

ANDOVER

Obstetrics & Gynecology

Welcome Letter

Dear Valued Patient,

Congratulations on your pregnancy and thank you for choosing Andover OB/GYN for your prenatal care. This packet contains important information regarding general pregnancy information, common procedures, tests, and examinations that you can expect in the next several months.

For those of you who are new to Andover OB/GYN, welcome! If you are a returning patient, welcome back! We look forward to working with you throughout your pregnancy.

Most Sincerely,

Andover OB/GYN

About Our Practice

We are a multi-provider practice that performs deliveries at Lawrence General Hospital and Holy Family Hospital in Methuen. We have a team of five physicians, one nurse midwife, and four nurse practitioners that you will see for your prenatal visits. Our physicians and midwife are responsible for your delivery. Our delivering providers work on a rotation schedule; each is assigned to be "on call" during specific days of the week and weekends. For your convenience, we have provided a biography page to introduce you to our obstetrical team. Based on the nature of this rotating schedule, we cannot guarantee specific provider requests on the day of your delivery. We appreciate your understanding.

Meet Our Obstetric Team

Dr. Edwin C. Radke, MD, FACOG

Medical Director

Dr. Radke is a Dartmouth College graduate, earned his medical degree from Case Western Reserve University School of Medicine. He completed his internship and residency at the Case Western University Hospital of Cleveland. As a Fulbright Scholar, Dr. Radke is fluent in German. He enjoys running, hiking, traveling and spending time with his family.

Thomas E. Davidson, MD, FACOG

Department Chief for OB/GYN
Lawrence General Hospital

Dr. Thomas Davidson received his medical degree from Wayne State University Medical School in Michigan. He completed his residency at the University of Illinois as well as Michael Reese Hospital in Chicago, where he won an Outstanding Achievement Award for laparoscopic surgery. Dr. Davidson is fluent in Spanish. He enjoys cycling, skiing and spending time with his family.

Andrea B. Polonsky, MD, FACOG

Dr. Andrea Polonsky has a distinguished medical academic record, earning clinical honors in perinatal, newborn care, infertility and endocrinology. During her residency at New England Medical Center she proved herself a leader, serving as an Administrative Chief Resident by receiving the Teaching Award. She graduated from the University of Pennsylvania Medical School and completed her Postdoctoral work at the Department of Obstetrics and Gynecology at Tufts University Affiliated Hospitals. She enjoys cooking, traveling and spending time with her family.

Sarah B. Finch, DO, FACOG

Dr. Sarah Finch is a Clark University graduate and received her medical degree from the University of New England in Maine. She finished her residency in OB/GYN at Danbury Hospital; a Yale Medical School affiliated facility. She enjoys cooking, reading and spending time with family and friends.

Abby Aspel Smith, MD, FACOG

Dr. Abby Smith grew up in Newton, Massachusetts. She completed her undergraduate degree at Williams College in western Massachusetts, graduating magna cum laude. She went on to medical school at the University of Rochester School of Medicine and Dentistry and stayed at the University of Rochester to complete her residency in Obstetrics and Gynecology. She has practiced for the last 20 years in Roanoke, Virginia where she has raised her three sons. She is excited to return to her roots and her extended family in Massachusetts to join Andover Obstetrics-Gynecology. Dr. Smith is board certified in Obstetrics-Gynecology and a fellow in the American College of Obstetrics and Gynecology. She has a specific interest in minimally invasive gynecologic surgery, but greatly enjoys the general practice of Obstetrics and Gynecology. In her spare time, Dr. Smith enjoys pursuing general fitness, cooking, and any recreational activity that involves being on the water in a boat!

Constance Breen, APRN, BC

Connie Breen received a Bachelor of Science Degree in Nursing from Saint Anselm College in Manchester, NH. She has over 40 years of extensive nursing experience which includes not only women's healthcare but medical-surgical, emergency and occupational health nursing. She received a Master of Science Degree from the University of Massachusetts- Lowell and is a board certified Family Nurse Practitioner. Connie is married with two grown children and is a grandmother to two beautiful grandchildren. She enjoys traveling, reading, playing golf and spending time with family and friends.

Michelle Young, APRN, BC

Michelle Young received a Bachelor of Science degree in Nursing from Saint Anselm College, Manchester NH and a Master of Science from Rivier University in Nashua NH. She has extensive nursing experience including labor and delivery nursing, Maternal Child Health nursing education, Maternal Child Health nursing management and emergency room nursing. She is board certified as a Family Nurse practitioner and has expanded training in colposcopy.

Ann Cerami, CRM, MPH

Ann Cerami received a Bachelor of Science in Nursing from Boston University, Boston, MA. She received her Certified Nursing- Midwifery degree from State University of New York Downstate in Brooklyn, NY along with a Master's in Public Health degree from Hunter College in Manhattan, NY. She has over 30 years of maternal child nursing experience and over 27 years of midwifery experience. Ann is married with 2 sons and enjoys cooking, yard work, and outdoor activities with family and friends.

Katerina Mooers, WHNP-BC

Katerina Mooers received a Bachelor of Science in Nursing from Boston College in Boston, MA. Katerina has also received a Master of Science degree from Boston College in Boston, MA. Katerina is Board certified as a Women's Health Nurse Practitioner and has an extensive nursing background in women's healthcare. Outside of work, Katerina enjoys spending time with family and friends.

Alexsis Walter, WHNP-BC

Alexsis received a Bachelor of Science in Nutrition-Dietetics from the University of New Hampshire, Durham NH. She received her Master of Science in Nursing from Boston College, Boston MA. Alexsis has focused her education and work experience around women's healthcare. Her special interests include vulvar dermatology, contraceptive management, and medical nutrition therapy for the management of women's health diseases.

Overview of Obstetrical Care

Prenatal Visit Schedule

Initial Prenatal visit

This visit is planned at around 7-8 weeks gestational age. It involves an extensive health history intake, physical exam, discussion of testing options (ie. Genetic carrier testing and prenatal testing), orientation to the practice, review of prenatal education, scheduling a dating ultrasound, and scheduling your next prenatal visit. After this visit, your insurance benefit will be verified for maternity services.

Subsequent Prenatal visits

Unless indicated by your provider, routine prenatal visits are scheduled as follows:

- Every 4 weeks until 28 weeks gestational age
- Every 2 weeks from 28 weeks to 36 weeks gestational age
- Every week from 36 weeks gestational age up until delivery

Routine Ultrasounds

First trimester:

Most patients will have a dating ultrasound in the first trimester. This ultrasound helps to confirm your expected due date.

Second trimester:

Another routine ultrasound is generally performed between 18-20 weeks gestational age. This ultrasound is called the fetal anatomy survey. In certain situations, this ultrasound is planned with Maternal Fetal Medicine (ie high risk pregnancies). Occasionally a "follow up" ultrasound is needed if all of the anatomy was not able to be visualized on the initial ultrasound (often due to the baby's position)

*Other ultrasounds may be ordered for medical reasons at the discretion of the physician

Routine Laboratory Evaluations

First Trimester:

Initial prenatal lab work is ordered at your first visit. This lab work includes your blood type, antibody screen, immunity to specific diseases, and complete blood count. Additional testing may be recommended depending upon risk factors.

Second Trimester:

Typically, and AFP (see prenatal screening) is recommended between 15-22 weeks gestational age for open neural tube defect screening. At 26-28 weeks of pregnancy, patients are asked to complete a 1-hour Glucose Challenge test for gestational diabetes screening. An antibody screen, syphilis screen, and hemoglobin/hematocrit are also completed at this time. For mother's that are "RH Negative", a Rhogam injection is administered at 28 weeks gestational age. Instructions will be given accordingly.

Third Trimester:

A Group B Strep vaginal culture is obtained between 35-36 weeks gestational age. Many people are carriers and require treatment during labor.

Screening and Diagnostic Tests

Please refer to the Genetic Carrier Testing and Prenatal Screening handouts in this packet for a detailed description of testing options. Please be aware that the costs associated with these tests are dependent upon your insurance plan. We ask our patients to confirm their coverage and benefits with their insurance company directly. Many of these tests are recommended, however Andover OB/GYN is not responsible for costs associated with these tests.

Postpartum Visit

A postpartum visit is planned 6 weeks after your delivery. We encourage patients to schedule this with providers that they saw regularly during their pregnancy or with their delivering physician. Screening for postpartum depression is routinely done. A physical exam is performed at this visit and patients are provided with contraceptive options.

Genetic Carrier Testing

What is carrier screening?

Carrier Screening is a type of genetic test that can tell you whether you carry a gene for certain genetic disorders. A gene is a part of your DNA and can be passed from parent to child. Carrier screening involves testing the blood, saliva, or tissue from the inside of the cheek. Results are either positive (you have the gene) or negative (you do not have the gene). An individual who tests positive for one gene, will be called a carrier. These individuals often do not know that they have a gene for a disorder because they do not usually have symptoms or have only mild symptoms.

When can carrier screening be done?

Screening is completely optional and can be done at any point. Some people decide to complete testing prior to pregnancy or during pregnancy.

What carrier screening tests are available?

Screening tests are available for a limited number of diseases. Some disorders occur more often in certain races or ethnic groups, but anyone can have one of these disorders. Please refer to the following list of disorders:

Cystic Fibrosis : an inherited disorder in which the lungs and the digestive system become clogged with mucus. This condition often shortens an affected person's lifespan. This disease is common in Caucasians

Spinal Muscular Atrophy (SMA) : an inherited neuromuscular disorder that affects motor neurons and the spinal cord causing progressive muscle degeneration and weakness.

Fragile X Syndrome : an inherited condition which affects the X-chromosome and leads to various developmental problems like intellectual disabilities and cognitive impairment.

Tay-Sachs Disease : an inherited metabolic disorder which shows a progressive deterioration of mental and physical abilities due to nerve damage in the brain and spinal cord. This disease is more common in people of Eastern or Central European Jewish, French Canadian, and Cajun descent

Sickle Cell Disease : an inherited blood disorder where red blood cells become sickle/crescent shaped. This disease is more common in those of African American descent.

Alpha and Beta Thalassemia : an inherited blood disorder characterized by the formation of abnormal forms of hemoglobin. This can result in anemia, bone deformities, and can be life threatening. Alpha thalassemia is more common in people of Southeast Asia, Middle Eastern, and African American descent. Beta thalassemia is more common in people of Mediterranean descent. It can also be seen in Asian and African American descent, but to a lesser extent.

What are the recommendations for screening and what are the options?

There are different ways to approach carrier testing. Targeted carrier screening is based on your ethnicity or family history. Expanded carrier screening tests for many different disorders regardless of race or ethnicity. Companies that offer expanded carrier screening create their own lists of disorders that they test for called a panel. Some panels can screen for over 100 different disorders. Before testing, consult with your ob-gyn to discuss the benefits and limitations of each screening approach. The American College of Obstetrics and Gynecology recommends that all women who are thinking about becoming pregnant or who are already pregnant should be offered carrier screening for Cystic Fibrosis, Spinal Muscular Atrophy (SMA), and hemoglobinopathies.

What choices do I have if my partner and I are both carriers?

If you have completed carrier screening prior to becoming pregnant, you have several options. You can become pregnant and have prenatal diagnostic tests of the fetus during the pregnancy. These tests include Chorionic Villus Sampling (CVS) and Amniocentesis. You can choose to complete IVF as this option will allow the embryo to be tested for the disorder prior to being transferred into the uterus. If you have carrier screening during pregnancy, options are more limited. You will be advised to meet with a genetic counselor to explain your risks of having a child with the disorder and be offered diagnostic testing of the fetus.

What you should know

Your insurance company may or may not cover these tests. Please be sure to call your insurance company to inquire about the testing options and potential costs. Remember screening is recommended, but always optional.

Prenatal Screening

Pregnant women have a very small chance of having a baby with a chromosomal abnormality or neural tube defect. Parents can choose to complete various tests during the pregnancy to assess the risk that her baby may have one of these conditions. Please remember, most babies are born healthy.

What is a Chromosomal Abnormality?

Every cell in your body has genetic material called DNA; chromosomes are the structures that hold your DNA. Some people are born with too many or too few chromosomes in each cell. One of the most common examples is Down Syndrome. People with Down Syndrome have an extra copy of the 21st chromosome. This can result in mild to moderate intellectual deficit and other health issues (ie heart problems). The second most common abnormality is Trisomy 18, an extra copy of the 18th chromosome. Babies with Trisomy 18 have serious physical and mental deficits that unfortunately significantly shorten the child's life.

What is a Neural Tube Defect?

This is a problem with the brain or spinal cord in the developing baby. Supplemental Folic Acid is recommended in pregnancy to help prevent neural tube defects. An example of a neural tube defect is Spina Bifida; this is a condition when the bones protecting the spinal cord are not fully formed. There are varying degrees of severity with Spina Bifida, but it can often cause physical and mental deficits.

What is Prenatal Screening?

These are tests that screen for genetic conditions of the fetus. There are a various types of prenatal screening available; all of these options are non-invasive and safe for a developing baby. The choice will often depend upon your age, medical history, gestational age, if any abnormalities have been identified on ultrasound, and cost. A negative screening means that your risk is not greater than the defined threshold; essentially, it is unlikely that your baby will have the condition(s) that were screened for. A positive screening means that your risk is greater than the defined threshold; meaning, there is a chance that your child may have the condition(s) that were screened for. Remember these results are NOT a diagnosis! False positives can occur. If you have a positive screening, additional testing can be ordered. Diagnostic tests may include blood work, ultrasound and amniocentesis. Not all women choose to have additional testing; it is completely your choice.

What are the Prenatal Screening Choices?

Cell-Free Fetal DNA (QNatal) : This test detects fetal DNA in the maternal blood stream as early as 10-12 weeks gestational age. From the detected fetal DNA, the test screens for Trisomy 21, Trisomy 18, and Trisomy 13. Because this test detects DNA, it can also reveal the sex of the baby. This test is considered to be the most accurate screening tool. It is over 99% accurate in ruling out one of those condition with a Negative result. Keep in mind that false positives can, and sometimes do occur. A second trimester blood test will also be recommended to screen for neural tube defects.

Integrated Screen : This is a two-part test done at specific times in pregnancy. It screens for Trisomy 21, Trisomy 18, or a neural tube defect. The test measures hormonal levels present in the maternal blood stream at 12 weeks and again at 15-18 weeks of pregnancy. An ultrasound is also done at 12 weeks to measure the thickness of a fluid-filled space at the back of the baby's neck, called the nuchal translucency. This test is about 90% accurate in identifying a true abnormality. Remember false positives and false negatives can occur.

Quad Screen : This is a blood test drawn between 15-22 weeks of pregnancy that screens for hormonal levels in the maternal blood stream. This test screens for Trisomy 21, Trisomy 18, and neural tube defects. This test is time sensitive and must be done during the correct time window. It is approximately 80-85% accurate in identifying a true abnormality. This test can have a high false-positive rate. If an abnormality is found, cell-free fetal DNA is often offered.

Maternal Serum Alpha-Fetoprotein : This is a simple blood test that examines the amount of a specific protein in the maternal blood stream between 15-22 weeks of pregnancy. This test screens for neural tube defects as well as stomach wall defects in the developing fetus. This test is approximately 75%-90% accurate in identifying a true neural tube defect. False positive can occur; further testing is always offered if a result is positive

What You Should Know

Your insurance company may or may not cover these tests. Some insurance plans may cover specific tests and not others; some do not cover any testing at all. Please be sure to call your insurance company to inquire about the testing options and potential costs. Remember, prenatal screening is always a choice and is not required.

Questions to Consider

You and your partner may want to consider the following questions when deciding if prenatal screening is right for you.

If you had a positive screen, would you want any further testing done?

Would you want to know if your baby had a chromosomal abnormality or neural tube defect?

Would the results cause too much worry or stress?

If your screening results are positive, how will this affect your feelings throughout the pregnancy?

Would you want this information to help you prepare for the birth of your baby who may need special care at delivery?

If the diagnostic testing showed that your baby had a serious condition, would you feel comfortable deciding to continue or end the pregnancy? Would you consider giving the baby up for adoption?

Prenatal Education

You may experience certain minor ailments during your pregnancy. The following suggestions are over the counter aids to help alleviate your symptoms. If these suggested remedies are not helpful to you, please contact our office. These remedies should not be taken for more than 7 days,

For minor aches and pain or a low grade fever up to 100 degrees: Use Tylenol Extra Strength. If you experience groin or lower back pain; try using a hot water bottle or heating pad to alleviate the discomfort

Sore Throat: Cepacol gargle or Cepacol Lozenges, Sucret Lozenges

Cough: Robitussin

Congestion: Sudafed, Novahistamine, Dimetapp, Oronex, Claritin, Zyrtec, and Benadryl at night, but not for more than 3-4 consecutive days

Diarrhea: Pepto Bismol, Kaopectate

Constipation: Try to increase your intake of bran, fruits, and vegetables along with approximately 64oz of water daily. If no relief you may try Metamucil, Miralax, Colace, or Milk of Magnesia

Indigestion or Heartburn: Riopan, Tums, Pepcid, or Zantac

Hay Fever or Allergy Symptoms: Benadryl, Chlorimeton 4mg, Tavist D

Nausea: small frequent meals, bland foods, flat ginger ale, lemon water, and peppermints are often helpful. Some individuals find acupuncture bands helpful. Bonjesta is an FDA approved medication for the treatment of nausea in pregnancy

Vomiting: Take small amounts of clear liquids frequently, and increase as tolerated. If the vomiting should last for more than 24 hours, **PLEASE CALL THE OFFICE FOR ASSISTANCE.**

Fever: Any fever over 100 degrees, **PLEASE CALL THE OFFICE FOR ASSISTANCE.**

Most importantly, drink plenty of water and get plenty of rest

Exercise in Pregnancy

Exercise is generally recommended and safe for pregnant women. We recommend mild to moderate cardio like walking, jogging, dancing, and swimming. Prenatal yoga is also safe. We advise pregnant women avoid core exercises (ie sit ups, push ups, planks) and lifting heavy weight. As a general rule, we recommend women avoid lifting more than 25 pounds of weight.

If you did not exercise regularly prior to pregnancy, we advise you slowly ease into an exercise routine. Pregnant women are at risk for musculoskeletal injury to laxity of the joints. If you did exercise prior to pregnancy, please remember that your energy level and stamina may not be the same in pregnancy. If you are tired please be sure to rest and drink plenty of water.

Travel in Pregnancy

Travel is generally safe in pregnancy, however we recommend that pregnant women discuss their travel plans with their provider. We do not recommend travel after 34-35 weeks of pregnancy. Please be sure to make a travel appointment with your primary care physician if you are traveling out of the country. Food safety and hydration is always important while traveling. Please refer to the CDC for additional travel information by location : <https://wwwnc.cdc.gov/travel>.

Dietary Guidelines in Pregnancy

Referenced by ACOG Patient Education of Nutrition during Pregnancy

Your diet should be well balanced. Healthy carbohydrates (whole grains), vegetables, fruits, and lean proteins are important for a healthy pregnancy. If you follow a specific diet, please be sure to discuss this with your provider.

Guidelines

1. Approximate weight gain should be 2-3 lbs. per month during the first half of your pregnancy. Weight gain in the first 2 to 3 months varies, especially if the patient is experiencing morning sickness.
2. Approximate weight gain should be 3-4 lbs. per month for the rest of your pregnancy.
3. Usual caloric intake increases by 150 to 200 over your normal diet. This is equivalent to an extra snack. If you are not comfortable in estimating caloric contents, you may find it helpful to obtain a basic diet book that lists the calorie and fats in most foods.
4. If you are bothered by morning sickness or heartburn, you should try a bland diet. You may find it helpful to limit citrus products, spicy foods, certain vegetables, tomato products or other foods that may be irritating to your stomach.
5. Current information indicates the caffeine and NutraSweet are adequate in moderation. (Patients with PKU disease should avoid NutraSweet)
6. Avoid raw meats, or uncooked pork and fish. Please also limit or avoid fish known to contain high amounts of mercury (ie Swordfish, King mackerel, Tilefish, Ahi Tuna)
7. Choose pasteurized dairy products
8. Limit caffeine to no less than 200mg per day (this is approximately one 12oz cup of coffee)
9. Avoid alcoholic beverages

Desirable Foods:

Low fat products, lean meats, fish, poultry, fruits and vegetables, egg s (1-2 pr. Week). Fruits and juices may be rich in calories, be cautious when eating these items.

Undesirable Foods:

Fatty meats (ground meats, sausage, hotdogs, fast foods, fried foods, cream sauces, gravies and some dressings). Rich desserts such as ice cream, cakes, pies, cookies and soda.

Weight Gain Recommendations in Pregnancy

Referenced by ACOG Patient Education of Nutrition During Pregnancy

Pregnant women are often concerned about gaining too much weight during pregnancy. Keep in mind that your diet is the main source of energy for your baby's development. Below are general recommendations for weight gain by weight category.

<u>Weight Status</u>	<u>Weight Gain</u>
Underweight	28-40 lbs.
Normal Weight	25-35 lbs.
Overweight	15-25 lbs.
Obese	15 lbs.
Twin Gestation	35-45 lbs.

Where does the weight go?

In most women, 25-35 lbs. is a good amount of weight to gain during pregnancy. Your body must store nutrients and increase the amount of blood and other fluids it makes. Here is how much weight an average women gain in parts of her body during pregnancy.

Baby	7.5 lbs.
Breasts	2 lbs.
Maternal Stores	7 lbs.
Placenta	1.5 lbs.
Uterus	2 lbs.
Amniotic Fluid	4 lbs.
Blood	4 lbs.
Bodily Fluids	4 lbs.

Cord Blood Collection

We are happy to provide cord blood collection for our patients. Our office offers collection for Viacord, Evercord, Cord Blood Registry & New England Cord Blood. The elective service fee is \$299.00 for the physician's collection only. This collection fee must be prepaid before your delivery and is not included with your chosen cord blood banking institution.

Since cord blood banking is an elective procedure, our office will provide you with an itemized receipt to submit into your insurance carrier for payment retrieval. Financing may be available to you.

For more information please discuss this with your provider and our billing department.

Resources

Prenatal classes are a great way to learn about the pregnancy and delivery processes. Be sure to ask your provider for recommendations related to prenatal classes. We also encourage expecting parents to reference literature on our webpage, www.andover-obgyn.com or at The March of Dimes webpage, www.marchofdimes.org. For expecting parents that enjoy reading material, we recommend *What To Expect When You're Expecting* and *The Pregnancy Countdown Book*. There are also several free apps that are available to download on your smartphone (ie WebMD Pregnancy).