



Greenbriar Capital Woman's Care OB FACT SHEET

Congratulations! Here is some information to guide you through your pregnancy

Routine prenatal care includes scheduled visits, initially every 4 weeks up to 28 weeks, then every 2 weeks until 36 week, followed by weekly visits until delivery. Additional visits may be required as necessary. All visits will include evaluation of your weight, blood pressure, and baby's heartbeat and growth. You will be able to meet all of the doctors and midwife during these visits. Our providers deliver at Inova Fair Oaks Hospital, taking call in rotation.

Routine tests

- **First prenatal visit:** Review of medical history and complete physical exam
 - PAP smear, urine culture, gonorrhea, chlamydia
 - Routine laboratory tests: blood count, blood type, antibody screen, rubella immunity, hepatitis B, HIV, syphilis and if applicable, cystic fibrosis, sickle cell anemia, thyroid and parvovirus
- **10-22 weeks:** optional genetic testing (detailed below)
- **20 weeks:** sonogram at a radiology facility to evaluate baby's anatomy
- **26-28 weeks:** assessment for anemia, gestational diabetes screening, antibody screen if Rh-negative
- **28 weeks:** urine tests every visit
- **30 weeks:** Rhogam injection if Rh-negative; TDAP vaccination
- **35-37 weeks:** Group B streptococcus (GBS) screen

Fetal Chromosomal Disorder Testing

Non-invasive (screening)

-First Trimester Screen/ Nuchal Translucency: This screening test is done between 11-14 weeks. This a combination of ultrasound and chemical (maternal blood) markers evaluating for increased risk of conditions such as Downs Syndrome (Trisomy 21), Trisomy 13 and Trisomy 18. Detection Rate is 80-90% with a false positive rate of 5%. We will give you a referral to have this test done at the specialists office.

-Non Invasive Prenatal Testing (NIPT)/ Cell-Free DNA: This screening test is a maternal blood draw after 10 weeks of pregnancy to evaluate for the presence of chromosomal markers that could indicate Downs Syndrome (Trisomy 21), Trisomy 13 and Trisomy 18. This test can identify 99% of cases of Downs Syndrome and Trisomy 18 and 90% of cases of Trisomy 13. With a false positive rate of 1%.

-Single AFP: This screening test is a maternal blood draw between 15-20 weeks that completes your prenatal testing. This evaluates for the presence of a chemical marker indicating an increased risk for neural tube defects such as Spina Bifida.

Invasive (diagnostic)

Chorionic villus sampling and amniocentesis: these are invasive diagnostic tests that are performed at a genetic testing center for diagnosis of a suspected chromosomal abnormality in the baby. Detection rates and risks of the procedures vary with the procedure.

Carrier Screening for Genetic Conditions

Optional genetic testing is available for several inheritable medical conditions. Carrier screening is testing that can be done to assess if you or your partner carry a genetic mutation that could be passed on to your baby. These tests are testing your genes, therefore do not need to be repeated and are not affected by timing of a pregnancy.

Some diseases can be screened on you first and if you are a carrier, they can then test to see if the baby has a higher risk of being affected. These diseases are: Cystic Fibrosis, Spinal Muscular Atrophy, Alpha, and Beta thalassemia

- Cystic Fibrosis (CF) is an inherited disorder that can cause life-threatening damages to the lungs and digestive system. Screening is offered to all patients, but recommended especially for high-risk individuals in the non-Hispanic white and Ashkenazi Jewish populations.
Spinal Muscular Atrophy (SMA), a genetic disorder characterized by progressive muscle degeneration and disability, or even death in infancy
- Thalassemias are hereditary causes of anemia and more common in individuals of Mediterranean, Middle Eastern, Southeast Asian or West Indian descent. Sickle cell disease is more common in individuals of African decent

You can be screened for many other diseases as well including: Fragile X Syndrome and Duchenne Muscular dystrophy. Additional screening is available for several genetic disorders more prevalent among individuals of Ashkenazi Jewish (Eastern European and Central European) descent including Tay-Sachs Disease. If you screen positive for any of these diseases, your partner would need to be screened as well to determine the risk for the baby.

Vaccinations may be offered to you in the hospital or in our office. These include rubella after delivery if you are not immune; influenza which is strongly recommended for all pregnant women anytime during the pregnancy and household members of newborns; and Tdap (tetanus, diphtheria and pertussis) for pregnant women in every pregnancy, and household members if they have not been updated. COVID vaccinations and boosters are recommended anytime in pregnancy.

We encourage first time parents to attend childbirth education class. Infant-care or breastfeeding classes may also be helpful. Brochures are available at the front desk and online at the hospital website at www.inova.org

CWC Div 77 and Inova Fair Oaks Hospital participate with the **Virginia Birth Related Neurological Injury Compensation Program**. Please see the brochure for more information.

Obstetrical Fees

The delivery fees from the office do not include additional services such as services for non-pregnancy related problems, laboratory tests, non-stress tests, some ultrasounds, cord blood collection, circumcision or hospital charges. In addition, at the hospital anesthesia, neonatology, radiology and pathology may charge for their services. Our billing department will contact you to discuss your financial responsibilities for your pregnancy. We will submit a claim to your insurance company for antepartum visits and delivery at the end of your pregnancy.

We are available for you day or night at **(703) 359-5900**. The office is open 8:00 to 3:30 Monday through Thursday and 8:00 to 1:00 on Friday. **Please save the after-hours service for emergencies only.** If you do not get a response from us within 30 minutes, go to the hospital.

I have read and understand the information in these pages.

Signature of Patient

Date

Witness