you receive. The law also allows your HIV information to be released under limited circumstances: by special court order; to public health officials as required by law; and to insurers as necessary to pay for cure and treatment.

***Reporting Requirements:***

Your name will be reported to the Health Department if you have a confirmed positive HIV antibody test result. The Health Department will use this information to track the epidemic and to better plan prevention, health care and other services.

***Notifying Partners:***

If you test HIV positive Garden Ob/GYN will talk with you about the importance and benefits of notifying your partners of their possible exposure to HIV. It is important that your partners know they may have been exposed to HIV so they can find out whether they are infected and benefit from early diagnosis and treatment. We may ask you to provide the names of your partners, and whether it is safe for you if they are notified, For information related to domestic violence, call 1-(800) 942-6906.

- Under state law, we are required to report to the Health Department the names of any of your partners (present and past sexual partners, including spouses, and needle sharing partners) whom we know.
- If you have any additional partners whom we do not know of, you may give their names to us so they can be notified.
- Several options are available to assist you in notifying partners. If you do not have a plan to notify your partners, the Health Department may notify them without revealing your identity. If this notification presents a risk of harm to you, the Health Department may defer the notification for a period of time sufficient to allow you to access domestic violence prevention services.
- If you do not name any partners or if a need exists to confirm information about your partners, the Health Department may contact you to request your cooperation in this process.

***Be Careful About Sharing HIV Information:***

Your HIV related information is important information to share with all your health care providers so that they can give you the best care available. However, you should be careful who else you tell if you test positive for HIV since not everyone understands what being HIV positive means. Some people who test positive for HIV are discriminated against by employers, landlords and others. If you are discriminated against because of HIV, you can call the New York State Division of Human Rights at 1-(800) 523-2437 or the New York City Commission on Human Rights at (212)-566-5493 for help. These agencies are responsible for protecting your civil rights.

**For More Information:**

If you have questions about informed consent for HIV related testing, questions about the laws protecting the confidentiality of your HIV test results, or feel that confidential HIV related information about you was disclosed without your consent, call the New York State Department of Health HIV Confidentiality Hotline at 1-(800) 962-5065. Any health or social service provider who illegally tells anyone about your HIV information may be punished by a fine of up to \$5,000 and a jail term of one year. The law also protects you from HIV-related discrimination in housing, employment, health care or other services.

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*My questions about the HIV antibody tests were answered. I agree to be tested for HIV.*

\_\_\_\_\_ Date: \_\_\_\_\_

(Signature of Person to be Tested)

\_\_\_\_\_

(Print Name of Person to be Tested)

Pre-test counseling was verbally provided in accordance with Article 27-F of the New York State HIV Confidentiality Law, including how the HIV test is done, the meaning of the test and test results, the possible consequences of disclosing HIV information, and the protections against unauthorized disclosure of HIV related information provided by law, to the above Informed Consent Form at the time the informed consent was obtained.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Facility: Garden OB/GYN

## **Patient Information for Cystic Fibrosis Screening**

Cystic Fibrosis (CF) is a genetic disorder that particularly affects the lungs and digestive system and makes a child more vulnerable to repeated lung infections. Currently affecting more than 30,000 children and young adults in the United States, Cystic Fibrosis makes children sick by disrupting the normal function of the epithelial cells- cells that make up the sweat glands in the skin and that also line passageways inside the lungs, liver, pancreas, and digestive systems.

In CF, the inherited CF gene directs the body's epithelial cell to produce a defective form of a protein called CFTR (or Cystic Fibrosis Transmembrane Conductance Regulator) found in cells that line the lungs, digestive tract, sweat glands, and genitourinary system. When the CFTR protein is defective, epithelial cells can't regulate the way chloride (part of the salt called sodium chloride) passes across cell membranes. This disrupts the essential balance of salt and water that is needed to maintain a normal thin coating of fluid and mucous inside the lungs, pancreas, and passageway in other organs. The mucus becomes thick, sticky, and hard to move.

Normally, mucus in the lungs traps germs, which are then cleared out of the lungs. But in CF, the thick, sticky mucus and the germs it trapped remain in the lungs, and the lungs become infected.

In the pancreas, thick mucus blocks the channels that would normally carry important enzymes to the intestines to digest foods. When this happens, the child's body can't process or absorb nutrients properly, especially fats. The child has problems gaining weight, even with a normal diet and good appetite.

Humans have 23 pairs of chromosomes made of the inherited genetic chemical called DNA. The CF gene is found on chromosome number 7. It takes two copies of a CF gene- one inherited from each parent-for a child to show symptoms of CF. Persons born with only one CF gene (inherited from only one parent) and one normal gene are CF CARRIERS. CF carriers do not show CF symptoms themselves, but can pass the problem CF gene to their children. Scientists estimate that about 12 million Americans are currently CF carriers. If two CF carriers have a child, there is a one in four chance their child will have CF.

There is a carrier-screening test for Cystic Fibrosis. This is a blood test that determines your risk for carrying an altered gene, the risk for passing that gene on to your child, and it helps determine your child's risk of having Cystic Fibrosis if both parents are screened.

Generally, carrier screening is offered to couples when one partner has CF. It is also offered to individuals who have a family history of CF, a child with CF, or a close relative with CF. Additionally, carrier screening is offered to non-Jewish Caucasians and Ashkenazi Jewish people. All of these people have a relatively high risk of being CF carriers. At lesser risk are Hispanic Americans, African American, and Asian Americans.

Men with congenital bilateral absence of the vas deferens (CBAVD) often are carriers for Cystic Fibrosis or have CF themselves. Such men and their partners therefore may also want to be screened.

A positive screen can mean that you are a CF carrier and you might pass that altered CF gene on to your child. Your child might have CF if your partner is also a carrier. CF Carrier Screening cannot tell you for sure if you will, or will not, have a child born with Cystic Fibrosis. Final Diagnosis of two parents who are carriers is through genetic counseling, amniocentesis and chromosomal analysis. Carrier screening will, however, give you important information that will help you make the best possible decisions for you and your family.

If you have further questions regarding this test, the healthcare providers at Garden Ob/GYN will be happy to discuss this with you.

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**CONSENT TO CYSTIC FIBROSIS SCREENING**

I, \_\_\_\_\_ hereby consent to and request Cystic Fibrosis Carrier Screening. I have read the above, and I understand both the purpose of the test and the risks. I do not require any further information at this time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

• or •

NO, I AM NOT INTERESTED IN HAVING THE CYSTIC FIBROSIS SCREENING WITH THIS PREGNANCY.

I, \_\_\_\_\_ am not interested in having this blood test. I have read the above and understand the purpose of this test as well as the risks. I do not require any further information at this time.

\_\_\_\_\_ I have previously been tested and found NOT to be a Cystic Fibrosis carrier.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent for Sequential Screen Testing for Down's Syndrome  
and Other Genetic Abnormalities**

1. I have been offered the Sequential Screen Test for the purpose of detecting Down's syndrome during my present pregnancy.
2. I understand that this is an option and is an improvement over the testing that would be done at 16 weeks gestation by giving a much higher detection rate of 92%. AFP test, done at only 16 weeks, gives only about a 75% detection rate.
3. I am aware that final result pending second trimester sample will arrive from my 11-12 week testing which will identify me as at an increased risk or low risk for Down's syndrome and other genetic abnormalities, and that the data from this test will be integrated into the 16-week test.
4. After the 16-week test I expect to receive a final result which would identify me as at an increased or low risk for Down's syndrome and other genetic abnormalities.
5. I have been given a pamphlet from Integrated Genetics., entitled "Sequential Screen" and I have read it and all my questions regarding this test were answered.
6. I will check with my insurance carrier and find out if they will cover this particular test for my pregnancy. Although, Garden Ob/GYN believes this test is medically necessary for pregnancies, some insurance plans may not yet provide benefits for the Sequential Screen. By signing on the line below, you are acknowledging that you have read this form, understand it and choose to have the Sequential Screen. Your signature also acknowledges that you may be financially responsible for fees billed by our office for these services. For more information regarding testing cost, insurance coverage and testing codes, please contact Integrated Genetics Client Services at 1-800-848-4436.
7. I understand that I may receive a bill for a co-payment from Integrated Genetics. All queries concerning that bill must be directed to Integrated Genetics at 1-800-845-6167.

Patient Name: \_\_\_\_\_

Witness: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I \_\_\_\_\_ decline to have sequential testing done and am aware of the risks of not having the tests performed.



**CONSENT TO FRAGILE-X SCREENING**

I, \_\_\_\_\_, hereby consent to and request the Fragile-X Screening. I have read the patient education pamphlet and I fully understand both the purpose and risks of the test. I do not require any further information about Fragile-X at this present time.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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NO, I AM NOT INTERESTED IN HAVING THE FRAGILE-X SCREENING DURING THIS PREGNANCY

I, \_\_\_\_\_, am declining the Fragile-X Screening at this time. I have read the patient education pamphlet and I fully understand both the purpose and risks of the test. I do not require any further information about Fragile-X at this present time.

I, \_\_\_\_\_, have previously been tested and found NOT to be a Fragile-X carrier.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CONSENT TO SMA SCREENING**

I, \_\_\_\_\_, hereby consent to and request the SMA Screening. I have read the patient education pamphlet and I fully understand both the purpose and risks of the test. I do not require any further information about SMA at this present time.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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NO, I AM NOT INTERESTED IN HAVING THE SMA SCREENING DURING THIS PREGNANCY.

I, \_\_\_\_\_, am declining the SMA Screening at this time. I have read the patient education pamphlet and I fully understand both the purpose and risks of the test. I do not require any further information about SMA at this present time.

I, \_\_\_\_\_, have previously been tested and found NOT to be an SMA carrier.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**UMBILICAL CORD BLOOD COLLECTION and BANKING**

This form is to ensure your understanding about the potential health benefits of Umbilical Cord Blood Banking. The literature provided from the various companies that offer this service should be reviewed by you and your family. You can also visit the many web sites of the companies available on-line to assist you in making an educated and informed decision regarding Umbilical Cord Blood Banking.

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**PATIENT EDUCATION CONSENT or REFUSAL FORM**

I have been provided with information about banking my newborn’s umbilical cord blood to help one make an informed choice regarding the preservations of my newborn’s stem cells:

- I understand that this program is an elective option to collect and store my newborn’s umbilical cord blood. It is MY choice to enroll and participate.
  
- I understand that the program is designed to provide a source of genetically related cord blood stem cells for potential future use and that the birth of my newborn represents the only opportunity to collect them.
  
- I understand that this program may not be reimbursed by my insurance carrier and may not be covered by Medicare or comparable state programs. I am responsible for the fees.
  
- I understand that the arrangements must be made at lease forty five (45) days prior to my due date or additional costs may be incurred for late enrollment.
  
- I have had all my questions answered to my satisfaction. I understand the implications of Cord Blood Banking for future use by my newborn and my family. If I have further questions regarding Cord Blood Banking, I understand that Garden Ob/Gyn will be happy to discuss it with me.

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I HAVE CHOSEN TO COLLECT AND BANK MY NEWBORNS UMBILICAL CORD BLOOD. I accept the responsibility to complete the necessary arrangements for Cord Blood Banking.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NO, I HAVE CHOSEN NOT TO COLLECT AND BANK MY NEWBORN’S UMBILICAL CORD BLOOD.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## INSURANCE WAIVER FORM \*

This Agreement acknowledges that the patient is a New York State Medicaid Beneficiary seeking services under Medicaid including Medicaid managed care plans. Garden OB/GYN or provider has informed the patient that the provider does **NOT participate** with the Medicaid program and/or the patient's Medicaid Managed Care Plan.

In exchange for the services, the patient agrees to make payments to Garden OB/GYN or Provider. Estimate fees are available upon request

This agreement states the patient understands and acknowledges the following:

- Patient agrees if insurance is inactive she will be considered a Private Pay Patient
- Patient agrees to pay for delivery if lapse in insurance during that period.
- Patient agrees not to submit a claim (or to request that the physician or Garden OB/GYN submit a claim) Patient is not currently in an emergency or urgent health care situation.
- Patients acknowledge that the patient has a right as a Medicaid beneficiary, to obtain Medicaid-covered items and services from a physician and practitioners who participate with Medicaid.
- Patient takes full responsibility to make the payment in full for the services provided and that Garden OB/GYN and providers will not submit a Medicaid claim for the services, and that no medical reimbursement will be provided.
- Patient understands that Medicaid payment will not be made for any items or services furnished by Garden OB/GYN or providers that would have otherwise been covered by Medicaid if there was no private contract and a proper Medicaid claim was submitted
- Patient acknowledges upon request a copy of this document is available.
- Patient agrees to reimburse Physician for any costs and reasonable attorney fees that result from violation of this Agreement by the patient or their beneficiaries.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Patient or Representative Signature: \_\_\_\_\_