Prenatal Welcome & Education

London Women's Care

606-878-3240 | www.londonwomenscare.com

London Women's Care

Welcome to London Women's Care

We welcome you to London Women's Care. We are a group of OB/GYN Physicians, Internal Medicine Specialists, Family Practice Physicians, Pediatricians, Certified Nurse Midwife, Family Nurse Practitioners, and Physician Assistants that provide obstetrical, gynecological and primary care services to families in Laurel and surrounding counties.

Mission Statement

The physicians and staff at London Women's Care (LWC) seek to provide the families of Laurel County and our surrounding service area with the best possible medical and surgical care in a caring, warm and friendly environment at a competitive cost. Everyone on our staff must demonstrate a sincere commitment to this objective, every day.

Hours of Operation

Monday	8:00am - 5:00pm
Tuesday	8:00am - 5:00pm
Wednesday	8:00am - 5:00pm
Thursday	8:00am - 5:00pm
Friday	8:00am - 5:00pm
Saturday	Closed
Sunday	Closed

ATTENTION: If you speak English, language assistance services, free of charge, are available to you.
Call 1-606-878-3240 (TTY: 1-606-878-3240).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
Llame al 1-606-878-3240 (TTY: 1-606-878-3240).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-606-878-3240（TTY：1-606-878-3240）。

Find us on Facebook

Dear Expecting Mother,

We want to thank you for choosing our practice for all of your prenatal care. It is our pleasure to be a part of this exciting experience with you. Enclosed in this letter are some topics that may be of assistance to you regarding our practice routines and prenatal issues.

First, we want to let you know that you may always call us if you have any questions or concerns regarding your care. Our practice has the following providers to care for you throughout your pregnancy:

- Dr. Brent Barton
- Dr. Marc Briere
- Dr. Thomas Mechas
- Dr. Suzanne McGehee
- Lisa Collins, CNM
- Angela Lakes, PA-C
- Dr. Allison Barton
- Dr. Krista Preston
- Dr. Aisha Sarkar
- Laura Walters PA-C
- Shana Sandifer, APRN
- Kayla Marcum, APRN
- Bethany Ledford, APRN
- Michelle Collins-Boothe, PA-C

Our OB Coordinator is Shannon Thompson, LPN. Please call her at (606) 878-3240 ext. 118 with your pregnancy questions or concerns. If Shannon is not in the office, please ask for Samantha at ext. 117, Heather at ext. 152, or Dusty at ext. 146.

You will have your delivery at St. Joseph-London Hospital. There are all private rooms. All of the Labor and Delivery rooms have Jacuzzis. You do not have to pre-register for epidurals. You may get one at your request while in labor. The normal hospital stay is 48 hours for both vaginal and c-section deliveries. A post partum massage (free) will be offered to every patient after delivery.

Practice Routines:

Our physicians share being on-call for our obstetric patients. Unfortunately we cannot guarantee that the physician that you see here in the office will be the one to deliver your baby. Our nurse midwives do not do any deliveries. However during your prenatal visits, you may schedule your appointments with the provider of your choice, just mention at the checkout window which doctor you would like your appointment to be scheduled with.

We generally do ultrasounds at 19 weeks gestation and 32 weeks gestation pending a normal pregnancy. We now have two 3D/4D- ultrasound machines. You can purchase your DVD here for $2.00. If not, please bring a DVD +RW with you if you would like your ultrasound recorded.

On your first visit, we will have your prenatal labs drawn to check for blood type, hepatitis status, rubella status, complete blood type, urine culture, and HIV status. Also, they will do your Pap smear, if indicated and Gonorrhea/Chlamydia culture. Also, we offer genetic testing for neural tube defects/Down syndrome. Depending how far along you are at your first visit, you may get an ultrasound for dating.

Between 24-28 weeks gestation we order a PC50 which will test for gestational diabetes. Also, if you have a negative blood type you will receive a Rhogam injection at 28 weeks gestation.

At 36 weeks gestation you will have a Group B Strep screening and Chlamydia screening. This is where the practitioner will swab your vaginal area during a vaginal exam. This test screens for bacteria that could cause harm to your baby at the time of delivery if not treated with antibiotic therapy. Also, at this point you will have weekly visits along with cervical exams to check for dilatation. The Chlamydia screening will be obtained in your urine specimen.

We will make every effort to schedule elective inductions and c-sections with the provider of your choice.

Pregnancy Issues:

We strongly encourage a healthy diet for our pregnant patients.

If you do smoke, we encourage you to quit or at a minimum to reduce considerably. Smoking can cause harm to your unborn baby. It has been shown that smoking can increase your chance of miscarriage, preterm delivery, and abnormal bleeding. We can assist you in enrolling in a smoking cessation class if you are interested and we can prescribe nicotine patches to help you stop smoking.

We strongly encourage our patients to attend childbirth classes, especially if you are a first time mom. The best time to start the classes is usually around 24-25 weeks gestation. St. Joseph-London Hospital offers these classes. The instructor is Duff Holcomb, R.N. Also, a child-infant CPR class will be offered. To sign up, please call the OB department at (606) 330-6300. They offer weekly classes on Tuesday evenings and weekend classes as well. When you call to sign up they will tell you when they are offered.

You may do a light exercise program. See enclosed exercise information.

You may see your dentist as needed. We do not restrict treatment for dental work. If x-rays are needed, please ask them to shield your abdomen.

You may color/highlight your hair.

Sexual intercourse is fine as long as your doctor has not instructed you to avoid it due to placental complications.

If painting, avoid oil based paints; make sure that you are in a well vented room, and no climbing on ladders!

Some women may experience nipple discharge. (The color may vary from yellow, white or clear)

Limit your caffeine intake!!!!!! Caffeine is a stimulant and a diuretic and an excessive amount can cause harm to your baby. Pregnant women should have less than 150mg- 200mg of caffeine per day. Here is an idea of how much caffeine is in your favorite drinks:

- Starbucks Grande Coffee (16 oz) 400 mg
- Starbucks House Blend Coffee (16 oz) 259 mg
- Dr. Pepper (12 oz) 37 mg
- 7 Eleven Big Gulp Diet Coke (32 oz) 124 mg
- 7 Eleven Big Gulp Coca-Cola (32 oz) 92 mg
- Ben & Jerry's Coffee Buzz Ice Cream (8 oz) 72 mg
- Baker's chocolate (1 oz) 26 mg
- Green tea (6 oz) 40 mg
- Black tea (6 oz) 45 mg

Prenatal vitamins are important to take daily. Sometimes it is best to take the vitamins at night and with a snack to avoid an upset stomach.

Warning Signs in Pregnancy:

Please report any of the following:

- Vaginal bleeding (bright red). Some women may experience light pink/brown spotting early in their pregnancy, known as implantation.
- Persistent pelvic or abdominal cramps.
- Severe nausea and vomiting, unrelieved heartburn.
- Fever, chills without a cold or flu
- Severe headache not relieved by Tylenol.
- Blurry vision/ high blood pressure of 140-190 or more
- Sudden, severe swelling in your hands and feet or sudden weight gain.
- Severe, sharp rigid abdominal pain
- Vaginal pressure. (Feeling like the baby is pushing down)
- Contractions starting more than 3 weeks before your due date. (4 or more contractions in a one hour period)
- Decrease in the baby's movements of fewer than 10 movements per hour x2 hours.

Please report any of these symptoms to our office or if after office hours call the OB department at 606-330-6300.

Safest Medications (Over the Counter):

It is BEST to avoid all medications during the first 13 weeks of pregnancy and to limit your use of medications during your pregnancy. But if symptoms are severe, here are the safest OTC medications.

Mild body aches and pains: Tylenol/Acetaminophen (Avoid aspirin, Motrin, and naproxen.)

Yeast infection: Clotrimazole or Miconazole as directed. (Pregnant women do have increase in vaginal secretion during pregnancy.) Also, keep vaginal area clean and dry.

Nausea/Vomiting: Vitamin B6 25mg three times a day with Unisom Sleep Tab 25mg 1/2 tablet three times a day, Dramamine, Sea-Band. (If you go 24 hours without keeping any fluids down then you need to be seen at the office or ER for evaluation of dehydration). Eat small frequent meals throughout the day and avoid foods that are very hot or very cold. Ginger has also been shown to decrease nausea and you can find ginger in foods and supplements.

Cough/Cold Symptoms: Robitussin, Benadryl, Zyrtec and Claritin. (Note: that these medications can increase your blood pressure).

****Avoid Sudafed, Zyrtec D and Claritin D.***

Heart Burn/Gas Pain: Tums, Rolaids, Zantac, Pepcid, Mylanta, and Maalox.

Constipation: Senokot, Colace (Docusate Sodium), Miralax, Metamucil, and increase dietary fiber.

Hemorrhoids: Tucks pads, Anusol cream, sitz baths, Preparation H, Colace, Senokot, Metamucil.

Newborn Coverage:

As specialists in Obstetrics and Gynecology we cannot assume the care of your newborn. You will need to pick out a pediatrician or family doctor to care for your newborn. It is especially important to have that pediatrician chosen prior to delivery. We ask that you give us the name of the pediatrician or family physician that will be caring for your newborn by 32 weeks of your pregnancy.

Here is a list of physicians who can care for your newborn and are located in London:

Dr. Gina Bingham and Dr. Rebekah Booth at London Women's Care (606) 878-3240. They are located in Office # 4 of London Women's Care. If you would like to meet Dr. Bingham and/or Dr. Booth during your pregnancy, we can arrange that. Dr. Bingham nor Dr. Booth have nursery privileges, however, they can see your baby after delivery in the clinic.

Dr. Melissa Zook (Family Practice) at London Women's Care (606) 878-3240. She is located in Office # 3 of London Women's Care. If you would like to meet Dr. Zook during your pregnancy, we can arrange that. Dr. Zook doesn't have nursery privileges, however she can see your baby after delivery in her clinic.

Dr. Moodumane (Pediatrician)

London Pediatric and Adolescent Medicine.

We strongly encourage you to breastfeed your newborn. Shannon Thompson is our Certified Lactation Specialist in our office and St. Joseph London has a Certified Lactation Counselor, Paula Marcum, RN. You can meet with Shannon or Paula anytime throughout your pregnancy. If you are interested in meeting with either of them, please let us know.

We are delighted that you have chosen The London Women's Care for all of your obstetric needs. Please don't hesitate to call Shannon, Dusty, or Samantha with any questions or concerns that you may have during your pregnancy.

If you have any concerns regarding your care and would like to speak to someone, please call Kacey Bolton, RN at 878-3240, ext 144, she is our Clinical Director. She will be happy to assist you. Our desire is that you have the best prenatal care and delivery experience possible, so please feel free to let us know what we can do to accomplish that goal.

Sincerely,

London Women's Care

Top 10 Reasons to Breastfeed

1. **Increases your Baby's IQ.** The average increase is about 7 points.
2. **Helps mom lose the baby fat.** Breastfeeding helps tap into the fat stores and reduce the fat deposits laid down in pregnancy.
3. **Breastfed babies are less likely to die of SIDS.** While we don't know the cause of SIDS, we know what the risk factors are, that includes using formula to feed your baby. Breastmilk is one of the few factors that you can control.
4. **Breastmilk contains immunities that are passed to your child.** Breastfed children get sick less often. Breastfed children get fewer ear infections, childhood lymphomas, and diabetes.
5. **Breastfeeding reduces your chance of getting breast cancer and your daughter's chance of getting it as an adult.** Breastfeeding can also help lower the incidence of breast cancer, ovarian cancer, and endometrial cancer.
6. **Breastfeeding helps promote the bond between mother and child.** When a woman breastfeeds, hormones are produced in her body that help her relax and bond with her baby.
7. **The American Academy of Pediatrics recommends that you breastfeed.** AAP recommends that your baby begin breastfeeding within the first hour of life.
8. **Breastfeeding lowers the risk of obesity.**
9. **Breastmilk is easily digested by your baby.** The composition of breast milk changes from week to week, from day to day, from hour to hour, and during feeding. It is always perfect food for your baby.
10. **Breastmilk is free, always available, always at the right temperature, and never goes bad!**

Labor

What is labor?

Labor is the process by which contractions of a pregnant uterus cause birth. During labor, the cervix thins (effacement) and opens (dilatation). The baby moves down the birth canal and is born. Delivery of the placenta is the last part of labor.

Every labor is different. How long it lasts and how it progresses differ from woman to woman and from birth to birth. These are, however, general guidelines for labor that a health care provider uses to decide whether it is progressing normally. If labor is not progressing normally, you may need medical assistance or a cesarean delivery.

If any signs of labor occur before 37 weeks of pregnancy, the labor is considered preterm. You should call your health care provider right away if you have any signs or symptoms of labor before 37 weeks.

How does labor start?

No one knows exactly what starts the labor process. However, we do know that certain hormones, such as oxytocin and prostaglandin, cause uterine contractions and the thinning of the cervix. Perhaps hormones from the baby trigger labor by stimulating the mother's hormone production.

Sometimes knowing when labor has begun is difficult. You may be admitted to the hospital and then sent home if your labor does not progress – this is, if your cervix does not efface (thin out) or dilate. This is called false labor.

What happens during labor?

The beginning of labor is defined as the beginning of opening and thinning of the cervix caused by regular uterine contractions. There are some general signs that a woman's body is preparing for labor:

- Passage of a small amount of blood-tinged mucus from the vagina, called "show" or the mucus plug. This may occur 1 day to several weeks before labor begins or after a vaginal exam.
- Breaking of the bag of waters (the amniotic sac). If this happens, contact your health care provider right away and go to the hospital.

While the two signs above are clear warning signs that labor is about to begin, there is only one real sign that labor has very likely started:

- Regular, strong contractions that last more than 30 seconds and cause the cervix to start to thin and open.

There are three stages of labor. By the end of the first stage, the cervix has dilated fully to 10 centimeters (cm). The first stage of labor is divided into early and active phases and usually lasts several hours.

Early labor, or prelabor, is when your cervix is 0-3 cm dilated. Active labor begins when the cervix is 3-4 cm dilated. The contractions usually become stronger and more frequent, and the cervix dilates faster. The average woman in her first labor may dilate about 1 cm per hour during the active phase of labor. If you have had a baby before, you usually progress faster.

The baby is born during the second stage of labor. This is when you push the baby down the birth canal. This stage of labor usually lasts 15 to 75 minutes but may last as long as 2 or 3 hours, depending on several factors. These factors include previous births, the position of the baby's head, and the size of the baby and the birth canal.

During the third stage of labor you deliver the placenta. This usually happens within 30 minutes after the birth of the baby.

The first few hours after delivery are called postpartum recovery. During this time, the uterus continues to contract as it becomes firm and smaller. A small amount of bleeding continues and becomes less and less. Your pulse and blood pressure return to normal.

How are problems in labor identified?

Ensuring that your labor is normal requires skill, experience, and careful monitoring by your health care provider. Your vital signs, your uterine contractions, and your baby's heart rate must be checked throughout labor. These checks can be done manually or with an electronic monitor. They help your health care provider detect problems and take appropriate action.

During prenatal visits you and your partner should discuss with the health care provider any questions you have about labor. You should also discuss procedures, such as electronic monitoring and cesarean section that may become necessary during labor and delivery.

This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.

Can I Eat Fish While I'm Pregnant?

Fish and shellfish are an important part of a healthy diet. Both contain high quality protein and other essential nutrients, are low in saturated fat, and contain omega-3 fatty acids.

However, almost all fish and shellfish contain some mercury. Mercury is a metal that can harm the brain of your unborn baby-- even before it is conceived. The risks of mercury in fish and shellfish depend on the amount of fish and shellfish eaten and the levels of mercury in the fish and shellfish.

Therefore, the Food and Drug Administration (FDA) and the Environmental Protection Agency (EPA) are advising women who may become pregnant, pregnant women, nursing mothers, and young children to avoid some types of fish and eat fish and shellfish that are lower in mercury.

FISH FACTS

DON'T EAT!
- Swordfish
- Tilefish
- King Mackerel
- Shark
- Raw or uncooked fish or shellfish (ex: clams, oysters, scallops)
- Refrigerated uncooked seafood (labeled novastyle, lox, kippered, smoked, or jerky)

May have up to 1 serving (6 ounces) per week
- Tuna steaks
- Canned albacore or chunk white tuna
- Halibut
- Snapper

May have up to 2 servings (12 ounces) per week
- Shrimp, crab, clams, oysters, scallops
- Canned light tuna
- Pollock
- Catfish
- Salmon
- Cod

Eat a variety of small, young non-fatty fish

Ask your fishmonger to recommend lean, small fish that are caught young.

For a listing of mercury levels in fish, go to the Food and Drug Administration's Food and Safety web site at **http://www.cfsan.fda.gov**.

Frequently asked Questions about Mercury in Shellfish and Fish

What is Mercury? Mercury occurs naturally in the environment and can also be released into the air through industrial pollution. Mercury falls from the air and can accumulate in streams and oceans and is turned in methyl mercury in the water. It is this type of mercury that can be harmful to your unborn baby and young child. Fish absorb the methyl mercury as they feed in these waters so it builds up in them.

Is there Mercury in all fish and shellfish? Nearly all fish and shellfish contain traces of mercury. However, larger fish that have lived longer have the highest levels of mercury because they've had more time to accumulate it. Ex: Swordfish, shark, king mackerel, and tilefish.

What about fish sticks and fast food fish sandwiches? Fish sticks and "fast food" sandwiches are commonly made from fish that are low in mercury.

What if I eat more than the recommended amount of fish and shellfish in a week? One week's consumption of fish does not change the level of mercury in the body much at all. If you eat a lot of fish one week, you can cut back for the next week or two. Just make sure you average the recommended amount per week.

*** If you have questions or think you've been exposed to large amounts of methyl mercury, see your doctor or health care provider immediately.*

Exercise in Pregnancy

Physical activity is important in all phases of life, including pregnancy, as regular activity promotes healthy benefits. Physical inactivity is the 4th leading risk factor for early mortality worldwide. According to the American College of Obstetricians and Gynecologists these are the recommended guidelines for physical activity and exercise in pregnancy:

- Physical activity in pregnancy has low risks and has been shown to be beneficial to most women, although some modification to exercise routines may be necessary due to physiologic body changes and fetal requirements.
- Before starting an exercise program, please make sure to have a clinical evaluation done by your OB/GYN to make sure that you don't have a medical or obstetric reason that would contradict you to start.
- Patients with uncomplicated pregnancies should engage in aerobic and strength conditioning exercises before, during, and after pregnancy.
- The benefits of regular physical activity during pregnancy improves or maintains physical fitness, helps with weight management, reduces risk of gestational diabetes in obese women, and helps enhance physical well being.
- The recommended physical activity guidelines for healthy pregnant and postpartum women are at least 150 minutes per week (spread throughout the week) of moderate-intensity aerobic activity (equivalent to a brisk walk).

The guidelines advise that pregnant women who habitually engage in vigorous-intensity aerobic activity like running or jogging or who are highly active may continue physical activity during pregnancy and postpartum, provided that they remain healthy and discuss with their health care provider how and when the activity should be adjusted over the course of their pregnancy.

*Using the "talk test" is a way to measure exertion. As long as you can carry on a conversation while exercising means that you are likely not overexerting yourself.

Warning signs that you should stop exercising:

- Vaginal bleeding
- Dizziness
- Feeling faint
- Increased shortness of breath
- Chest pain
- Headache
- Muscle weakness
- Calf pain or swelling
- Decreased fetal movement
- Uterine contractions
- Fluid leaking from vagina

Examples of Safe and Unsafe Physical Activity during Pregnancy

The following are **safe** to initiate or continue in women with uncomplicated pregnancies in consultation with an OB provider:

- Walking
- Swimming
- Stationary cycling
- Low-impact aerobics
- Yoga, modified (yoga positions that result in decreased venous return and hypotension should be avoided)
- Pilates, modified
- Running or jogging
- Racquet sports (if changing balance may affect rapid movements and increase the risk of falling should be avoided)
- Strength training

The following activities should be avoided:

- Contact sports (ice hockey, boxing, soccer, and basketball)
- Activities with high risk of falling (downhill snow skiing, gymnastics, water skiing, surging, off road cycling, and horseback riding)
- Scuba diving
- Sky diving
- "Hot Yoga" or "Hot Pilates"

**In consultation with an OB provider, running, jogging, racquet sports, and strength training may be safe for pregnant women who participated in these activities regularly before pregnancy.

Relative Contraindications to Aerobic Exercise during Pregnancy:

- Anemia
- Unevaluated maternal cardiac arrthymia
- Chronic Bronchitis
- Poorly controlled Type 1 Diabetes
- Extreme morbid obesity
- Extreme underweight BMI less than 12
- History of extremely sedentary lifestyle
- Intrauterine growth restriction in current pregnancy
- Poorly controlled hypertension
- Orthopedic limitations
- Poorly controlled hypertension
- Orthopedic limitations
- Poorly controlled seizure disorder
- Heavy smoker
- Poorly controlled hyperthyroidism

Absolute Contraindications to Aerobic Exercise during Pregnancy:

- Restrictive lung disease
- Hemodynamically significant heart disease
- Incompetent cervix or cerclage
- Multiple gestation at risk for premature labor
- Persistent 2nd or 3rd trimester bleeding
- Placenta previa after 26 weeks of gestation
- Severe anemia
- Pre-eclampsia or pregnancy induced hypertension
- Ruptured membranes
- Premature labor

References

American College of Obstetricians and Gynecologists. Physical activity and exercise during pregnancy and the postpartum period. Committee Opinion. Number 650. December 2015

Prenatal Genetic Testing

First Trimester Genetic Screening

First Trimester Genetic Screening is a test that is designed at screening a low-risk population for genetic anomalies, mostly Down Syndrome.

Down Syndrome is a chromosomal anomaly where the baby is born with an extra chromosome leading to possible mental retardation and some other birth defects.

The risk of having a baby with Down Syndrome is present at any age but is known to increase as the mother is getting older. For instance 1/1667 at age 20 versus 1/378 at age 35.

The First Trimester Screening consists of an ultrasound combined with a blood test done between 10 and 13 weeks of gestation.

It will detect 88% of babies that have Down Syndrome but will come back abnormal 5% of the time.

Most babies that have an abnormal test will be normal after further testing.

If the test comes back abnormal, a second test will be required to confirm the findings of the initial test. This second test is called a Chorionic Villus Sampling (CVS) and requires a biopsy of the placenta. This second test will usually be done at University of Kentucky (UK).

The Screening process should likely not be initiated if the results would not matter in any way and the parents are to continue and bring the pregnancy to term regardless of the findings of the test.

A test performed later in gestation, around 16 weeks, is called the Tetra Screen and is an alternative to the First Trimester Screening.

Please discuss the test and other options with your provider, including a new option, Free Fetal DNA, which is a blood test for the mother. This test is done any time after ten (10) weeks and has been found to be >99% accurate. Feel free to call us at any time if you have additional questions or concerns.

A Patient's Guide to Understanding Non-Invasive Prenatal Testing

Screening for genetic conditions is offered to pregnant women because all pregnancies have a small chance for a genetic condition regardless of maternal age, family history, or personal health. Some screening methods are routine, such as an ultrasound. Other screening tests are optional, such as blood tests for Down syndrome.

When considering prenatal screening options, you may want to discuss your thoughts, feelings, and how prenatal screening results may affect your pregnancy with your obstetric provider or genetic counselor. During this discussion, please consider the following questions.

Should I undergo prenatal screening for genetic conditions?

Based on your values and needs, you may choose whether or not to undergo these screening tests. For some, the benefits of prenatal screening might include receiving reassurance from the results; preparing emotionally to raise a child with a health issue or disability; or learning more about the condition. Some might want to arrange specific birth plans; start treatments as soon as possible after birth; or, in some cases, prepare for a baby who is not likely to survive. Some might create an adoption plan for a child with a disability or decide not to continue their pregnancy. For others, prenatal screening may cause unwanted stress and worry during pregnancy, and they may prefer to wait until delivery to find out if their baby has a genetic condition.

What are non-invasive prenatal screening tests?

You may be offered non-invasive prenatal testing (NIPT) as a way to screen for some specific genetic conditions, such as Down syndrome, the most common chromosome condition. NIPT may also be referred to as non- invasive prenatal screening (NIPS), cell-free DNA testing (cfDNA), or other specific brand names. NIPT is performed on a blood sample from a pregnant woman and poses no risk of miscarriage to the pregnancy. NIPT can better estimate the chances for some chromosome

conditions, but is not 100% accurate. NIPT can miss a condition that is present (false negatives) or can incorrectly show high chances for a condition when none exists (false positives). In addition, NIPT does not detect all genetic conditions or risk factors that might be present in a pregnancy. Therefore, diagnostic testing is recommended for those who want to be certain or for those who would like to test for more conditions. A medical professional should review the results with you.

Alternatively, there are several other blood tests that you may be offered, such as a first trimester screen, second trimester screen, sequential screen, or integrated screen. For questions about these screening tests, please contact your obstetric provider.

What is diagnostic testing, and how is it different from screening?

Diagnostic testing is used to confirm or rule out chromosome conditions with the most accuracy. These tests are also more comprehensive and can detect other genetic conditions not found by screening tests. Depending on how far along you are in pregnancy, two diagnostic testing options may be available, including chorionic villus sampling (CVS) or amniocentesis. These are procedures in which a small sample of placental tissue or amniotic fluid is obtained to examine the baby's chromosomes. Because these procedures are invasive, there is a risk, likely less than 1%, for complications that can lead to miscarriage.

What conditions can NIPT identify?

NIPT routinely screens for conditions such as Down syndrome, trisomy 18, and trisomy 13. Screening for gender, sex chromosome conditions, and several other genetic conditions may also be included. Even though it is not diagnostic, NIPT has been shown to be the most sensitive screening test for Down syndrome. More information about the accuracy of screening for other chromosome conditions is needed. Prenatal screening options are constantly evolving to include more conditions, so your medical providers can explain which conditions are included in your screening test.

Individuals with chromosome conditions can experience a broad range of outcomes. For example, serious medical and neurological issues occur in babies with trisomy 13 and 18, with about 10% living past the first year. Individuals with Down syndrome typically have mild to moderate intellectual disabilities and some treatable medical issues. They usually become active members of their communities and live an average of 60 years. The effect of an extra or missing sex chromosome may be so mild that it goes undiagnosed throughout a person's life.

How long before I receive my NIPT results?

NIPT results are typically available in 5-10 days. You can ask your obstetric provider or genetic counselor how and when you will be receiving your NIPT results.

How do I interpret my NIPT results?

A negative or low risk NIPT result indicates the pregnancy is unlikely to be affected by any of the conditions included in the screen. It does not eliminate the chance, and NIPT does not screen for all genetic conditions. A positive or high risk NIPT result indicates an increased chance your pregnancy has a specific genetic condition. Your actual chances for the condition after a positive or high risk screen depend on several factors such as the particular condition, maternal age, and timing during the pregnancy, family history, and ultrasound results. In rare instances, NIPT results can raise concern for an unexpected condition in a pregnancy and/or in a mother. Sometimes, an NIPT result cannot be obtained for a variety of reasons. In these cases, we encourage you to have a discussion with your genetic counselor or obstetric provider.

How do I get information and support if my screening test comes back positive or high risk for a genetic condition?

While prenatal screening offers more information about your pregnancy, it can also lead to many questions such as: what does the screening result or diagnosis mean? How do I determine if my baby has this condition? What quality of life does a person with this diagnosis have? Where can I find reliable information about this condition?

Sometimes expectant parents find incorrect or out-of-date information when trying to learn about different conditions. The outcomes and attitudes about many conditions have improved greatly in recent years. This means you need current information about genetic conditions so that you can make informed choices about your pregnancy and find any needed services, resources, and support. Your obstetric provider or genetic counselor can direct you to resources with accurate and up-to-date information.

If you would like additional information, you can request a referral to a genetic counselor. Genetic counselors are health care professionals with specialized training in prenatal genetics and in the emotional complexities surrounding genetic testing and screening. Genetic counseling is available to help you understand your options and facilitate a decision about testing as well as provide accurate information about your test results. A genetic counselor can be located by your obstetric or medical provider or by using the "Find a Genetic Counselor" link on the **www.nsgc.org website.**

Where can I find more information about prenatal screening, testing, and various genetic conditions?

You can find more detailed information about prenatal screening, testing, and chromosome conditions at **www.lettercase.org/prenataltesting/**. This information is an introduction to your prenatal testing options, and you can discuss them further with your genetic counselor or obstetric provider.

FMLA and Pre-natal Care Leave Instructions

1. FMLA forms for Maternity leave should be turned in no earlier than the 36 week visit. This means you need to contact your H/R department between 35-36 weeks to start the leave process.
2. If your employer requires Intermediate leave forms completed for your pre-natal visits, these can be turned in at any time.
3. Please make sure to specify what kind of leave the forms are for (FMLA for delivery or visits).
4. There is a $10.00 fee for completion of forms. This fee must be paid before forms can be faxed or picked up.
5. Please understand the earlier you start your FMLA leave the less time you will have to take off after your baby is born. If there are complications and you have to take off earlier, see your H/R Manager immediately to start the FMLA process.
6. If you have any questions about your maternity leave process please call:

    Tonyia (606)-878-3240 ext. 141
    London Women's Care
    803 Meyers Baker Rd, Suite 200
    London, KY 40741
    Ph: 606-878-3240 Fax: 606-878-3243

Congratulations!

London Women's Care

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www.londonwomenscare.com