

This packet includes very important information about your prenatal care with us!

Please visit our website to download the New OB Paperwork. This paperwork is due at your first OB appointment (after your verification appointment). Scan the barcode below:



<https://www.myprivia.com/chesapeakewomenscare/patient-resources/patient-forms>

Please register with Anne Arundel Medical Center before your child's arrival

https://askaamc.formstack.com/forms/birth_baby_preregistration

Are you interested in prenatal classes or have questions about them?

Call 443-481-6122 or visit https://www.luminishealth.org/en/classes-events?language_content_entity=en

Thank you for choosing Chesapeake Women's Care for your healthcare needs!

Dear Valued Patient:

Welcome to Chesapeake Women's Care. We understand you have many choices when it comes to choosing obstetrical care. We sincerely appreciate you choosing us!

Our goal is to provide excellent obstetric care. One important point: There are NO dumb questions. We have registered nurses to triage your questions. They are available Monday to Thursday from 9:00 to 4:00 and Friday from 9:00 to 3:00. They are trained to answer most questions that you may have. You may also use the patient portal to contact our triage staff (please see attached **Important Portal Information** sheet).

When to call the office (410-571-9700):

Temperature higher than 101 degrees

Nausea and vomiting and you are unable to keep fluids down for 24 hours or more

Vaginal bleeding

Marked decrease in the baby's movements (after 24 weeks)

Severe abdominal pain

Burning with urination

Any time you are unsure or have a question.

We have several delivering doctors on staff. Throughout your pregnancy, you will be rotated to each of the delivering doctors and nurse practitioners. For your delivery, one of our doctors is on call at the hospital. We cannot guarantee which of our delivering doctors will deliver your baby. Even with a planned cesarean section, the doctor who is performing the procedure is subject to change.

We will be in contact with your insurance company. If the insurance indicates that you will have a balance, you will automatically be enrolled in a payment plan and payments will be required monthly. We will notify you by mail if this were to occur.

The typical appointment schedule includes:

Verification of Pregnancy at 7-9 weeks

New OB appointment with physical and lab work at 12 weeks

Routine return ob visits at 18 weeks, 24 weeks, 28 weeks, 32 weeks, 34 weeks, 36 weeks, 37 weeks, 38 weeks, 39 weeks, and 40 weeks

Again, thank you for choosing Chesapeake Women's Care! We look forward to working with you.

IMPORTANT PORTAL INFORMATION

**DO NOT USE THE PORTAL FOR EMERGENCIES **

- Portal messages are **only viewed during regular business hours**. (*Monday through Thursday 8am-4pm and Friday 8am-3pm*). The portal messages will not be viewed on weekends or on the holidays where we are closed, which are: Christmas, New Year's, Memorial Day, 4th of July, Labor Day, Thanksgiving and Black Friday.
- It may take **several days** to receive a response to your portal message.
- Examples of issues NOT appropriate for the portal include: pregnant with bleeding or severe abdominal pain, severe depression (harmful thoughts to yourself or others), a gynecology patient with profusely vaginal bleeding (saturating a super maxi pad an hour x 2 hrs). **Do not send a portal message for these symptoms, these require a phone call**. If you have any of the above symptoms during regular business hours, call the office and leave a message for the triage nurse. After hours, call the office and you will be directed on how to reach the on-call doctor.
- Portal messages marked "Medical Question" will go to the triage nurse first who is in contact with a doctor. That is how the portal system is set up.
- The fastest way to get assistance is to either portal message **OR** call the office to leave a message. **NOT BOTH**.
- Please be aware all messages either through the portal or called in, are answered in order of severity, not necessarily the time the message was left.

Portal Tips

- Lab orders and radiology orders (ultrasounds, mammograms, etc...) are available to you through your portal. They can be printed from your portal. (In your portal go to: My Health> Health Reminders then open request and hit the print button)
- Results populate into your portal as soon as the lab releases the results. Most of the time, the results are available to you before the providers. **PLEASE GIVE YOUR PROVIDER SEVERAL DAYS TO SEE AND REVIEW THE RESULTS.**

WHAT TO EXPECT: PRENATAL SCREENING AND TESTING

This chart includes routine and optional tests and screenings that may be completed during your pregnancy. Your provider may recommend additional or alternative prenatal testing. *Contact your health insurance administrator for coverage information. **Please keep this chart and prenatal packet for your future reference.** Questions can be discussed with your provider at your next appointment.

<u>Gestation</u>	<u>What to Expect at Your Appointment</u>
7-9 weeks (Verification of Pregnancy)	<ul style="list-style-type: none"> ● Verification of pregnancy with transvaginal ultrasound <i>(not included in global delivery fee)</i> ● Prenatal blood work, as indicated by your provider ● Imaging referral, as indicated ● Maternal genetic carrier screening* can be done at any time before or during pregnancy to determine your baby's risk of inheriting certain genetic disorders such as cystic fibrosis (CF), spinal muscular atrophy (SMA), Tay Sacs, and sickle cell.
10-12 weeks (New OB Appointment)	<ul style="list-style-type: none"> ● Pap smear, breast exam, and STI testing, as indicated ● Routine prenatal blood work and urine culture ● Urinalysis <i>(at every prenatal appointment)</i> ● 1-hr early glucose tolerance test, if indicated ● Fetal heart rate by doppler <i>(at every prenatal appointment)</i> ● Referral for Nuchal Translucency imaging (NT)* ● NIPT/MaterniT21* blood test to detect fetal chromosomal abnormalities in high-risk pregnancies, and optional testing to determine sex of fetus*
16-18 weeks	<ul style="list-style-type: none"> ● AFP screening* for spina bifida, anencephaly, and neural tube defects ● Quad screening* if NIPT and AFP were not drawn previously, to detect fetal chromosomal abnormalities, spina bifida, and neural tube defects
18-20 weeks	<ul style="list-style-type: none"> ● Referral for fetal anatomy ultrasound to be completed by 22 weeks
26-28 weeks	<ul style="list-style-type: none"> ● 1-hr glucose tolerance test- routine screening for gestational diabetes ● Routine 2nd trimester blood work ● Measurement of fundal height <i>(at all appointments >20 wks)</i> ● Tdap vaccination- antibodies produced by the mother after vaccination help protect the newborn from whooping cough for the first few months of life ● RhoGAM injection- routine for all mothers with RH negative blood type
36 weeks	<ul style="list-style-type: none"> ● Group B Strep (GBS) culture- vaginal/rectal swab to detect and prevent newborn GBS disease ● Transabdominal ultrasound to confirm baby's position
38+ weeks	<ul style="list-style-type: none"> ● Cervical checks, as requested or indicated by your provider
40+ weeks	<ul style="list-style-type: none"> ● Fetal non-stress test (NST), as indicated
6th week postpartum	<ul style="list-style-type: none"> ● Physical exam, mental health screening, and assessment of your postpartum recovery

*Discuss with your provider. Insurance coverage varies.

PRENATAL SCREENING AND BILLING INFORMATION

Prenatal screening tests give parents-to-be information about whether their baby is at high- or low-risk of having certain types of genetic disorders or birth defects. These tests DO NOT diagnose a problem; they only signal that further testing may be necessary.

- A positive screening result means that your baby is at higher risk of having the disorder compared with the general population. It does not mean that your baby definitely has the disorder.
- A negative result means that your baby is at lower risk of having the disorder compared with the general population. It does not completely rule out the possibility that your baby has the disorder.

If a screening test indicates an increased risk for an abnormality, we will refer you to a maternal fetal specialist or genetic counselor for a more definitive diagnosis.

More information is available from the American College of Obstetricians and Gynecologists (ACOG) at: www.acog.org/womens-health/faqs/prenatal-genetic-screening-tests

*Insurance coverage varies for prenatal screening tests. **Chesapeake Women's Care does not check insurance coverage for lab tests or imaging.** We recommend calling your insurance company or lab to determine your estimated cost prior to testing. Lab information is available on the back of this page to assist you in determining coverage and available discounted rate programs.

All patients have the right to accept or decline screening. **If you choose to proceed with testing, you are responsible for the cost of these tests.**

BILLING INFORMATION

We recommend calling your insurance company or lab to determine coverage. You may be asked for your insurance card, test name, and diagnosis codes. **You may combine the codes listed below and on the back of this sheet.**

PREGNANCY DIAGNOSIS CODES:

- First pregnancy, 1st trimester Z34.01 (+Advanced maternal age ≥ 35 O09.511)
- First pregnancy, 2nd trimester Z34.02 (+Advanced maternal age ≥ 35 O09.512)
- 2nd or greater pregnancy, 1st trimester Z34.81 (+Advanced maternal ≥ 35 age O09.521)
- 2nd or greater pregnancy, 2nd trimester Z34.82 (+Advanced maternal age ≥ 35 O09.522)

Additional diagnosis codes may apply for pregnant persons with a higher risk of chromosomal abnormalities (i.e. age ≥ 35 , personal history of chromosomal defect, abnormal ultrasound findings).

PRENATAL SCREENING/TEST	BILLING INFORMATION
<p><u>Maternal/Paternal Genetic Carrier Screening*</u> Carrier screening for one or both parents can detect certain inherited disorders which could be passed to your offspring. Screenings are available for cystic fibrosis (CF), spinal muscular atrophy (SMA), Tay Sachs, sickle cell, and other specific genetic disorders. Note: if you have been screened previously, it is unnecessary to repeat these tests with each pregnancy.</p>	<p>GESTATION: anytime before or during pregnancy DIAGNOSIS CODES: Z31.430, Z13.228, Z13.79, Z13.0 <u>Labcorp– Inheritest Duo for CF and SMA (452172)</u> <i>(single gene and other carrier tests by request)</i></p> <ul style="list-style-type: none"> ● Drawn by a phlebotomist in our office or at a patient service center ● Coverage and discount program information: 1-844-799-3243 ● Usually under \$299
<p><u>Non-Invasive Prenatal Testing (NIPT)*</u> NIPT is a maternal blood test most appropriate for persons over the age of 35, those with increased risk factors for chromosomal abnormalities, and/or those wanting to know the sex of their baby prior to a 2nd trimester anatomy ultrasound.</p> <p>NIPT screens for specific fetal chromosomal abnormalities such as Down Syndrome, Trisomy-18, and Trisomy 13. If you choose NIPT, you will also be referred to an imaging center for a nuchal translucency (NT) ultrasound at 10-12 weeks.</p> <p><i>and</i></p> <p><u>Alpha-Fetoprotein (AFP) Screening*</u> If you had NIPT earlier in this pregnancy, you will be offered AFP screening in your 2nd trimester. AFP screening helps to detect spina bifida, anencephaly, structural defects, and some chromosomal abnormalities such as Down Syndrome in your baby.</p>	<p>GESTATION: cannot be drawn before 10 wks DIAGNOSIS CODE: Z13.79 <u>Labcorp– MaterniT 21 Plus (451927)</u></p> <ul style="list-style-type: none"> ● Drawn by a phlebotomist in our office or at a patient service center ● Coverage and discount program information: 1-844-799-3243 ● Usually under \$299, not including NT ● Notify your provider if you do not want to know the sex of your baby (452112).
	<p>GESTATION: most accurate 16-18 wks, up to 22 weeks DIAGNOSIS CODE: Z13.79 <u>Labcorp– AFP for Open Spina Bifida (010801)</u></p> <ul style="list-style-type: none"> ● Drawn by a phlebotomist in our office or at a patient service center. ● Coverage information: 1-844-799-3243
<p><u>Quad Screening*</u> This test is recommended as an alternative if NIPT and AFP screening is not completed. This test screens for spina bifida, neural tube defects, and chromosomal abnormalities like Down Syndrome. Quad screening is less accurate than NIPT and AFP, and cannot tell the sex of your baby.</p>	<p>GESTATION: most accurate 16-18 wks, up to 22 wks DIAGNOSIS CODE: Z13.79 <u>Labcorp– Quad/Tetra (017319)</u></p> <ul style="list-style-type: none"> ● Drawn by a phlebotomist in our office or at a patient service center. ● Coverage information: 1-844-799-3243

*Discuss with your provider. Insurance coverage varies.

OVER THE COUNTER (OTC) MEDICATIONS DURING PREGNANCY

The medications listed below are generally considered safe to take during your pregnancy and should be taken according to the package directions. If you have any questions about using these medications or if you continue to have symptoms that are not helped by the medication, call us at (410)571-9700.

NOTE: *Patients in the first trimester (4-13 weeks) should try to avoid OTC medications unless absolutely necessary.**

COUGH, COLD, ALLERGY RELIEF

IMPORTANT: *Avoid products that contain the decongestant phenylephrine** which is sometimes indicated on the box by the abbreviation PE. The preferred decongestant in pregnancy is pseudoephedrine. Products with pseudoephedrine are only available by asking at the pharmacy counter.

- Benadryl (diphenhydramine)- antihistamine; sedative
- Claritin (loratadine), Zyrtec (cetirizine)- antihistamines
- Sudafed (pseudoephedrine HCL)- nasal decongestant
 - CAUTION: talk with your provider if you have high blood pressure
 - DO NOT USE Sudafed PE or products containing phenylephrine
- Mucinex *plain (guaifenesin)- expectorant
- Delsym *plain (dextromethorphan HBr)- cough suppressant, antihistamine
- Robitussin DM (dextromethorphan HBr, guaifenesin)- cough suppressant, expectorant
- Chloraseptic throat spray and lozenges
- Cough Drops
- Vicks Vapor Rub

NOTE: *Nursing/pumping mothers should avoid decongestants which may suppress milk supply.

***Multi-symptom medications are not recommended in pregnancy. Products labeled "multi-symptom" may also contain phenylephrine.**

NASAL DECONGESTANT SPRAYS

- Saline spray
- Afrin spray
- Neo-synephrine spray
- Flonase (fluticasone) spray

NOTE: *Use nasal/decongestant sprays only as often as recommended on the package.

PAIN RELIEF, HEADACHE, FEVER

- Tylenol, Tylenol Extra Strength- (acetaminophen)

NOTE: *Do not take aspirin, ibuprofen, or naproxen unless approved by your provider. *Contact our office if your pain, headache, or fever does not respond to OTC medications or if headaches are accompanied by vision changes. Call (410)571-9700.

INSOMNIA

- Benadryl (diphenhydramine)
- Unisom (doxylamine)

NOTE: *Caution when driving or caring for your baby while taking sedatives.

INDIGESTION, HEARTBURN, GAS

- Mylanta, Maalox, Roloids, Tums (calcium carbonate)- antacids for heartburn, indigestion
- Pepcid (famotidine), Tagamet (cimetidine)- reduce stomach acid production for heartburn and acid indigestion
- Mylicon, Gas X (simethicone)- anti-flatulent for gas

YEAST INFECTION

- Monistat 7 (miconazole)- 7-day treatment
- Lotrimin (clotrimazole)

NOTE: *Do not use oral OTC medications for yeast infections.

CONSTIPATION/HEMORRHOIDS

- Metamucil, Citrucel, Benefiber- bulking forming stool softeners can be used regularly
- Colace, Dulcolax, milk of magnesia, MiraLAX, Senokot/Senna- laxatives and stool softeners
- Preparation H or Anusol (suppositories or ointment creams)- hemorrhoid treatments
- Witch hazel pads- for hemorrhoids

NOTE: *Be sure to drink at least 8 full glasses of water per day and increase dietary fiber.

DIARRHEA

- Immodium (loperamide)
- Kaopectate (bismuth subsalicylate)

RASH, BUG BITES, SUNBURN, POISON IVY, CUTS

- Hydrocortisone cream, Benadryl lotion/spray, calamine cream, Aveeno bath- for skin itching
- Aveeno bath, Gold Bond powder, Domeboro powder- for skin itching and irritation
- Bug repellents containing DEET
- Neosporin, polysporin- first aid preparations (clean with soap and water first)

MOTION SICKNESS

- Bonine, Dramamine

NAUSEA, VOMITING

- Vitamin B6 25mg 3 times per day, plus Unisom (doxylamine succinate) 25mg before bed.
- Emetrol
- B-natal pregnancy pops
- Ginger ale, ginger lozenges

NOTE: *Stay hydrated with ice chips, Pedialyte pops, and sports drinks. *Try a bland diet of toast, crackers, rice, applesauce, broth, or tea. *Sit upright after eating. *Avoid greasy, spicy, and tomato-based foods.

IMPORTANT: OTC medications on this list should be taken according to the package directions. If you have any questions about using these medications or if you continue to have symptoms that are not helped by the medication, call us at (410)571-9700.