



WELCOME

Dear Patient:

Congratulations on your pregnancy and welcome to Alliance Obstetrics & Gynecology, PLC. At your first appointment you will meet with a Registered Nurse to review your medical history, discuss diet, activity and answer questions. The appointment will take approximately one hour. **Please arrive twenty minutes prior to your actual appointment time to complete any necessary paperwork.** Our database questionnaire and registration forms may be completed by printing the forms below or you may complete them by going to our website and clicking online services. The prenatal diagnostic screening questionnaire and prenatal testing form must be printed, filled out and brought with you to your appointment. **These forms must be completed prior to your appointment time.** If these forms are not complete when you arrive, it may be necessary to reschedule your appointment.

Please begin taking an over the counter prenatal vitamin that is high in folic acid. If you have had previous OB/GYN care, please request copies of those medical records and bring them to your appointment for our review.

It would be helpful if you take the time to view the video from the MSU Health Team:

<http://phd.msu.edu/Divisions/HumanGenetics/PrenatalScreeningVideo.aspx>

Viewing this in advance of your appointment will help you make a list of questions that you would like to ask at your visit and to formulate a decision on your testing.

At the conclusion of the prenatal interview, we will arrange for your prenatal lab work to be done at a local laboratory. Our receptionist will then schedule an appointment with your physician for your prenatal physical if you have not already done so.

Prior to your office visit, please check with your insurance company to see if an authorization is required for maternity related services. Also, please bring your insurance card so that we may copy it for our records.

Thank you for choosing Alliance Obstetrics and Gynecology, PLC for your prenatal care. We look forward to helping you toward your goal of a healthy pregnancy.

Sincerely,

Sara Cramton, M.D.
Stephanie Fleming, M.D.
Maude Guerin, M.D.
Melissa Halvorson, M.D.
Cristina Horton, M.D.
Sharon Kelley, M.D.
Todd Moyerbrailean, D.O.
LaKeeya Tucker, D.O.

M. Elizabeth Cross, C.N.M.
Nicole Jamieson, R.N., N.P.
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Diane Strachan, R.N., N.P.
Stacey Tanay, R.N., N.P.
Jennifer Thomas, R.N., N.P.



Alliance Obstetrics & Gynecology

Welcome to our Obstetrics Practice

GROUP PRACTICE

Your visits will be organized to reflect our “modified group practice.” One of our physicians will be your primary obstetrician. This means you will see him/her for the majority of your visits, especially in the first 20 weeks and last 4 weeks, where decisions are to be made and complications occur more frequently. The middle months are usually uneventful, and are used to visit each one of the other six doctors, so you can get to know all of us. You also have the option of scheduling all of your appointments with your primary physician. If you choose to only schedule with your primary you need to know that one of our other physicians may be on call when you deliver and that when you reach 36-40 weeks and are seen on a weekly basis, your physician may be out of the office during one of those weeks and you will be required to see another physician. Our call rotation is split evenly between the seven physicians, and you will be delivered by the physician on call. Our on call doctor is not scheduled to see patients in the office, allowing them to be more available to laboring patients.

PATIENT QUESTIONS

You will be given a packet of information on your first visit to help answer most of your questions. If the information included in your packet fails to answer your questions, and you cannot wait until your next appointment, please call our phone nurses. When you call the office, give your message to the receptionist and she will pass it along to the nurse. The nurse will return your call between the hours of 9am and 4pm. Be sure to give a number where you can be reached all day.

GENERAL PLAN OF CARE

- Initial visit will be with the ob intake nurse at 7 – 9 weeks for history review, education and lab work.
- First doctor visit, which includes a physical exam and history review will be at 8-12 weeks. An attempt to listen to the baby’s heartbeat will be made if this visit is after 10 weeks. It is uncommon that we are able to hear the baby’s heartbeat prior to 10 weeks.
- Ultrasound at 18 – 20 weeks.
- Repeat lab work at 28 weeks.
- Visit to our nurse practitioner to discuss labor, baby care, and postpartum issues at 32 weeks.
- Culture of the vagina at 35-37 weeks. The culture will check for Group B Strep. Refer to the handout on Group B Strep.

AN AVERAGE PREGNANCY LASTS 40 WEEKS

Weeks 1 – 32, we will see you every month.

Weeks 32 -36, we will see you every other week.

Weeks 36 – 40, we will see you on a weekly basis. (Should you go past your due date, we will see you twice weekly until you deliver).

There may be changes to the above schedule due to individual needs and as directed by your doctor.

NUTRITION, HYDRATION AND WEIGHT GAIN

We **DO NOT** want you to diet while you are pregnant. We encourage you to read the information in your packet regarding what you can and cannot eat. This will provide you with good information on healthy eating while pregnant.

We encourage a minimum of six to eight 8 oz glasses of water daily.

A weight gain of 20 – 40 pounds during your pregnancy is recommended, depending on your build.

ISSUES OF CONCERN:

If you experience any of the following please call our office, Monday – Friday, 8:00 am to 4:30 pm. If you experience the following after our regular clinic hours, please go to OB admitting at Sparrow Hospital, 3rd floor.

- Chills or fever over 101 degrees Fahrenheit.
- Painful or burning urination.
- Bloody discharge or bright red bleeding from the vagina.
- Persistent abdominal pain that is not relieved by a bowel movement.
- Severe nausea or vomiting/diarrhea that could lead to dehydration. (Severe meaning several times within one hour).
- Visual disturbances, i.e. blurring or doubling of vision.
- Severe or persistent headache lasting more than 2 – 3 hours after taking regular or extra strength Tylenol as directed by package.
- Before 36 weeks if you think you are in labor. Go to Sparrow early, as we may need to try to stop pre-term labor conditions.
- After 36 weeks – as long as the baby is active and water is not broken, stay home as long as you are comfortable. When contractions are strong and regular, go to Sparrow.
- Gush or steady leaking of fluid from vagina, even if you are not having contractions.

It is not necessary to call us before you go to Sparrow – they will notify us of your arrival.

THINGS TO AVOID

- Cigarettes, alcohol, “street” drugs, caffeine, saccharin.
- Vaginal douching.
- Over the counter drugs, not listed on the blue sheet.
- Old prescription drugs, prescribed prior to being pregnant.
- Hot tubs, Jacuzzis and whirlpools with water exceeding 100 degrees Fahrenheit.
- Toxic substances, i.e. varnish, paint remover, etc. Use only with good ventilation for short periods of time.
- Avoid intercourse if threatening to miscarry, experiencing bleeding/cramping, or if your bag of waters has ruptured or if you feel you may be in premature labor.
- If you are a cat owner, refrain from emptying the cat litter box. Wear gloves while working in the yard or garden.

EXERCISE GUIDELINES

- Do not become over fatigued while exercising.
- Do not put yourself at risk for injury, or risk of falling and possible injury to the baby.
- Any other questions regarding exercise or other activities, please ask your doctor.
- Keep heart rate under 140.

Welcome to Alliance Obstetrics and Gynecology!

Our goal is to provide you with excellent care and service.

Alliance Obstetrics and Gynecology

PATIENT INFORMATION

NAME (FIRST)	(M)	(LAST)
HOW WOULD YOU LIKE TO BE ADDRESSED?		
BIRTHDATE	SOCIAL SECURITY	
HOME ADDRESS		APT #
CITY	STATE	ZIP
TELEPHONE # HOME ()	WORK ()	CELLULAR ()
YOUR EMPLOYER		EXT: ()
FAMILY DOCTOR		EMAIL ADDRESS:
DOCTOR THAT REFERRED YOU		HERE
THIS SECTION MUST BE COMPLETED FOR US TO BILL YOUR INSURANCE		
<u>PRIMARY INSURANCE COMPANY</u>		
POLICY HOLDER	SSN#	
YOUR RELATIONSHIP TO POLICY HOLDER		
CONTRACT#	GROUP #	
SUBSCRIBER'S EMPLOYER		
POLICY HOLDER BIRTHDATE		
<u>SECONDARY INSURANCE COMPANY</u>		
POLICY HOLDER	SSN#	
YOUR RELATIONSHIP TO POLICY HOLDER		
CONTRACT#	GROUP #	
SUBSCRIBER'S EMPLOYER		
POLICY HOLDER BIRTHDATE		
EMERGENCY CONTACT PERSON		RELATIONSHIP
TELEPHONE: HOME ()	WORK ()	
IF PATIENT IS MINOR: RESPONSIBLE PARTY		

RELEASE AND ASSIGNMENT OF BENEFITS

I HEREBY AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS MY INSURANCE CLAIM. I AUTHORIZE PAYMENT TO BE MADE DIRECTLY TO ALLIANCE OBSTETRICS AND GYNECOLOGY, TIN# 38-3381725. I HAVE BEEN PROVIDED WITH A COPY OF THE ALLIANCE FINANCIAL POLICY AND UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ANY BALANCE NOT COVERED BY MY INSURANCE CARRIER.

SIGNATURE

DATE



Alliance OB/GYN Medical History Update

Name: _____

DOB: _____

1. Allergies (please list):

Medications:

Foods:

Latex?

Iodine?

2. Immunizations (Give dates):

yes no tetanus

yes no hepatitis

yes no hemophilus Influenza Type B

yes no MMR (measles, mumps, rubella)

yes no The "flu" shot

yes no Gardasil Circle # of doses received 1 2 3

3. Family Medical History (List family member):

yes no breast cancer _____ paternal/maternal

yes no ovarian cancer _____ paternal/maternal

yes no uterine cancer _____ paternal/maternal

yes no cervical cancer _____ paternal/maternal

yes no bowel (colon) cancer _____ paternal/maternal

yes no deep vein thrombosis (DVT) _____ paternal/maternal

yes no essential hypertension _____ paternal/maternal
(high blood pressure)

yes no heart disease _____ paternal/maternal

yes no insulin dependent diabetes _____ paternal/maternal

yes no noninsulin dependent diabetes _____ paternal/maternal

yes no osteoporosis _____ paternal/maternal

yes no pulmonary embolism _____ paternal/maternal

yes no stroke _____ paternal/maternal

yes no Other _____ paternal/maternal

4. Past Medical History (Have you ever had):

Head, Eyes, Ears, Nose & Throat:

yes no deafness

yes no blindness

yes no glaucoma

yes no cataract

Name : _____ DOB : _____

Cardiovascular System:

- yes no heart disease
- yes no high cholesterol (hypercholesterolemia)
- yes no high blood pressure (hypertension)
- yes no mitral valve prolapse
- yes no peripheral vascular disease
- yes no pulmonary embolism
- yes no Raynaud's Syndrome
- yes no rheumatic heart disease

Breast:

- yes no benign breast lump
- yes no breast abscess
- yes no breast cancer
- yes no fibrocystic disease of the breast
- yes no carcinoma insitu of the breast

Respiratory System:

- yes no asthma

Gastrointestinal System:

- yes no appendicitis
- yes no gall stones (cholelithiasis)
- yes no cirrhosis of the liver
- yes no Crohn's disease
- yes no diverticulitis
- yes no stomach ulcers
- yes no irritable bowel syndrome
- yes no ulcerative colitis

Genitourinary System:

- yes no infertility
- yes no kidney disease
- yes no pelvic inflammatory disease
- yes no Premenstrual syndrome (PMDD)
- yes no endometriosis
- yes no chronic bladder infections (cystitis)
- yes no interstitial cystitis
- yes no kidney stones (nephrolithiasis)
- yes no chronic vaginitis
- yes no lichen sclerosis
- yes no abnormal pap Date: _____
- yes no STDs:
 - Chlamydia HPV
 - Gonorrhea Syphilis
 - Herpes/HSV Trichomoniasis

Date of last menstrual period _____

Name: _____ DOB: _____

Dermatological System:

yes no acne
yes no skin cancer, type:
yes no lupus (SLE)

Endocrine System:

yes no goiter
yes no Graves' disease
yes no Hashimoto's thyroiditis
yes no benign thyroid tumor
yes no thyroid cancer
yes no gestational diabetes
yes no insulin dependent diabetes
yes no noninsulin dependent diabetes
yes no unwanted hair growth (hirsutism)
yes no polycystic ovarian disease

Hematological System:

yes no alpha thalassemia
yes no beta thalassemia
yes no deep vein thrombosis (DVT)
yes no hemophilia A/ hemophilia B
yes no pulmonary embolism
yes no blood transfusion
yes no von Willebrand's disease
yes no Thrombophilia (blood clotting difficulties)
yes no radiation therapy (for Lymphoma, etc.)

Musculoskeletal System:

yes no chronic arthritis
yes no Fibromyalgia
yes no Lupus
yes no osteopenia
yes no osteoporosis

Neurological System:

yes no migraines
yes no epilepsy
yes no multiple sclerosis
yes no myasthenia gravis
yes no Parkinson's disease

Name : _____ DOB : _____

Psychiatric System:

yes no alcohol abuse
yes no anxiety disorders
yes no depression
yes no eating disorder

5. Surgical History (Have you ever had):

Breast Surgery:

yes no lumpectomy
Date _____ Dr. _____
yes no lymph node removal
yes no breast implants (augmentation)
Date _____ Dr. _____
yes no breast reduction
Date _____ Dr. _____
yes no total mastectomy
Date _____ Dr. _____

Cardiovascular Surgery:

yes no coronary bypass
Date _____ Dr. _____
yes no valve replacement
Date _____ Dr. _____

Gastrointestinal Surgery:

yes no appendectomy
Date _____ Dr. _____
yes no surgery for weight loss (Bariatric)
Date _____ Dr. _____
yes no gall bladder (cholecystectomy)
Date _____ Dr. _____
yes no colostomy (pouch for stool)
Date _____ Dr. _____
yes no hernia (incisional, umbilical)
Date _____ Dr. _____
yes no large bowel resection
Date _____ Dr. _____
yes no small bowel resection
Date _____ Dr. _____

Name : _____ DOB : _____

Gynecologic Surgery:

yes no anterior repair (colporrhaphy)

Date _____ Dr. _____

yes no posterior repair (colporrhaphy)

Date _____ Dr. _____

yes no D&C

Date _____ Dr. _____

yes no endometrial ablation

Date _____ Dr. _____

yes no hysterectomy (abd, vag lapscopic)

Date _____ Dr. _____

yes no laparoscopy

Date _____ Dr. _____

yes no ovarian cystectomy

Date _____ Dr. _____

yes no tubal ligation

Date _____ Dr. _____

yes no cervical procedure

What was done? _____

Leep

Cone

Cryosurgery

Urologic Surgery:

yes no bladder suspension (burch, sling, TVT)

Date _____ Dr. _____

Neurologic Surgery:

yes no laminectomy

Date _____ Dr. _____

Lymphatic/Hematologic Surgery:

yes no bone marrow transplant

Date _____ Dr. _____

yes no lymph node biopsy

Date _____ Dr. _____

yes no splenectomy

Date _____ Dr. _____

Musculoskeletal Surgery:

yes no total hip replacement L R B

Date _____ Dr. _____

yes no total knee replacement L R B

Date _____ Dr. _____

Name: _____ DOB: _____

Vascular Surgery:

yes no varicose vein stripping/ligation

Date _____ Dr. _____

Skin Surgery:

yes no excision of skin cancer Type _____

Date _____ Dr. _____

yes no genital wart excision

Date _____ Dr. _____

Endocrine System Surgeries:

yes no parathyroidectomy

Date _____ Dr. _____

yes no thyroidectomy (total/subtotal)

Date _____ Dr. _____

Additional Surgeries (Include Date & Dr.):

6. Social History:

Exercise History (circle all that apply):

Inactive light moderate heavy vigorous Daily 2x per week 3x per week

Aerobics biking jogging running stretching/balance swimming treadmill walking weight

lifting yoga

Living situation (circle all that apply):

Lives alone with spouse divorced married single significant other

Occupation: _____

Alcohol/Tobacco/Illicit drug use:

yes no tobacco use

yes no previous smoker

yes no illicit drug use

yes no alcohol use

yes no verbal abuse

yes no sexual abuse

yes no physical abuse

Birth control method (circle all that apply):

None abstinence condoms spermicide Norplant Depo-Provera diaphragm

IUD oral contraceptives vasectomy rhythm method tubal ligation

Name : _____ DOB : _____

Safety History:

yes no safety belt use
yes no helmet use

7. Current Medication History (please list strength and frequency) :

8. Pregnancy/Birth History:

Pregnancies (Gravida) (including present pregnancy) _____
Deliveries (Para) _____
Full term deliveries _____
Pre-term deliveries _____
Abortions/Miscarriages _____
Living Children _____
yes no cesarean section: How many _____
Deceased children _____
Ectopic pregnancies _____

Have you ever had:

Pregnancy Complications:
yes no Cervical incompetence
yes no Fetal demise
yes no Gestational diabetes
yes no Intrauterine growth restriction
yes no Multiple Gestation—Twins
yes no Multiple Gestation—Triplets
yes no Placenta Abruptio
yes no Pre-term Labor
yes no Preeclampsia

Name : _____ **DOB :** _____

Maternal Health Problems During Pregnancy:

- yes no Infectious disease
- yes no Hematological Disease
- yes no Liver disease
- yes no Neurologic disease
- yes no Renal disease
- yes no Respiratory Disease
- yes no Surgical condition. List _____

Labor Complications:

- yes no Arrest of the Active Phase
- yes no Arrest of Descent
- yes no Eclampsia (seizures, high BP)
- yes no Failed VBAC
- yes no Preeclampsia
- yes no Hemorrhage (at or after delivery)

Delivery Complications:

- yes no Forceps vacuum assisted delivery
- yes no Return to OR due to bleeding
- yes no Uterine inversion

Signature : _____ **Date :** _____

Thank you!



Alliance Obstetrics & Gynecology

Listed below are some common problems that can occur during your pregnancy along with several simple “self help” suggestions. If you have any questions, please call the office during regular business hours.

All medications should be taken as directed on the bottle per manufacturer’s instructions.

ALLERGIES

If you are having seasonal allergies you may take Alavert, Benadryl, Claritin or Zyrtec. No medications containing phynylephrine or pseudoephedrine should be taken before 14 weeks.

BACKACHE

Heating pad, regular or extra strength Tylenol, rest, relaxation and warm (not hot) baths. Use correct posture and try to avoid heavy lifting. Sleep on a firm bed. Wear shoes with a low heel.

COLDS, FLU & MINOR ACHES & PAINS

Regular or extra strength Tylenol, Benadryl and Chlortrimeton. Tylenol Cold, Tylenol Sinus, plain Sudafed, or any other medications containing phynylephrine or pseudoephedrine should not be taken before 14 weeks.

CONSTIPATION

Citrucel, Metamucil, Colace, Increase your intake of fruits, juices, bran and especially water (8 glasses above normal intake).

COUGH

Robitussin plain; call your family doctor if the cough persists for more than a week.

DENTAL WORK

It’s a good idea to let your dentist know that you are pregnant prior to any dental work so that they can be extra cautious about using anything that may harm your baby. If you are planning to have dental work you can receive a local anesthetic but make sure to tell your dentist that it cannot contain Epinephrine. Also, x-rays should not be done unless medically necessary. As a precaution against exposure you should insist that the dentist cover you with a double apron prior to the xray.

DIARRHEA

Immodium AD. Stick to a clear liquid diet like bouillon, Jell-O, 7-UP, Gatorade, etc. for 48 hours. If diarrhea persists, call your family doctor.

DIZZINESS, FAINTING & LIGHTHEADEDNESS

Lie down on your left side with your feet elevated. Avoid sudden changes in your posture. After lying down, try getting up slowly, rolling from side to side then pushing to a sitting position. You may also feel dizzy if your blood sugar level is low or you are dehydrated. Try small frequent protein snacks and lots of fluids. If the problem persists, call our office.

GROIN PAIN

Regular or extra strength Tylenol. Round ligament pain is sharp, sudden pain in the groin area caused by the uterus growing to accommodate the baby. Move carefully and avoid sudden movements. Turn over carefully when you are in bed or getting up. Get off your feet.

HEADACHE

Regular or extra strength Tylenol. If you have no relief or experience visual disturbances, call the office.

HEMORRHOIDS

Preparation H, Anusol Cream or suppositories. Avoid constipation by increasing the amount of fluids and fiber in your diet. Cleaning the rectal area with Tucks pads or sitting in a soothing tub or warm water (not hot) may help as well.

INDIGESTION & HEARTBURN

Maalox, Mylanta, Tums, Rolaids, Pepcid. Avoid spicy foods. Eat smaller and more frequent meals. Drink milk before bedtime. Avoid lying down directly after you eat. Elevate head of bed 3-6" on books or blocks.

LEG CRAMPS

Regular strength Tylenol. Wear support panty hose and low heeled shoes. Elevating your feet and taking warm baths may help. Be sure your calcium and fluid intake are adequate. Leg stretches and exercise help also.

SEXUAL INTERCOURSE

You may continue as long as you feel comfortable, unless you have spotting or your bag of waters has ruptured.

NAUSEA

Try eating something dry upon awakening such as toast or crackers. Instead of eating three large meals, try eating six smaller meals spaced evenly throughout the day. Eat your meals dry and wait 45 minutes before drinking fluids. If you feel that your nausea is getting worse, try taking one Unisom tablet with one tablet of vitamin B6 (50 milligrams) twice daily for two days. If there is no improvement, this can be increased to three times a day for 2-3 days. You may even increase to four times a day if needed. You may remain on this indefinitely. Emetrol can be helpful. If you feel your nausea is out of control, call the office.

SINUS HEADACHE

Sudafed after 14 weeks, Actifed, regular or extra strength Tylenol or Chlortrimeton. Tylenol Cold, Tylenol Sinus, and humidifying your home or bedroom can help as well. Increase your fluid intake. Call your family doctor if there is a change in the color of your nasal drainage or if you have a fever of 101 degrees Fahrenheit or over.

SORE THROAT

Chloraseptic spray or lozenges, warm salt gargles as needed. Increase your fluid intake.

SPOTTING

Rest. Increase fluid intake and call the office. Avoid intercourse, tampons and douching. If cramping or bleeding become worse, call the office immediately.

SWELLING

Sometimes referred to as edema, this is a problem that most pregnant women have at some time in their pregnancy. Try wearing support panty hose, elevating your feet when possible and lying on your left side. Don't wear your rings if your hands are swollen. Drink more fluids – especially water. If the swelling is severe, especially when associated with a headache, call the office.

FEVER

Regular or extra strength Tylenol. Increase your fluid intake. Call the office with any fever greater than 101 degrees Fahrenheit. If elevated temperature is due to an upper respiratory infection/sinus infection, call your family doctor.

VAGINAL DISCHARGE

You will normally have more discharge when you are pregnant. If signs and symptoms of infection such as itching or foul odor occur, call the office. Do not douche.

VARICOSE VEINS

Elevate your feet as often as possible and wear support panty hose. These may go away after pregnancy. Avoid knee high hose.

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SHOULD I HAVE PRENATAL TESTING DONE?

Although most babies are born in great condition, worrying that your baby may have a problem is common in pregnancy. A variety of tests are available to help detect some of these problems. This worksheet will help you decide if you want any testing done, and if so, what type. Please review this information and answer the questions at the end **BEFORE** your first visit with the nurse, and bring it with you so we can help you make a plan for your pregnancy.

Prenatal tests are used to screen for problems such as chromosome abnormalities (Downs or Edwards Syndrome for example), or open neural tube defects (spina bifida, anencephaly etc). Test types fall into two categories: screening tests and diagnostic tests. They can be performed in the first trimester at 10 – 13 weeks, the second trimester at 15 – 18 weeks, or in both trimesters.

- Screening tests are used to divide people into lower risk or higher risk groups for certain problems. Screening tests do not tell you if your baby has a problem, they only tell you if you are above or below average risk for them. The advantage of screening tests is that they pose little to no risk for the baby or the mom. The disadvantage is that they don't give you a definite answer, and they have "false positives" (abnormal test, normal baby) and "false negatives" (normal test, abnormal baby). The chance that an affected baby will have an abnormal screening test (abnormal baby, abnormal test) is called the "detection rate".

- Diagnostic tests are very accurate and will almost always give you a definite yes or no answer to your question. Diagnostic tests are nice because you usually know for sure what's happening, but they carry small risks, sometimes causing the miscarriage of a normal baby. So the result of a diagnostic test is more definite than one you get with a screening test, but the risk is higher too.

SCREENING TESTS

1) "Combined Test"

This is the combination of a blood test and an ultrasound at 10 – 12 weeks gestation that measures a pregnancy protein in your blood stream (PAPP-A), and the thickness of the tissue on the back of the baby's neck (nuchal lucency). These test results are available early, but the chance of a false positive is higher than with the other screening tests, and therefore more normal babies will be lost due to more diagnostic tests. If you want a screening test and cannot wait until the second trimester for results, the Combined test is your best option.

2) "Quad Test"

Four substances in the mother's blood are analyzed at 15 – 20 weeks, and you are classified as "lower than average" or "higher than average" risk for chromosome problems or open neural tube defects. Higher false positive and lower detection rate than Integrated tests. Best option for patients not receiving care in the first trimester

3) Integrated Tests ("Serum Integrated" or "Full Integrated")

These tests combine results from two sets of tests, one set done at 10 – 12 weeks, and one set done at 15 – 17 weeks. The results are only available after the second set of tests are drawn. The advantage of these tests is a high detection rate with a low false positive rate. The disadvantage is that results are not available until later than the Combined test.

a) "Serum Integrated"

Blood tests are done on the mother at 10 – 12 weeks (PAPP-A) and again at 15 – 18 weeks (Quad test). The two blood samples are run together after the second sample is obtained. Good choice if you have no insurance coverage for nuchal lucency.

b) "Full Integrated"

Just like the Serum Integrated plus a nuchal lucency ultrasound is done on the baby at 10 – 12 weeks. The results of the ultrasound and both blood tests are analyzed together after the second blood draw. This test has the lowest false positive rate, and therefore will result in the fewest normal babies lost, but the results are not available until 17 – 19 weeks. If you want a screening test done, and can wait until the second trimester for the results, this test offers the highest detection rate and lowest false positive rate of all the screening tests.

Look over this table for more information about the pros and cons of each of the above screening tests.

TEST	RESULTS AVAILABLE	DETECTION RATE	FALSE POS RATE ("Screen Pos Rate")	MISCARRIAGE from diagnostic test (per 100,000 women screened, at 85% detection rate)
Combined Test	11 – 13 weeks	85%	5%	44
Quad Test	17 – 20 weeks	76%	5%	45
Serum Integrated	17 – 20 weeks	87%	5%	19
Full Integrated	17 – 20 weeks	94%	5%	9

DIAGNOSTIC TESTS

1) "Chorionic Villus Sampling" (CVS)

A small sample of the placenta is taken by passing a catheter through the mother's abdomen or cervix between 10 and 13 weeks. The cells are grown to detect chromosome problems, like Down's syndrome. This test is not available in Lansing, but we work with experienced doctors in Grand Rapids and Detroit and will refer you if you wish.

Miscarriage risk following this procedure is 1 or 2 in 100 procedures done.

2) Amniocentesis

A needle is passed through the mother's abdomen into the uterus under ultrasound guidance, to withdraw amniotic fluid, which is sent for chromosome and biochemical analysis. Miscarriage risk following the procedure is 1 or 2 miscarriage in 200 procedures done.

FACTS TO CONSIDER

- Diagnostic tests are less safe but more accurate
- Screening tests are safer but don't give you a "yes or no" answer
- Tests done earlier in pregnancy, such as the Combined test, give you earlier results, but will lead to more amniocenteses or CVS procedures, and therefore more miscarriages of normal babies. Tests that include second trimester blood tests, such as the Serum Integrated and Full Integrated tests, are the most accurate and lead to the fewest miscarriages of normal babies, but the results are not available until later.
- The conditions being tested for cannot be "fixed", even if we know about them in advance, however obstetrical decisions you make might be influenced by the results. For instance, if you knew your baby had a condition that would result in the baby's death within the first few months of life, you might decide against a cesarean delivery for fetal distress.
- Prenatal testing is done to gather information, not to find abnormal babies for pregnancy termination. Many parents who would not terminate an abnormal pregnancy nevertheless have prenatal testing done, in order to be prepared for their newborn's special challenges.
- Many mental and physical handicaps are not due to chromosome abnormalities or anatomic abnormalities, and are therefore not detectable by blood tests, ultrasound, or amnio/CVS.

CIRCLE YOUR AGE-BASED RISK

AGE AT DELIVERY	DOWN SYNDROME RISK	TOTAL RISK FOR ALL CHROMOSOME PROBLEMS
20 – 24	1/1490	1/500
25 – 29	1/1120	1/450
30	1/952	1/417
31	1/909	1/385
32	1/769	1/322
33	1/602	1/286
34	1/485	1/238
35	1/378	1/192
36	1/289	1/156
37	1/224	1/127
38	1/173	1/102
39	1/136	1/83
40	1/106	1/66
41	1/82	1/53
42	1/63	1/42
43	1/49	1/33
44	1/38	1/26
45	1/30	1/21
46	1/23	1/16

QUESTIONS TO ANSWER

• How worried are you about your baby’s health?

Some parents are confident all is well, and need very little reassurance. Others are more worried and would like as much information as we can give them to help. If you are high risk (over age 34 at delivery, family or personal history, exposures to drugs or chemicals, etc) you may be more worried, or perhaps you are low risk, but are just a “worrier”. You have to decide how much reassurance you need and what you are willing to do to get it.

I am very worried about my baby’s health because _____

I worry sometimes, but feel things are probably fine

I am confident things are fine and I don’t worry

• How much risk are you willing to take to be reassured about your baby’s health?

To get 100% assurance that your baby’s chromosomes are normal, you must have an invasive test that has a small chance of causing miscarriage. Screening tests are noninvasive, but less accurate. Some parents decide peace of mind is worth the small risk of an invasive test, others are satisfied to live with some uncertainty in return for no risk.

I would accept the small risk of an invasive test (CVS/amnio)

I would accept the risk of an invasive test only if the chance for a problem was high

I would never accept the risk of an invasive test, regardless of how high the chance for problems was

• What level of testing is right for me?

Please select the choice(s) that fit you best. We will discuss this worksheet further at your office visit.

I definitely need to know that my baby’s chromosomes are normal, please schedule me for counseling and invasive testing

I would like a 20 week ultrasound, but am not interested in any other screening or diagnostic tests. I will “take what comes” regardless of how high risk I am

I am interested in a 20-week ultrasound and some screening tests:

I am interested in first trimester screening test (“Combined test”)

I am interested in second trimester screening (“Quad test”)

I am interested in Integrated testing (Serum or Full)

Patient Signature _____ Date _____

RN Review _____ Date _____

Doctor Review _____ Date _____

OFFICE USE ONLY: CIRCLE APPROPRIATE

TEST	TARGET GA	TARGET DATE	DATE DONE	REVIEWED
Ultrasound only	18 – 20 weeks			
Combined (blood)	10 – 12 weeks			
(NT)	10 – 12 weeks			
(Optional AFP)	15 – 18 weeks			
Serum Integrated	10 – 12 weeks			
	15 – 18 weeks			
Full Integrated (blood)	10 – 12 weeks			
(NT)	10 – 12 weeks			
(blood)	15 – 18 weeks			

Name: _____

Date of Birth: _____

1. Will you be age 35 or older when the baby is due? yes no

2. Have you or the baby's father or anyone in either of your families ever had:

- | | | |
|---|-----|----|
| ▶ Down Syndrome | yes | no |
| ▶ Spina Bifida or Myelomeningocele (open spine) | yes | no |
| ▶ Hemophilia | yes | no |
| ▶ Muscular Dystrophy | yes | no |
| ▶ Cystic Fibrosis | yes | no |
| ▶ Trisomy 13 | yes | no |
| ▶ Trisomy 18 | yes | no |
| ▶ Blood clots | yes | no |

3. Have you or the baby's father had a child born with a birth defect other than those listed above? yes no

4. Do you or the baby's father have a close relative(s) who has a congenital heart defect? yes no

5. Do you or the baby's father have any close relative(s) who are mentally impaired? yes no

List cause if known: _____

6. Do you, the baby's father or a close relative in either of your families have any genetic or chromosomal disorder not listed above? yes no

If yes, please describe _____

7. Have you, or the spouse of the baby's father in a previous marriage had 2 or more miscarriages? yes no

8. Do you or the baby's father have any of the following ancestry? (circle)

- ▶ Eastern Europe (Ashkenazi Jewish)
- ▶ French Canadian
- ▶ North European (Caucasian)
- ▶ African American
- ▶ Greek
- ▶ Middle Eastern
- ▶ Asian Indian (India)

Ethnic background of mother of baby _____

Ethnic background of father of baby _____

These ethnic groups are at increased risk for the following disorders and carrier testing and prenatal diagnosis is available for most.

Eastern Europe, Ashkenazi Jewish

Some carrier risks

Cystic fibrosis	1 in 26–29
Tay Sachs	1 in 30
Canavan	1 in 40
Bloom syndrome	1 in 100
Familial dysautonomia	1 in 30
Fanconi Anemia (Group C)	1 in 89
Gaucher	1 in 10–15
Mucopolipidosis (Type IV)	1 in 122
Niemann-Pick (Type A)	1 in 90

French Canadian:

Cystic fibrosis	1 in 25
Tay Sachs	Not available
Tyrosinemia	Not available
Phenylketonuria (PKU)	Not available

North European Caucasian:

Cystic fibrosis	1 in 25
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African American:

Sickle cell anemia	1 in 10
Other hemoglobinopathies, e.g., hemoglobin C	Not available

Populations with origins in malaria-prone areas such as the Mediterranean countries, the Middle East, parts of Africa, India and Asian countries are at risk for thalassemia. Beta and alpha thalassemia are the most common. Alpha thalassemia is most prevalent in Asian countries.

The Pediatric & Human Development Dept. at MSU recommends hemoglobin electrophoresis for African Americans and individuals at risk for thalassemia to rule out a risk for a hemoglobinopathy, such as sickle cell disease, sickle/thal disease, hemoglobin SC disease, etc.

MSU Department of Pediatrics & Human Development, 2003



PRENATAL TUBERCULOSIS SCREENING QUESTIONNAIRE

- Y N Are you HIV positive?
- Y N Do you have close personal contact with someone who has a confirmed case of ACTIVE TB?
- Y N Are you currently homeless or using illegal IV drugs?
- Y N Are you a healthcare worker working with patients at high risk for TB?
- Y N Are you a resident or employee of a long term care facility, correctional facility, or homeless shelter?
- Y N Were you born in Latin America, Asia or Africa and have lived in the United States for 5 years or less?
- Y N Are you currently immunocompromised? (current cancer, severe kidney disease, diabetes, organ transplant recipient or on a TNF alpha inhibitor)



To All Patients,

The intent of this document is to inform you of Alliance Obstetrics & Gynecology's Financial Policy. It is our objective and philosophy that all our patients receive the best possible care and service. Therefore, your complete understanding of our financial policy as it relates to your financial obligation is essential. Please read this document thoroughly. When you present to the office you will be asked to sign a form stating that you have read, understand and will comply with the information contained within this document.

- ❖ If you are a member of a health plan that Alliance OBGYN participates with, we will submit your claim to your insurance company. Your co-payment is expected at the time services are rendered. Patients will be billed in full for any services that their health plan deems as "not a benefit" or a "non-covered service".
- ❖ If Alliance OBGYN does not participate with your insurance carrier, payment in full will be required by you at the time services are rendered. Our Billing Department will send a bill to your insurance company as a courtesy to you. (*Maternity care and hospital services are arranged separately.*)
- ❖ Medicare patients are responsible for their deductible, co-insurance and any services Medicare might deem as "Medically Unnecessary". Medicare patients may also be asked to sign an Advanced Beneficiary Notice (ABN) form as required by Medicare for certain services.
- ❖ Any patient over the age of 18, or an emancipated minor, will be held financially responsible for all charges incurred. For minors, the parent who accompanies the minor for their first visit will be financially responsible for all charges incurred.
- ❖ There may be additional charges applied to your account if Alliance OBGYN is asked to participate in a Deposition, Phone Consultation, copying of Medical Records or completion of forms pertaining to your medical history.
- ❖ There is a \$25 fee for Medical records requests. Payment for these records will be collected prior to records being released. If applicable, a complimentary copy of your records will be sent to the physician of your choice.
- ❖ Alliance OBGYN accepts Cash, Personal Check, Money Orders, Travelers Checks, Discover, Mastercard, Visa, and ATM debit cards as payment for services rendered.
- ❖ A \$35 fee will be assessed for any check returned for insufficient funds. At that time only cash, charge or money order will be accepted for payment.
- ❖ Alliance OBGYN reserves the right to turn any account over to collections if it is deemed that the account has been in default of payment or compliance with this policy. In the event you breach this agreement, you agree to pay all collections fees, including attorney's fees, incurred by us in enforcing the terms hereof, whether or not formal legal proceedings are commenced.
- ❖ If you must cancel an appointment Alliance requires a minimum of 24 hours notice. Failure to give 24 hours cancellation notice or failure to keep your scheduled appointment will result in a charge of \$75.00.