

Medical History			
Please indicate whether you have or have had any of the following			
	Details:		Details:
1. Diabetes		17. Do you know your blood type?	
2. High blood Pressure		18. Pulmonary problems like Tuberculosis or asthma	
3. Heart Disease		19. Seasonal Allergies	
4. Autoimmune Disorder/ Lupus		20. Are you allergic to any medications or to Latex	
5. Kidney problems, Frequent urinary tract infections		21. Breast problems like fibrocystic breasts	
6. Neurological problems/ Epilepsy		22. Have you ever had any gynecologic surgeries like LEEPS or Cone Biopsies	
7. Psychiatric		23. Please list any Operations or Hospitalizations	
8. Depression/ Postpartum Depression		24. Problems with anesthesia	
9. Hepatitis/ Liver Diseases		25. When was your last pap smear? Was it normal?	
		26. Do you have a history of abnormal pap smear?	
10. Varicose veins/ Phlebitis		27.. Uterine abnormalities	
11. Thyroid problems		28. Problems with Infertility	
12. Have you suffered any Trauma or Violence		29. Relevant Family History: Anybody in you immediate family with the above?	
13. History of Blood Transfusion		30. Other	
Do you use:	Amount used before conception:	Amount used since last period:	Number of years used:
14. Tobacco:			
15. Alcohol:			
16. Illicit/ Recreational			

Drugs:			
What Symptoms have you had Since your last period:			
What Medications are you currently taking:			
Genetic Screening/ Teratologic Counseling Includes Patient, Baby's Father, or Anyone in Either Family with:			
	Yes	No	
1. Patient's Age or father of baby > or = to 35 y/o at Estimated Date of Delivery			12. Huntington's Chorea
2. Thalassemia (Italian, Greek, Mediterranean, or Asian)			13. Mental Retardation/ Autism
3. Neural Tube Defect (Meningomyelocele, Spina Bifida, or Anencephaly)			14. Other Inherited Genetic or Chromosomal Disorder like extra fingers, cleft palette , club foot
4. Congenital Heart Defect			15. Maternal Metabolic Disorder
5. Down Syndrome			16. Patient or Baby's Father has a child with birth defect not listed above
6. Tay-Sachs (Jewish, Cajun, French Canadian)			17. Recurrent Pregnancy Loss or Stillbirth
7. Canavan Disease			18. Medications/Drugs/Alcohol Since LMP
8. Sickle Cell Disease or Trait (African)			If Yes, Agents, Strength and Dose
9. Hemophilia or Other Blood Disorder			19. Any Other
10. Muscular Dystrophy			
11. Cystic Fibrosis			
Comments:			

Infection History					
	Yes	No		Yes	No
1. Live with Someone with TB or Exposed to TB			4. History of STD: Gonorrhea, HPV, Chlamydia, Syphilis		
2. Patient or Partner has History of Genital Herpes			5. Have you had chicken pox		
3. Have you had a Rash or Viral Illness Since your last period?			6. Do you have cats?		
Comments:					

Plano Women's Healthcare, P.A.

1600 Coit Road, Suite 202
Plano, Tx 75075

NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your IIHI
- Your privacy rights in your IIHI
- Our obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

The Medical Records Department

C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS

The following categories describe the different ways in which we may use and disclose your IIHI.

- 1. Treatment.** Our practice may use your IIHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your IIHI in order to write a prescription for you, or we might disclose your IIHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your IIHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your IIHI to other health care providers for purposes related to your treatment.
- 2. Payment.** Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IIHI to bill you directly for services and items. We may disclose your IIHI to other health care providers and entities to assist in their billing and collection efforts.
- 3. Health Care Operations.** Our practice may use and disclose your IIHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your IIHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your IIHI to other health care providers and entities to assist in their health care operations.
- 4. Appointment Reminders.** Our practice may use and disclose your IIHI to contact you and remind you of an appointment.
- 5. Treatment Options.** Our practice may use and disclose your IIHI to inform you via bulletins and internal promotions.
- 6. Health-Related Benefits and Services.** Our practice may use and disclose your IIHI to inform you of health-related benefits or services that may be of interest to you.
- 7. Disclosures Required By Law.** Our practice will use and disclose your IIHI when we are required to do so by federal, state or local law.

D. USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

- 1. Public Health Risks.** Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:

- maintaining vital records, such as births and deaths
- reporting child abuse or neglect
- preventing or controlling disease, injury or disability
- notifying a person regarding potential exposure to a communicable disease
- notifying a person regarding a potential risk for spreading or contracting a disease or condition
- reporting reactions to drugs or problems with products or devices
- notifying individuals if a product or device they may be using has been recalled
- notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence);

however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information

- notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. Health Oversight Activities. Our practice may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings. Our practice may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law Enforcement. We may release IIHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

5. Deceased Patients. Our practice may release IIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6. Organ and Tissue Donation. Our practice may release your IIHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

7. Research. Our practice may use and disclose your IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes except when an Institutional Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of the PHI.

8. Serious Threats to Health or Safety. Our practice may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

9. **Military.** Our practice may disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

10. National Security. Our practice may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IIHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

11. Inmates. Our practice may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

12. Workers' Compensation. Our practice may release your IIHI for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR IIHI

You have the following rights regarding the IIHI that we maintain about you:

1. Confidential Communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your IIHI, you must make your request in writing. Your request must describe in a clear and concise fashion:

- (a) the information you wish restricted;
- (b) whether you are requesting to limit our practice's use, disclosure or both; and
- (c) to whom you want the limits to apply.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the Medical Record Department in order to inspect and/or obtain a copy of your IIHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IIHI kept by or for the practice; (c) not part of the IIHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures. All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your IHI for non-treatment, non-payment or non-operations purposes. Use of your IHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the Medical Records Department.

7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact the Medical Records Department. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

8. Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact the Medical Records Department

PLANO WOMENS HEALTHCARE, P.A.

**RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM.**

Patient Name Printed

Date Of Birth

Patient Social Security Number

I, _____, have received a copy of the Notice of
Privacy Practices.

Patient Signature

Date

Guardian Signature (if patient under 18)

Date

Plano Women's Healthcare, P.A.

Drs. Heather Bellanger, Julie DaVolio, Marlene Diaz,
Arlene Jacobs, Amy Mos, Lisa Umholtz

PATIENT RECORD OF DISCLOSURE

The HIPAA Privacy rule gives individuals the right to request a restriction on notes and disclosure of their protected health information (PHT). The individual is also granted the right to request confidential communications, or that a communication be made by alternative means.

I WISH TO BE CONTACTED IN THE FOLLOWING MANNER: (Number the selections below in order of your preference)

___ By my **home** telephone, My number is: _____

___ It is ok to leave me a message with detailed information.

___ It is NOT ok to leave me a message with detailed information.

___ By my **cell phone**, my number is: _____

___ It is ok to leave me a message with detailed information.

___ It is NOT ok to leave me a message with detailed information.

___ It is ok to contact me at **work** and my number is: _____

___ It is ok to leave me a message at work with detailed information.

___ It is NOT ok to leave me a message at work with detailed information.

___ It is ok to leave a callback number ONLY at my work number.

I authorize you to discuss my medical history and release any and all medical information to the following individuals: (fill in all that apply)

___ My spouse, whose name is: _____ Phone _____

___ My parent, whose name is: _____ Phone _____

___ No one other than myself

___ Fill in any other name you desire: _____ Phone _____

Patient or Guardian Signature: _____ **Date:** _____

Patient Name(please print): _____ Date of Birth _____

Name of legal guardian/caretaker: _____

Plano Women's Healthcare, P.A.

Obstetrics, Gynecology & Infertility

1600 Coit Road, Suite 202
Plano, Texas 75075

Telephone:
(972) 596-2470

Thank you for choosing Plano Women's Healthcare for your obstetrical and gynecological needs.

The purpose of this form is to better acquaint you with the payment policies of this office. Please present your insurance card to the receptionist upon check-in. You must present your card every time you are seen in this office. Intentional misrepresentation of your insurance coverage is grounds for dismissal from this practice. You may also be held liable for any fines or penalties assessed to this office by or on behalf of the insurance company.

Our office participates in several PPO and HMO insurance plans. Non-PPO/HMO plan patients are responsible for all amounts deemed above the usual and customary or otherwise not paid for by their insurance carrier. If we are providers on your insurance plan, contractual adjustments will be taken. It is your responsibility to verify your insurance eligibility and deductible information prior to your appointment. You will be responsible for all co-pays, co-insurance, and deductibles along with any service that is not covered on your insurance plan. Your co-pays and any applicable deductible amounts may be collected at the close of your appointment. All non-insured patients must pay for each visit in full at the time of service. Our office accepts the following forms of payment: Cash, Check, MasterCard, Visa and Discover. All account balances not paid in full within 30 days will be sent to our collection agency.

Plano Women's Healthcare carefully reviews fees every year to ensure they are representative of the Plano area and for the quality of care which we provide to our patients. It is not the responsibility of this office to dispute these differences with your insurance carrier. Please do not hesitate to contact the insurance department if you have any questions.

Letters written and forms completed at your request may be subject to a fee depending on the context and time involved in producing such letter/form. You will be notified of the fee prior to processing.

Please be aware that there will be a \$25.00 fee charged to your account for all No-Shows or appointments that you fail to cancel within 24 hours prior your appointment.

We realize that you have many choices for healthcare. We appreciate the opportunity to provide you with excellent care. Thank you for choosing Plano Women's Healthcare.

I have read and understand the payment policies of Plano Women's Healthcare, P.A.

Print Patient Name

Date of Birth

Patient Signature

Date of Appointment

Please sign below indicating that you have read and all of your questions have been answered.

With the new guidelines of the Affordable Care Act (ACA), preventative health care is now covered without being subject to deductible or co-insurance. However, please be aware that preventative health care does not include the management of common counseling/illnesses such as procreative counseling, depression, hormone replacement therapy, hypertension, menstrual irregularities, infections or follow-up of abnormal lab work, just to name a few. In accordance with national guidelines and our contract with your insurance company, these illnesses are coded, billed and paid separately. Management of an illness in conjunction with your preventative visit will be applied to your deductible, co-pay and co-insurance. You have the option of discussing everything with your physician at your visit today. If this is your choice, we will bill your insurance and collect your co-pay today. We will bill you for your co-insurance and deductible accordingly.

Signature: _____ Date: _____

The Seafood Shopping List

OK TO EAT

Eat a variety of these fish up to twice a week. They have few or no toxins and are caught in ways that don't hurt the environment.

Bass, striped (farmed)

Catfish (U.S. farmed)

Caviar (from farmed sturgeon and rainbow trout)

Clams (farmed)

Crab, Dungeness

Crawfish (U.S. farmed)

Lobster, rock (Australia) or spiny (California)

Mussels (farmed)

Oysters (farmed)

Salmon, wild Alaskan (fresh, smoked, or canned)

Scallops, sea (diver-caught)

Shrimp, northern pink; and spot prawns (U.S. and Canada)

Shrimp, warm-water (U.S. farmed)

Tilapia (U.S. farmed)

Trout, brook and rainbow (farmed)

LIMIT CONSUMPTION

Limit consumption of these fish to once or twice a month (except where noted). Sensitive populations, such as young children and pregnant women, may choose to eat less.

Bass, striped (wild) M, P

Bluefish M,P

Cod (Pacific), once weekly

Crab, blue (from Mid-Atlantic to Gulf of Mexico) M, P

Crab, snow (U.S.), once weekly

Flounder (Pacific), once weekly

Fluke (Atlantic summer) P

Haddock BC

Halibut (Pacific), once weekly M

Lobster (American/Maine), once weekly

Mackerel, Spanish M

Mahimahi, once weekly

Mussels, blue (wild) HD, P

Oysters (wild, Eastern U.S.) HO, P

Pollock (also used in imitation crab, fish sticks)

Sablefish (also called black cod)

Sardines P

Scallops, bay (imported, farmed)*

Scallops, sea (U.S. dredged) BC, HD

Shrimp/prawns (wild, U.S.), once weekly

Sole (Pacific) HD

Tuna, albacore, bigeye, yellowfin (troll- and pole-caught)
M Tuna, canned (albacore) M

Tuna, canned (chunk light), once weekly M

AVOID THESE FISH

They have moderate to high levels of toxins and/or are overfished, caught, or farmed in ways that hurt the environment. Women who are pregnant and nursing or planning a pregnancy, and children should not eat shark, swordfish, tilefish, or king mackerel.

Caviar (beluga, ostrya, sevruga) OF

Cod (Atlantic/Icelandic) OF, M

Crab, blue (Chesapeake Bay) HD, OF, M,P

Crab, king (imported) OF

Flounder (Atlantic) BC, HO, OF

Grouper OF,M

Halibut (Atlantic) HO, OF,M

Mackerel, king QF,M

Marlin BC, M

Monkfish BC, HO, OF, M

Orange roughy BC, OF,M

Oysters, Gulf Coast M

Salmon (Atlantic, farmed) HO, P

Sea bass, Chilean (also called Patagonian or Antarctic toothfish) BC, OF, M

Shark BC,OF,M

Shrimp (imported, farmed, or wild) BC, HD

Snapper (U.S.) BC, OF,M

Sole (Atlantic) BC, HO, OF

Swordfish (Atlantic) BC, OF, M

Tilefish (also called golden bass or golden snapper) OF, M

Tuna, bluefin BC,OF,M

Legend

BC - Bycatch

HO - Habitat damage

OF - Overfished

M - Mercury

P - PCBs and pesticides

CALCIUM CONTENT OF SOME FOOD *

<u>FOOD</u>	<u>SERVING SIZE</u>	<u>CALCIUM CONTENT (mg)</u>
Milk, skim	1 cup	302
Yogurt (low-fat, fruit-flavored)	8 ounces	300
Gruyere	1 ounce	287
Swiss cheese	1 oz	272
Figs, dried	10 figs	269
Tofu, raw, firm	½ cup	258
Calcium-fortified cereals	¾ cup	250
Cheddar cheese	1 ounce	204
Calcium-fortified orange juice	6 ounces	200
Mozzarella cheese, part-skim	1 oz	183
Collards, cooked from frozen, chopped	½ cup	179
American cheese, processed	1 ounce	174
Blackstrap molasses	1 tablespoon	172
Creamed cottage cheese	1 cup	126
Sardines, canned in oil	2 sardines	92
Parmesan cheese, grated	1 tablespoon	69
Mustard greens	½ cup	52
Kale, boiled	½ cup	47
Broccoli, boiled	½ cup	36

*From JAT Pennington, Bowes and Church's Food Values of Portions Commonly Used, 17th ed, Philadelphia: Lippincott, 1998

VITAMIN D – Increasing vitamin D intake may enhance calcium absorption from both dietary sources and supplements (L Mortensen and P Charles, Am J Clin Nutr, 63:354, 1996:

Plano Women's Healthcare, P.A.
General Obstetrical Information
(972) 596-2470

I. PRENATAL VISITS

Your prenatal visits will take place every four weeks until you are approximately seven months (28-32 weeks) pregnant. Starting at 32 weeks, your prenatal visits will be every two weeks and may include rotation with the other doctors in our office. At around 36 weeks, you will be seen on a weekly basis until your delivery. During your weekly appointments, you may have a pelvic exam at each visit.

Patients at high risk for complications (high blood pressure, diabetes, pre-term labor) may be seen more frequently.

II. TESTS

During your initial visit, the following blood tests will be performed: a complete blood count (CBC), blood type and RH, antibody screen, sickle cell (if needed), rubella titer, VDRL (syphilis check), urine culture, hepatitis screen, HIV and a sonogram to confirm pregnancy if less than 12 weeks. Pap Smear, Chlamydia/Gonorrhea will be performed unless previously done in the last 6 months. Other tests will be ordered / offered if deemed necessary. Although, some insurance companies may not cover these tests, they are highly encouraged.

Throughout your pregnancy, we will check for anemia, diabetes and hypertension. Urine samples will be collected and checked at each visit for the presence of protein, glucose and blood. Blood pressure and weight will also be assessed.

There are several options for prenatal screening to assess your baby's risk for genetic disorders. These include Nuchal Translucency Screening or combined First Trimester Screening, CVS, or a penta screen. These are done at specific times during the pregnancy and will be discussed in more detail during your first appointment.

A sonogram may be done between 16-20 weeks if medically necessary. This sonogram will check the physical well being of the baby as well as placental location and amniotic fluid volume. You will need to have a full bladder.

At or around your 24-28-week visit, you will drink a measured amount of glucose (Glucola). Your blood will be drawn one hour after you finish the drink. This is a screening test for gestational diabetes. Plan to be here for at least one hour. At this point in the pregnancy, you should be thinking about choosing a pediatrician and enrolling in a prenatal or labor refresher class.

A vaginal culture will be done at 35-37 weeks to assess for group B strep, and HIV will be redrawn.

III. GENERAL

During your pregnancy you should abstain from smoking, illicit drug use and drinking alcohol. Caffeine should be avoided, if possible. Use artificial sweeteners in moderation. It is preferable that no medication be taken in the first 12 weeks (three months) of pregnancy unless approved by our office. However, even in the first 12 weeks, it is safe to take small doses of some medication for mild discomfort, indigestion, etc. Please refer to the attached list of medications.

Travel is permissible until 36 weeks in an uncomplicated pregnancy. After 24 weeks, a pelvic exam will be done before your doctor approves any travel. Travel is not recommended after 36 weeks!

Extensive dental work should be postponed until after the 1st twelve weeks of pregnancy. Routine dental work such as cleanings and fillings may be performed during pregnancy. Please advise your dentist of your pregnancy so that precautions in shielding your abdomen during x-rays are taken. Local anesthesia including Lidocaine and Novocain without Epinephrine may be used.

Artificial hair color application should be avoided until after the first 12 weeks of pregnancy have passed. Artificial nail application and fills should be performed only under well-ventilated circumstances.

IV. DIET GUIDELINES

A weight gain of 25-35 pounds during your pregnancy is desirable. This is not the time for restrictive diets. Your weight will be assessed at each visit. Weight gain can vary from visit to visit.

V. EXERCISE

Exercise during pregnancy is important and key to your well-being and comfort. It affects how quickly you “shape-up” in the postpartum period. Swimming, thirty minutes of fast walking or low impact aerobics are some things you can participate in during your pregnancy. For all activity, start slowly and if you get tired - STOP. Housekeeping is not considered exercise. Activity should be enjoyable - not painful or too difficult.

VI. VACCINATIONS

- The Influenza Vaccine is recommended in any trimester during flu season (October-March)

- The CDC now recommends the TDAP Vaccine be given in each pregnancy during either the 2nd or 3rd trimester. All close family members and caretakers are recommended to have this vaccine as well.

VII. COMMON PROBLEMS OF PREGNANCY & APPROVED MEDICATIONS

Dyspnea (shortness of breath): Sleep with your head elevated, propped up by pillows. The descent of your baby in later gestation will relieve some of this discomfort.

Constipation: Drink at least 8 glasses of water a day. Increase your intake of fruits and fruit juices, bulk-forming foods such as bran, cereals, and vegetables, and increase your exercise. Stool softeners such as *Colace*, *Surfak*, *Metamucil* and *Miralax* and laxatives such as glycerin or *Dulcolax* suppositories may be used on occasion. *Gas X* may be used for gas pain.

Hemorrhoids: You may use *Tucks* pads, *Preparation H*, *Anusol* cream, and do warm tub (sitz) baths as needed to relieve discomfort.

Heartburn: Eat several small meals a day instead of three big ones. Avoid greasy or highly spiced foods. Breathe slowly and deeply. If symptoms worsen at night, sleep with your head elevated. You may use *Maalox*, *Gaviscon*, *Riopan*, *Mylanta*, *Milk of Magnesia*, *Zantac*, *Tums*, *Prilosec OTC*, *Pepcid* or *Roloids*. If still unrelieved, please call us.

Colds: Increase your fluid intake especially clear liquids. You may use decongestants such as *Sudafed* and *Tylenol Cold*. However, with fever over 100.4, we ask that you call the office. You may use *Tylenol*, *Extra Strength Tylenol* or *Tylenol PM* for headaches and fever. For cough, we recommend *Benadryl* or *Rescon*, *Robitussin*, *Robitussin DM*, *Tavist*, or *Claritin*, *Zyrtec*, *Mucinex* (*Robitussin CF* or any other medicine containing *Phenylpropanolamine* may NOT be used.)

Diarrhea: Limit your diet to bland food and mostly clear liquids. *Imodium A-D* can also be used. Please call the office if symptoms persist.

Nausea or Vomiting: Some nausea is common. Small but frequent meals may help. Skipping meals will aggravate the discomfort. If vomiting or nausea occurs often, please call the office. *Emetrol* is an over-the-counter antiemetic that may help. You can also try a combination of Vitamin B6- 25mg three times a day, with Doxylamine (Unisom) 12.5mg in the a.m. and afternoon and Doxylamine (Unisom) 25mg at night.

Varicose Veins or leg ache: Avoid tight garters, knee-highs or thigh highs. Support hose will help. Avoid standing for long periods of time. Change positions frequently. Elevate legs and hips several times a day by supporting them with pillows under the knees.

Painful urination: Call the office to discuss your symptoms with the nurse. Collection of a urine sample may be required.

VIII: IMPORTANT REMINDERS

Emergencies to be reported to your doctor:

Constant headache unrelieved by Tylenol or a decongestant

Unusual swelling or a generalized puffy feeling

Blurred vision or fainting

Bleeding from the vagina

Fever of greater than 100.4

Persistent abdominal pain

Burning on urination

Decreased or no fetal movement. Please call as soon as this is noticed. You may need a non-stress test (NST).

IX: IS IT TIME? -- Call Your Doctor If: (972) 596-2470

First Baby - Contractions that are 5 minutes apart, each lasting 40-60 seconds for the duration of one hour.

Not first baby - Contractions 7-10 minutes apart.

Water breaks - Signs include a sudden gush of water from the vagina, consistent leaking of fluid or "increased wetness". Do NOT wait until contractions start or for the fluid to stop before calling.

Vaginal bleeding - Anything besides the bloody show should be reported to your doctor. You do not need to notify the office for the loss of the mucus plug.

Besides the above suggestions and recommendations, a lot of information can also be found in your prenatal books. However, please do not hesitate to ask questions. We are here to provide you with answers and to make your pregnancy a healthy, safe, and enjoyable experience.

Instructions for Doing Kegel Exercises

You can do these exercises in any position – lying down, sitting, or standing. Your legs should be slightly apart. Tighten and then release the muscles around the vagina. Work up to doing this one hundred or more times a day. (Please note that twenty times five, or ten times ten will be more effective and less tiring than one hundred times without stopping.)

Kegel Exercise #1

Here are two techniques to help you get the feel of this exercise.

1. Place your hand over your pubic bone. Imagine you are trying to contract your vaginal muscles as far up as your hand.
2. Try this exercise while urinating. If you can start and stop the flow of urine at will, you've got it.

Kegel Exercise #2

Tighten and release the vaginal muscles as in Kegel exercise #1. This time, however, you will do it more slowly. Tighten the muscles slowly as you count to six (or time yourself using a clock with a second hand). Then slowly relax to a count of four. Then tighten and hold again for six seconds. Relax for four. Begin with a minute. Work up to five minutes at a time, several times a day. Breathe normally as you do this exercise. Resist the temptation to hold your breath as you count.

Labor Warning Signs

This hand-out is to give you an idea of what signs you can look for to help you recognize the onset of labor and to tell the difference between true labor and “false labor”. The most important thing to remember about a due date is that it is only a guideline – there is nothing “magic” about it that will help labor begin. Women often don’t give birth on their due dates. The beginning of labor is unpredictable, and often happens a little early or late. This is no cause for anxiety or alarm. Labor may begin as much as two weeks before or after your due date and still be considered normal.

In the last several weeks of pregnancy, you may notice that your abdomen gets hard and then gets soft again. As you get closer to your delivery date, you may find that this may feel similar to menstrual cramps and become uncomfortable or even painful. These irregular cramps are called Braxton-Hicks contractions, or false labor pains. They may occur more frequently when you are physically active. False labor can occur just at the time when labor is expected to start, so it is sometimes difficult to tell this from true labor. Don’t be upset or embarrassed if you react by thinking labor is beginning. Sometimes the difference can only be determined by a vaginal exam. The following may help you to tell the difference between true and false labor:

TRUE LABOR

Contractions regular
Contractions increase in intensity
Contractions gradually get closer together
Cervix dilates

FALSE LABOR

Contractions irregular
Intensity remains the same or decreases
Contractions remain the same or farther apart
Cervix does not dilate

WHEN TO CALL THE DOCTOR:

If you experience any of the following symptoms, you should call the office at (972) 596-2470.

1. Vaginal bleeding more than a period.
2. Significant decrease of fetal movement.
3. Contractions every five minutes for one hour, with contractions lasting 45-60 seconds each.
4. Sudden gush of water or continual slow leakage of water from the vagina (fluid is usually thin and clear and has a “slick” feeling much like bleach).
5. Blurred vision or flashes of light in front of eyes.
6. Severe or continual abdominal pain.

You may also pass mucus per vagina from time to time around the time of labor. It is not necessary to contact the office unless it accompanies one of the above symptoms.

Drs. Jacobs, Umholtz, Diaz, DaVolio, Mos and Licker

Plano Women's Healthcare

Optional Tests Offered Before and During Pregnancy

Alpha-Fetoprotein Test (AFP) and Quad Screen

These are screening tests that can assess your baby's risk of having such birth defects as Spina Bifida, Anecephaly and Downs Syndrome. As with all *screening* tests, the results are not 100%. Not every abnormal result will mean that your baby has a birth defect. Likewise, not every normal result guarantees that the baby is defect free. In the cases where an abnormal result is reported, diagnostic tests such as a level two sonogram or an amniocentesis should be preformed.

Spina Bifida is a neural tube defect that can result in the baby's brain and or spinal cord to remain exposed (not covered with skin). Symptoms of this may include:

Leg paralysis

Lack of bladder and bowel control

Scoliosis (curvature of the spine)

Hydrocephalus (increased fluid on the brain)

Mental Retardation

Death

Anecephaly is another form of neural tube defect. With this the baby's brain and head do not develop normally. As this condition is not compatible with life, babies with anencephaly are either stillborn or die shortly after birth.

Down Syndrome is a genetic disorder caused by trisomy 21. Normally, there are 23 pairs of chromosomes. In the case of Down syndrome, there is an extra copy of chromosome #21. This causes mental retardation to varying degrees, heart defects, and abnormal facial features such as flat face and low set ears. The risk for having a baby with Down syndrome increases with maternal age. The risk at age 35 is 1 in 378.

Both the AFP and the Quad Screen are done from a small amount of the mother's blood drawn at 15- 18 weeks gestation. Usually results are available within 2 weeks. As this is an optional test, it may not be covered by all insurances. Please check with your insurance company to verify coverage. Out of pocket costs could reach \$300.

It is your choice whether to be tested. Some families find the tests reassuring while others would rather not have the information. The results can help some women make decisions about their options.

Cystic Fibrosis Carrier Testing

Cystic Fibrosis is a genetic disorder that is usually diagnosed during the first few years of life. Both parents must be carriers for the baby to develop CF. While this disease does not affect intelligence or appearance, its effects on the digestive system and the lungs are serious. Those children with CF must undergo daily respiratory therapy treatments as well as taking daily doses of medicine to treat the digestive system.

Genetic testing is done from a small sample of blood from the mother and father. While there are some mutations that the current test cannot find, the likelihood that you are a carrier when the results were reported normal is small. The cost of testing is covered by some insurance. Please check with your insurance carrier before deciding to proceed with testing.

<u>Ethnicity /Race</u>	<u>Chance of both parents being carriers</u>
European Caucasian, Ashkenazi Jewish	1 in 841
Hispanic American	1 in 2,116
African American	1 in 4,225
Asian American	1 in 8,100

For more information:

Cystic Fibrosis Foundation
National Society of Genetic Counselors
Genetic Alliance

WWW.CFF.ORG
WWW.NSGC.ORG
WWW.Geneticalliance.ORG

Cord Blood Banking

Cord blood banking is the preservation of the blood from the baby's umbilical cord at birth. This blood contains the building blocks of all cells called stem cells. These stem cells divide to create the white blood cells of the immune system, red blood cells that carry oxygen to tissues and vital organs, and platelets, which are responsible for clotting. Collection of cord blood is time restricted. It can only be retrieved immediately after birth so it is important to have preparations ready for its collection prior to delivery.

The stem cells are used similarly to how bone marrow is used presently. The transplantation of stem cells is being used to treat a wide range of serious diseases including cancer, leukemia, lymphoma, some forms of anemia, sickle cell and other immune deficiencies. So should your baby become seriously ill, the materials needed for treatment are readily available because they have been cryogenically frozen to preserve their inherent value. Because stem cells are collected from the infant before it has been exposed to any disease, they are a perfect, uncompromised match for your baby so the risk of rejection is null. In addition, banked cells have a 1 in 4 chance of being an exact match for the baby's siblings. This could be a major point for ethnic minorities who, because of low donation rates to the National Marrow Donor Program, could have difficulty locating suitable transplant material.

There are many cord blood banks from which to choose from. The web addresses for some of the larger companies have been provided. If you are considering banking your infant's cord blood, please take the time to review your choices.

www.viacord.com

www.cordblood.com

www.cryo-cell.com

www.securacell.com

www.lifecd.com

Thyroid Stimulating Hormone

A 3- year study published in The New England Journal of Medicine found that the children of women who were not treated for Hypothyroidism in pregnancy averaged 7 points lower on IQ tests and that nearly 1 in 5 (19%) had scores of 85 or less. High serum TSH concentrations were to blame. While thyroid disease is relatively easy to treat early diagnosis is the key.

So, to avoid the unnecessary complications brought on by undiagnosed hypothyroidism, we have chosen to offer a routine TSH screening to all obstetrical patients.

Your insurance company may not cover this test due to plan limitations or lack of medical necessity, in which case, you will be financially responsible for the cost of the test.

Hemoglobinopathies

This family of genetic disorders affects the body's ability to transfer oxygen to the cells. There are several different types of hemoglobinopathies the most common include Sickle cell and Thalassemia. While these anemias can occur among all ethnic and racial groups, studies have shown an increase in occurrence among those of African, Southeast Asian, Mediterranean, and Middle Eastern decent. The average life expectancy of patients with Sickle Cell Anemia is decreased by 25-30 years. During which time symptoms could include, painful crisis, strokes, splenic and renal dysfunction, and bone and joint disease. Parents who are both carriers have a 25% probability of having a child with Sickle Cell. Among African Americans that translates to 1 in every 150 couples.

Testing for this carrier status includes collecting a small amount of blood from the mother. If results are positive for carrier state then testing of the father is recommended. Once both parents have been identified as carriers then an amniocentesis can be performed to evaluate the state of the fetus.

For more information on Sickle Cell and Thalassemia please refer to the many valuable web based informational sites by searching for the key word 'Hemoglobinopathies'.

Tay Sachs Disease

TSD is a fatal genetic disorder in children that causes progressive degradation of the central nervous system. The disease usually begins to show its effects when the infant is several months old. The most common symptom noticed includes a slow regression in ability. The child will lose skills such as crawling, coordination, breathing and swallowing. Even with the best of care, all children with TSD die in early childhood.

Studies show that 1 in every 27 Jews in the United States is a TSD gene carrier. In addition, there is an increased incidence in French Canadians and the Cajun community of Louisiana. When both parents are carriers of the inactive gene, they have a 1 in 4 chance that their child will have Tay Sachs.

A simple blood test can distinguish carriers from non-carriers. The best advice for child bearing aged women is to be tested before pregnancy. That way, if a couple is found to be at risk, they can review their options and make the necessary decisions about planning and protecting their families.

For more information please contact:

National Foundation for Jewish Genetic Diseases, Inc. www.nfjgd.org
National Tay-Sachs & Allied Diseases Association, Inc. www.ntsad.org

Canavan Disease

Canavan Disease is an inherited enzyme deficiency and is characterized by developmental delays in infancy. While most infants appear normal early in life, they soon display delays in motor skills and lack of head control. Life expectancy for those with Canavan Disease varies.

It has been shown that there is an increase in frequency of this genetic deficiency in people of Ashkenazi Jewish heritage. Carrier rates are estimated at 1 in 40. Because Canavan Disease is a recessive disorder, each pregnancy in which both parents are carriers can result in a 25% chance of producing a child that is affected, a 50% chance of producing an unaffected child that is a carrier, and a 25% chance in producing a child that is unaffected and not a carrier.

Carrier status is established in the parents through a simple blood test. Fetal status is determined through amniotic fluid collection during weeks 16-18 of the pregnancy.

For resources and more information please contact:

Canavan Foundation
Toll free 1-877-4-Canavan
www.canavanfoundation.org

Vitamin D Level

The maternal vitamin D level has an effect on fetal acquisition of bone mineral in utero. Vitamin D deficiency can cause growth retardation and skeletal deformities and may increase the risk of hip fracture in later life. Fetal stores of vitamin D depend entirely on maternal supply. Most prenatal vitamins contain only 400IU of vitamin D daily. This amount may not be sufficient for both mother and developing fetus.

It is important to include assessment of 25-hydroxyvitamin D to determine which patients require supplementation to prevent detrimental fetal effects.

Plano Women's Healthcare, P.A.

Drs. Jacobs, Umholtz, Diaz, DaVolio , Mos and Licker

Postpartum Depression Handout

Commonly new mothers experience fear, sadness, anxiety, and anger after childbirth. When these feelings are mild and last only 1-2 weeks, it is referred to as the *postpartum blues*. When the symptoms linger for weeks and months and subsequently interfere with daily functioning, the condition is known as *postpartum depression*. There are many factors believed to trigger and aggravate this condition so patient awareness is key.

Below we have provided a list of professional resources that can help you understand and deal with this very serious condition. Please feel free to contact them if the need arises. And as always, we are here to serve your healthcare needs and are happy to discuss any issues you may have.

Postpartum Resource Center of Texas (Multi-lingual)

811 Nueces

Austin, TX 78701

1-877-472-1002- Toll Free Telephone Assistance Line

www.texaspostpartum.org

Mental Health Association of Greater Dallas

624 N. Good- Latimer Ste. 200

Dallas, TX 75204

214-871-2420

www.mhadallas.org

Texas Department of Health

Family Health, information & Referral Line

1-800-422-2956