Eastwind Women's Health

Congratulations on your pregnancy!

Thank you for choosing Eastwind Women's Health, Inc. to oversee your obstetric care during this important time in your life. We are dedicated to providing you with personalized and compassionate care. Having a baby is one of the most memorable and important experiences for a family, and we will do all we can to ensure your pregnancy experience is safe, healthy and happy.

Generally you will be seen monthly through the seventh month, bimonthly in your eight month, and weekly in your ninth month of pregnancy. Circumstances during your pregnancy may necessitate varying your schedule of appointments to better monitor you and your baby. You may also be scheduled to see a partnered Physician or Nurse Practitioner in the office for at least one appointment.

You can call the office and speak with a nurse if you have urgent questions or concerns that can not wait until your next scheduled appointment. If you consider your problem to be an emergency, please let the receptionist know. Emergency concerns may include: vaginal bleeding, acute or persistent pelvic pain, leaking vaginal fluid, decreased fetal movement, preterm contractions (more than 4-5 in an hour), acute labor, or other urgent concerns that you may have.

After office hours and on weekends and holidays, a physician is on-call for your urgent problems. Please do not call the after hours on call physician for non-emergent problems.

The physician's from the office of ACOOG and physicians from Crosswoods Women's Health, share some weekend and weekday evening coverage for emergency calls.

Due to the nature of our specialty, we may run behind in our schedule at the office, but you will receive our full attention when you see your provider. Your patience and understanding of the needs of others is appreciated. You may call in advanced of your appointment to see how the schedule is running if this helps you.

We look forward to caring for you throughout this new adventure,
Dr. Arora, Dr. Rheaume, Dr. Buchenroth, & Staff.

Chromosome Testing Options

There are 3 different tests available that screen for chromosome abnormalities .

1. **Cell-free DNA**: This looks for fetal DNA in maternal blood and can be done as early as 9 weeks or later. There is no risk to the baby because it is a maternal blood test. It screens for Down Syndrome, Trisomy 13, and 18, and other chromosomal abnormalities; gender can also be determined. It can be done in our office through Lapcorp. It has a 99% detection rate and is the most accurate of all the screening test available. Cost can vary depending on your insurance coverage, there are discounts available direct from the company.

2. **Ultrascreen**: Screens for the following abnormalities; Down Syndrome, Trisomy 13, and 18. There is no risk to the baby because it is a maternal blood test though it also includes an ultrasound which measures the fluid space at the back of the neck of the fetus, also referred to as nuchal translucency.

3. **MSAFP Quad Screen**: This is a simple blood test done between 15-20 weeks that also test for Down Syndrome, Trisomy 18 and neural tube defect. This is a defect where the spine or skull does not close completely. Detection rate is 80-90% for neural tube defect, greater than 80% for Down Syndrome and 60% for Trisomy 18. If a cell-free DNA test has been done, only a single AFP will be done between 15-20 weeks because the other chromosomal abnormalities have already been tested.

Please be aware that all of these tests are only for screening and cannot diagnose or rule out any problems with certainty. If results indicate an increased risk, we will discuss further testing options and it does not mean that your baby has a problem, only that additional testing will be offered. Most women with abnormal results have healthy babies. None of these test are 100% accurate, they are screening tools that are available upon your request.

Cystic Fibrosis Carrier Testing

Cystic Fibrosis (CF) is genetic disease that is usually diagnosed in childhood. It causes problems with breathing and digestion.

The purpose of CF carrier testing is to evaluate if a couple is at increased risk of having a child with CF. Carrier testing is a maternal blood sample. If the test shows the mother is a carrier, the next step is to test the baby's father also from a simple blood sample. In order for the baby to have CF, it must inherit an abnormal copy of CF gene from both carrier positive parents. If the test shows that a couple is at high risk, additional testing can be done on the developing baby to see weather or not it will have CF. CF cannot be treated before child birth. The purpose of testing is to allow the expectant parents to be aware if their unborn child is affected by CF or not.

There are limitations to CF testing. There are some mutations in the CF gene that current testing cannot find however these unknown mutations are rare, and the likelihood that you are a carrier even though you had a normal test results is very small.

If both parents test positive, genetic counseling and further testing would be offered to help you decide if you want the baby tested before birth.

Sickle Cell Carrier Testing

Sickle cell disease is a condition that affects the red blood cells. There are a few different types of sickle cell disease. A common type is called "sickle cell anemia."

The red blood cells carry oxygen to organs in the body. Normal red blood cells are round. When people have sickle cell disease, some of their red blood cells can have an abnormal shape. They look like a crescent (or an old-time tool called a "sickle"). The abnormally shaped cells get stuck in the blood vessels easily, and so they don't bring enough oxygen to the body's organs. This can cause pain or organ damage.

Sickle cell disease is a life-long condition that people are born with. It it caused by an abnormal gene:

- If a person gets the sickle cell gene from both their mother and father, they will have a form of sickle cell disease called "sickle cell anemia."
- If a person gets the sickle cell gene from 1 parent, and a different abnormal gene from the other parent, he or she will have one of the other forms of sickle cell disease. Examples of these different abnormal genes include several genes that affect hemoglobin.
- If a person gets the abnormal gene from only 1 parent, and a normal gene from the other parent, this is called "sickle cell trait" People with sickle cell trait generally do not have any of the symptoms of sickle cell disease. But they can pass the gene along to their children.

NON-INVASIVE PRENATAL SCREENING AND CARRIER SCREENING

Non-invasive prenatal screening (Evaluates your baby)
A non-invasive prenatal screen detects whether a pregnancy is at increased risk for certain chromosome conditions including Down syndrome, trisomy 13 and trisomy 18. You and your healthcare provider may also choose to screen for conditions involving the sex chromosomes, X and Y, as well as other more rare conditions.

AFP Quad Screen
This is a simple blood test that also test for Down Syndrome, Trisomy 18 and Neural tube defects.

What are the advantages of getting screened?

- If your results are negative, you will have reassurance that the risk of your pregnancy being affected with any of the chromosome conditions screened for is significantly reduce.
- If the results are positive, there is significantly increased chance that your pregnancy is affected. In this case, your healthcare provider will discuss the option of diagnostic testing to determine if your pregnancy is affected.
- Regardless of whether you choose to have a diagnostic test, having the information provided by NIPS can help you plan and prepare.

Carrier screening (Evaluates mother and/or father of baby)
Carrier screening can help to determine if you and your partner could pass certain inherited health conditions on to your children. Being a carrier means that you inherited a normal gene from one parent and a gene with an irregularity, also called a mutation, from the other. As long as you have one normal copy of a gene, you typically don't have any symptoms of the condition.

If both parents have a mutation in the same gene, there's a 1 in 4 (25%) chance, for every pregnancy, that your baby will inherit the mutation from both parents and develop symptoms of the associated condition. There are also a few conditions, called X-linked conditions, where only the female needs to carry a mutation for her children to be at risk of developing symptoms.

Some of the conditions you may be screened for include:

Cystic Fibrosis (CF)	CF affects may different organs in the body, including the lungs, pancreas, and liver, lining them with an abnormally thick, sticky mucus. CF may cause chronic breathing problems and lung infections. CF patients have a lower life expectancy.
Spinal Muscular Atrophy (SMA)	SMA causes certain nerves in the brain and spinal cord to die, impairing the person's ability to move. SMA in the number one genetic cause of infant death.
Fragile X Syndrome	Fragile X syndrome causes serious intellectual impairment and behavioral problems. It is the most common form of inherited intellectual disability.
Sickle Cell Carrier Testing	Sickle cell disease is a condition that affects the red blood cells. There are a few different types of sickle cell disease. A common type is called "Sickle cell anemia"

What are the advantages of getting screened?

- If you are not a carrier for an inherited condition, or if you and your partner are carriers for different conditions, you will have reassurance that the risk of your pregnancy being affected with any of the conditions screened for is significantly reduced.
- If both parents are found to be carriers for the same condition, or if the female is found to be a carrier for an X-linked condition, you will know there is a significantly increased chance of having an affected child. This knowledge can help guide future decisions. You may want to pursue diagnostic testing to definitively determine if your current pregnancy is affected, or you may simply want to work with your provider to learn more about what might lie ahead.

We recommend both types of screening for our pregnant patients. Please check one of the following and sign this document.

___ I **DECLINE ALL** chromosomal screening

I **DO** want

___ Non-invasive prenatal screening

___ Carrier screen (May include Sickle Cell)

___ AFP Quad Screen

I **DO NOT** want

___ Non-invasive prenatal screening

___ Carrier Screen (May include Sickle Cell)

___ AFP Quad Screen

Patient Name:_____ DOB:_____ Signature:_____

We want to clarify and inform all patients that the optional MaterniT21 testing which we will continue to offer is not billed through Eastwind Women's Health. Any questions regarding this optional testing need to be directed to Labcorp.
Any questions regarding billing can be directed to: 1-844-799-3243 or on their website integratedgenetics.com/transparency

Maternity Ultrasounds

The coverage for ultrasounds in pregnancy varies from insurance carrier to insurance carrier. Therefore, it has become increasingly difficult for us to maintain adequate knowledge of all different insurance plans. This can be further complicated when an individual is covered under two different insurance policies.

In this regard, we are asking that you take the initiative to contact your insurance carrier to find out what is required regarding ultrasounds. The questions to ask include: How are my ultrasounds going to be covered? Does my OB-GYN have to pre-certify them? Do I need a referral? Is there a copay? Does my deductible apply to this service if I have not met my deductible?

Once this information is obtained, our nurses will be more than happy to assist you in the pre-certification process, or obtaining a referral if necessary. In the event that we are unaware of what is required, it could result in your insurance denying payment for the procedure and put you at liability for the cost of the ultrasound.

We are asking you to help us in this regard. In the process, it will hopefully give you better insight and knowledge of your own insurance.

Thank You,
Amol Arora M.D., F.A.C.O.G.
Patrick Shayne Rheaume, M.D., F.A.C.O.G.
Britta Buchenroth, M.D., F.A.C.O.G.
Jessie Anderson, CNP
Alexis Shelley, CNP
Tara Freter, CNP

I have read this letter and understand my responsibility in obtaining information regarding insurance coverage for ultrasounds during pregnancy under my policy or policies.

Patients signature: _____ Date: _____

Witness: _____

EWH Practitioner Availability Policy

At Eastwind Women's Health we strive to find a balance between continuity and consistency. We like for you to have the choice of a provider with whom you are comfortable and familiar. At the same time is is impossible for a practitioner to be available every moment of every day. We have three OB/GYN physicians and three Certified Nurse Practitioners. These six individuals create a team at Eastwind Women's Health to provide consistently the highest level of evidence based care. Each one of our practitioners is highly skilled. They have worked well with each other for years. While they remain individuals in their approach to their practice of medicine, they all have the primary goal of providing you with the best possible care. They communicate well with each other and will support the plans that you and your primary provider have made. If a need arises that can not wait and your practitioner is not available, know that we expect that you will be pleases with the care provided by one of our other practitioners. Our physicians love to deliver their patients that they have seen through their prenatal care. They try to be there as much as possible. Shared night call, family obligations, and patient safety contribute to reasons why they can not make every delivery, but one of our doctors will provide outstanding care for you through your delivery. Sometimes patients request that only a female physician be present for their delivery. This is a request that we can not meet. You will always have the right to consent to who provides your care, but in the event that you make this request when you arrive on labor and delivery, whether that is at St Anns or Riverside, we will be forced to release your care to the hospital Clinic Service in order to avoid undue pressure on our team. We wish to not compromise your safety and we can not provide care without your consent.
If you have any questions regarding this policy, please do not hesitate to discuss it with your provider.

I have read and understand this policy

Name _____ Date_____

Signed _____

Prenatal Record:

Date:	Patient Name:
Hospital of Delivery: St Ann's / Riverside	
Pediatrician's Name:	
Provider Name / Group: Eastwind Women's Health	
Practice Address: 904 Eastwind Drive, Westerville, OH 43081-3329	

Your D.O.B:	Age:	Race:
Martial Status:	Occupation:	
Education Level:	Language:	
Address:	City, State, Zip	
Insurance Carrier:		
Member I.D:	Group Number:	
Primary Pharmacy Name:		
Address of Pharmacy:	Phone:	
Support Person:	Phone:	
Father of the Baby:	Phone:	

Gravidity / Parity Status:

Total Pregnancies: _____ Term: _____ Pre-Term: _____ Ectopic: _____

Elective Abortion: _____ Miscarriage: ____ Still Birth: _____ Multiple Births: ____

Emergency Contact:
Name: Phone:

1st Day of Last Menstrual Period: Definite / Approximate (circle one)

WERE YOU ON BIRTH CONTROL AT CONECPTION? Yes / No
If yes, What type? _____
At what age did you start your menstrual cycle? : _____

PAST PREGNANCIES, INCLUDING MISCARRIAGES

Pregnancy #	Date	Weeks	Labor Hrs	Weight	Sex	Procedure	Hospital	Comments:

COMPLICATIONS OF PREGNANCY

Pregnancy #	Year	Associated Problem	Therapy	Year	Outcome	Comments:

FAMILY HISTORY

Disease	Family Member	Comments:

PERSONAL MEDICAL HISTORY

	Y/N		Y/N		Y/N
Diabetes		Varicosities		GYN Surgery	
Hypertension		Thyroid Dysfunction		Anesthetic Complications	
Heart Disease		Trauma/Violence		Abnormal PAP Smear	
Autoimmune Disorder		Hx Blood Transfusions		Uterine Anomaly	
Kidney Disease		D (RH) Sensitized		Infertility	
Neurologic/Epilepsy		Pulmonary (TB/Asthma)		ART Treatment	
Psychiatric		Seasonal Allergies		Relevant Family Hx	
Depression		Drug/Latex Allergy Reaction		Operations	

	Type/Form of Use	Pre-Pregnancy Use Amount	Pregnancy use Amount	# of Years Used
Tobacco				
Alcohol				
Illicit Drug Use				

INFECTION HISTORY

	Y/N		Y/N
Live with or exposure to TB		History of Gonorrhea	
Patient/Partner has history of genital herpes		History of Chlamydia	
Rash or Viral illness since last period		History of HPV	
History of Hep B or C		History of HIV/AIDS	
History of Sexually Transmitted Infections		History of Syphilis	

PAST MEDICAL/SURGICAL HISTORY

Medical History	Month	Year	Surgical History	Month	Year

SYMPTOMS SINCE LAST MENSTRUAL PERIOD

(Example: Nausea/Vomiting, Breast Tenderness, etc...)

CURRENT MEDICATIONS

When Started	Medication	Strength	Dosage	How Taking	Reason

MEDICATION TAKEN SINCE LAST MENSTRUAL PERIOD

Medication Name	Reason

ALLERGIES

Description	Reaction

Genetic Screen			
Please check any that apply			
	Mother (Patient)	Father (Baby's)	Relative (Patients Mother, Father etc.)
1. Patient's age 35 yrs or older as of EDD			
2. Thalaassemia (Italian, Greek, Mediterranean or Asian background)			
3. Neutral tube defect (Spina bifida, Meningomyelocele, or Anencephaly)			
4. Congenital heart disease			
5. Down Syndrome			
6. Tay-Sachs (Ashkenazi Jewish)			
7. Familial Dysautonomia (Ashkenazi Jewish)			
8. Sickle cell disease or trait (African American)			
9. Hemophilia or Other blood disorders			
10. Muscular dystrophy			
11. Cystic fibrosis			
12. Huntington's chorea			
13. Intellectual Disability			
14. Other genetic / Chromosomal disorder			
15. Maternal metabolic disorder (Diabetes, PKU)			
16. Patient or Baby's Father had child with birth defects (Not listed above)			
17. Recurrent pregnancy loss or stillbirth			