



OB/GYN Care Tan New Pregnancy Packet

Please take a moment to read the important information below

GROUP PRACTICE:

- The physician you choose will be your primary obstetrician and you will see her for the majority of your OB visits. Occasionally, you may see a nurse practitioner. **After normal business hours, the call schedule rotation is split evenly between our five physicians.** During working hours, you are typically attended to by your physician. Our physicians do not share call with other physicians outside of the practice. Odds are, you will be delivered by your physician, but it depends on when your baby decides to arrive! The timing of OB visits is detailed in message that you receive prior to your initial prenatal visit.

INITIAL APPOINTMENT:

- At your first appointment, you will meet with a nurse practitioner for a physical exam, ultrasound (if indicated) and to discuss any concerns or questions you may have. You will also have a
 - Pap smear if you are due. At the conclusion of your appointment, blood tests are run to determine RH and blood type, Rubella (measles) immunity, blood count and thyroid condition.
 - We also test for bladder infection, Syphilis, Hepatitis, Gonorrhea, Chlamydia, and HIV. **If Pap smear and blood tests are normal, the provider will either send a mychart message or give you a call. If there is anything that needs to be addressed or treated, you will receive a phone call within 5-7 days.**

SUBSEQUENT VISITS:

- Your next OB appointment is typically at 12 weeks. **This will include an ultrasound and blood test to check for increased risk of specific types of birth defects. If you opted not to have this done, an ultrasound is not necessary.** Instead, we will be able to hear the fetus's heartbeat by using a Doppler. You will see your physician, who will review your initial OB labs and
 - address any questions you may have. A routine ultrasound is also done around 20 weeks to check placental placement and fetal anatomy. This is likely the last ultrasound you will have, but this depends on individual needs. A more detailed list of appointments is located in the new patient message

QUESTIONS AND CONCERNS:

- You will most likely have questions or concerns that arise between your OB visits. We have a nurse available during business hours to address concerns and communicates with your physician if needed. They may be reached by calling the main office line at **(425) 285-0060**. Choose the option to leave a message for the nurse. Leave a phone number where you can be reached, make sure to slowly spell your first and last name. If it is an urgent concern that cannot wait for a call back, speak to the receptionist, who will connect you with the nurse. If it is after hours and cannot wait for the next day, you may reach the physician on call by choosing the appropriate option on the voicemail. If it is a life-threatening emergency, please call 911.

OB Appointments

WEEKS GESTATION

EXAM APPOINTMENTS

8 – 10 weeks

CONFIRMATION OF PREGNANCY APPOINTMENT

First visit with a Nurse Practitioner. Discuss optional screening tests. Sonosite ultrasound to check dates and/or size if indicated
Labs: OB Panel including CBC, Hepatitis B & C, Syphilis, Rubella Immunity, Varicella Immunity, Thyroid Screening, Blood Type, Rh status, HIV & Syphilis Screening & Iron level. A urine pregnancy test (if indicated), urine culture, & urine Gonorrhea & Chlamydia are also done during this appointment.

Optional testing: Cystic Fibrosis screen, Carrier screen, Non-Invasive Prenatal Testing

12 weeks

First appt with provider (20 min)

Routine appointment with provider
Weight, Blood Pressure

Fetal Heart Tones (if desired)

Optional: Ultrasound if having the first Trimester Screen blood test

OB Appointments continued...

WEEKS GESTATION	EXAM APPOINTMENTS
16 Weeks	<p>Routine appointment with provider. Weight, Blood Pressure, Fetal Heart Tones Labs (Optional): MSAFP for neural tube defect screening (Spina Bifida) "Open Spine" You will receive a glucola bottle with instructions for Gestational Diabetes Screening at your 25wk appointment</p>
20 Weeks	<p>Routine Ultrasound to check anatomy; (can find out gender of fetus if desired or not known yet). Routine appointment done with Maternal Fetal Medicine.</p>
Ultrasound	
24 Weeks	<p>Routine appointment with provider. Weight, Blood Pressure, Fetal Heart Tones Labs: 1 Hour Glucose Tolerance Test and CBC for Iron levels Antibody Screen is drawn for patients that are Rh negative</p>
Gestational Diabetes Screen	

OB Appointments continued...

WEEKS GESTATION	EXAM APPOINTMENTS
28-30 weeks	<p>Routine appointment with provider. Weight, Blood Pressure, Fetal Heart Tones *Patients that are Rh negative with a negative Antibody screen will receive a Rhogam injection during this visit. You will receive a packet with information that will include cord blood banking, selecting a pediatrician, hospital registration, fetal kick counts and breast pump prescription.</p>
32 weeks	<p>Routine appointment with provider. Weight, Blood Pressure, Fetal Heart Tones To Do: Tdap vaccine to prevent whooping cough in baby. Based on complication pertaining to patient's pregnancy, an ultrasound may be done during this visit</p>
34 weeks	<p>Routine appointment with provider. Weight, Blood Pressure, Fetal Heart Tones Labs: CBC, Treponema (Syphilis), ect. (as indicated by provider)</p>

OB Appointments continued...

WEEKS GESTATION	EXAM APPOINTMENTS
36 Weeks	Routine appointment with provider. Weight, Blood Pressure, Fetal Heart Tones
Group B Strep Culture	
37 Weeks	Routine appointment with provider. Weight, Blood Pressure, Fetal Heart Tones
38 Weeks	Routine appointment with provider. Weight, Blood Pressure, Fetal Heart Tones Cervix check (if desired)
39 Weeks	Routine appointment with provider. Weight, Blood Pressure, Fetal Heart Tones Cervix check (if desired)
40 Weeks	Routine appointment with provider. Weight, Blood Pressure, Fetal Heart Tones Cervix check (if desired) Non-Stress Test and Ultrasound
41-42 Weeks	Routine appointment with provider. Weight, Blood Pressure, Fetal Heart Tones Cervix check (if desired) Non-Stress Test

BMI & Weight Gain Pregnancy

**Please note: Gaining more than the recommended amount during pregnancy increases your risk for cesarean section, diabetes and a large baby. Also, it may be more difficult to lose the weight after baby is born, and these excess pounds increase your lifelong health risks.

BMI	Total Weight Gain
<15.5	28 to 40 lbs
18.5-24.9	25 to 35 lbs
25.0-29.9	15 to 20 lbs
30.0-34.9	11 to 20 lbs
>35.0	<10lbs

Strategies for Coping with Nausea

Ginger Ale, Ginger Tea, Ginger Snaps, Ginger Capsules	Another is Cola Syrup
Eat small frequent meals	Try taking your Vitamin B6, 50mg twice a day in addition to your prenatal vitamin
Eat Protein/carbohydrate before you get out of bed in the morning. (Peanut butter/crackers on the bedside table) Getting food in your stomach before you start moving around can help get the day off to a good start.	You can also take ½ of a Unisom Tablet twice a day. Unisom is an over the counter sleeping preparation that is OKAY in pregnancy and can help with nausea. (Make sure active ingredient is Doxylamine Succinate.)
Try sniffing a lemon, drinking lemonade, sucking on a lemon drop.	Two Flinstone’s vitamin if you cannot tolerate your prenatal vitamin, take one in the morning and one at night.
Try hard peppermint candy. Put peppermint oil on your wrist pulse point-sniff when nauseated.	Try new surroundings, take a walk outside, do something different
Emetrol is a non prescription medicine that can be bought at the pharmacy for nausea and can be effective.	

YOU SHOULD URINATE AT LEAST 3-4 TIMES PER DAY. LESS THAN THIS MEANS YOU MIGHT BE DEHYDRATED. DEHYDRATION CAN ALSO CAUSE NAUSEA, VOMITING AND STOMACH CRAMPS. CONTACT THE CLINIC IF YOU ARE UNABLE TO KEEP DOWN LIQUIDS FOR 24 HOURS OR UNABLE TO URINATE.

IF YOU HAVE TO CHOOSE BETWEEN SOLID FOODS AND LIQUIDS-CHOOSE LIQUIDS TO KEEP FROM GETTING DEHYDRATED. YOUR BODY HAS RESOURCES TO PROTECT THE BABY DURING EARLY PREGNANCY NAUSEA AND VOMITING.

INSTRUCTIONS FOR NAUSEA COMBO MEDICATION:



These medications are similar to a prescription combination. Take them every day, at least the bedtime dose, to prevent nausea.

- Vitamin B6 (pyridoxine)-25 mg tablets
- Unisom (doxylamine)-25 mg tablets

Note: The doxylamine may make you sleepy

- Evenings/Bedtime: Take one tablet of both the B6 and Unisom.
 - Mornings: Take ½ of both B6 and Unisom, as needed.
 - Mid-Day: Take ½ of both B6 and Unisom, as needed.

Safe Medications to Use in Pregnancy

The following over-the-counter medications (found on next slide) and home remedies have no known harmful effects during pregnancy when taken according to the package directions. Please note that no drug can be considered 100% safe to use during pregnancy. If you want to know about the safety of any other medications **not** listed here, please contact your health care provider.

****PLEASE FOLLOW ADULT RECOMMENDED DOSING ON MEDICATION***

Safe Medications to Use in Pregnancy Continued...

Condition	Safe Medications to Take
Seasonal Allergies	<ul style="list-style-type: none">➤ Oral medications: Cetirizine (Zyrtec), Loratadine (Claritin), Diphenhydramine (Benadryl)➤ Nasal Sprays: Nasacort, Flonase
Cold & Flu Symptoms	<ul style="list-style-type: none">➤ Fever: Acetaminophen (Tylenol)➤ Congestion: Mentholatum rub (Vicks), Guaifenesin (Mucinex)➤ Nasal Congestion: Saline nasal spray, Diphenhydramine (Benadryl), Chlorpheniramine (Chlor-Trimeton), Pseudoephedrine (Sudafed) *AVOID SUDAFED IN 1ST TRIMESTER*➤ Cough: dextromethorphan (Robitussin)➤ Sore throat: Lozenges (Sucrets, Cepacol, Halls), Chloraseptic throat spray
Constipation	<ul style="list-style-type: none">➤ Fiber Supplement (Benefiber, Metamucil)➤ Stool softener: Docusate (Colace)➤ Laxative: Polyethylene glycol (MiraLAX), Milk of Magnesia (MOM)
Diarrhea	<ul style="list-style-type: none">➤ Loperamide (Imodium)➤ Kaopectate
Gas/Bloating	<ul style="list-style-type: none">➤ Simethicone (Gas-X, Mylicon)➤ Gaviscon (Mylanta)
Headache	<ul style="list-style-type: none">➤ Acetaminophen (Tylenol) *AVOID Ibuprofen/Advil*

Safe Medications to Use in Pregnancy Continued...

Condition	Safe Medications to Take	
Heartburn	<ul style="list-style-type: none"> ➤ 1st Line: Calcium Carbonate (TUMS) ➤ 2nd Line: Famotidine (Pepcid), Gaviscon, Mylanta, Maalox ➤ 3rd Line: Lansoprazole (Prevacid), Esomeprazole (Nexium), Omeprazole (Prilosec) <p>*if you are already taking one of these medications or taking an over-the-counter medication, discuss with your physician at your next visit*</p>	
Hemorrhoids	<ul style="list-style-type: none"> ➤ Hydrocortisone cream/suppositories (Preparation H) ➤ Witch Hazel Pads (Tucks pads) 	
Joint, Hip & Back Pain-Topical	<ul style="list-style-type: none"> ➤ Tiger Balm ➤ Icy Hot ➤ Salon Pas <p>*AVOID ALL after 20 weeks & only use sparingly</p>	<ul style="list-style-type: none"> ➤ Bengay ➤ Thermacare heat pads-ok on back only
Nausea and Vomiting	<ul style="list-style-type: none"> ➤ Sea bands ➤ Ginger lollipops/candies 	<ul style="list-style-type: none"> ➤ Doxylamine (Unisom) plus vitamin B6
Rashes (Itching)	<p>Topical:</p> <ul style="list-style-type: none"> ➤ Hydrocortisone cream (Cortaid) ➤ Diphenhydramine cream (Benadryl) ➤ Calamine Lotion 	<p>Oral Tablets:</p> <ul style="list-style-type: none"> ➤ Diphenhydramine Tablets (Benadryl)
Yeast Infection	<ul style="list-style-type: none"> ➤ Miconazole (Monistat) 	<ul style="list-style-type: none"> ➤ Clotrimazole (Gyne-Lotrimin)

Information you should know during pregnancy

Alcohol:

The harmful effects of alcohol consumption during pregnancy are well-known and include physical defects, learning disabilities, and emotional problems in children. Experts haven't yet defined a safe level of alcohol for women who are pregnant, nor do they know whether or how babies differ in their sensitivity or reaction to alcohol. Although you shouldn't worry about alcohol you drank before you found out you were pregnant, you should abstain from any further consumption and avoid all alcoholic beverages. Let your health care provider know if you are finding it difficult to stop drinking alcohol. Another good resource is Lakeside-Milam Recovery Centers, which offer evaluation and treatment for alcohol addiction. You may contact them or get a listing of locations at 1-800-231-4303, (425) 823-3116, or www.lakesidemilam.com.

Tobacco:

When you smoke, the placenta is deprived of nutrients and oxygen, which means that less of these get to the developing fetus. Babies born to mothers who smoke are more likely to be low birth weight and have health problems such as poor lung function. Smoking can also lead to pre-term labor and an increased risk of placenta previa, or when the placenta covers the opening to the uterus. If you need assistance with quitting smoking, please let your health care provider know. Nicotine replacement patches and medications such as Wellbutrin are approved to use during pregnancy and are preferable to smoking.

Illegal Drugs:

Using drugs such as marijuana, heroin, cocaine, and meth during pregnancy has adverse effects on the developing fetus and newborn. These drugs cross the placenta and enter the fetal blood stream. Use of these drugs can affect central nervous system functioning and can lead to premature delivery, growth retardation, withdrawal symptoms in the newborn, behavioral problems, or even stillbirth. If you use illegal drugs, please notify your health care provider so that we may help you. Lakeside-Milam Recovery Centers may also provide assistance with drug addiction (please see contact information above under "Alcohol").

Diet:

If you were eating a well-balanced diet before pregnancy, chances are you will not need to make big changes. Make sure that you are getting food from the five healthy food groups: grains, protein, fruits, vegetables, and milk products. Emphasize whole wheat bread products and brown rice in place of simple/refined carbohydrates, such as white bread, white rice, refined cereal, cookies, etc. In addition, try to limit extra sugar and fat. Drink plenty of water, 6- 8 glasses a day. It is also recommended that you continue to take your prenatal vitamin daily throughout pregnancy and breastfeeding. *Foods to avoid in pregnancy are raw eggs, unpasteurized dairy products, and undercooked meat. Certain types of fish should not be eaten more than once a week, including canned tuna, mahi mahi, halibut, pollack, and cod. Tuna steaks, shark, swordfish, tile fish, and sea bass should not be consumed. All other types of seafood are safe to eat.*

Information you should know during pregnancy continued...

Weight Gain:

Weight should be gained slowly and steadily and varies from woman to woman. The average weight gain during pregnancy is 25-35 pounds. Talk to your health care provider if you have questions regarding your individual goal weight gain.

Exercise:

Exercise is encouraged during pregnancy. Most types of exercise are safe, but you should avoid activities that increase your risk of falls or injury. Walking, swimming, and yoga are great forms of exercise during pregnancy. After the first five months, it is best to avoid lying flat on your back, as the baby's weight can interfere with blood circulation. Make sure to stay well-hydrated and stop exercising if you notice shortness of breath, dizziness, blurry vision, chest pain, or severe abdominal or pelvic pain.

Caffeine:

Most researchers agree that, although caffeine does cross the placenta, moderate amounts (about 200 mg a day) will not hurt your baby. This represents about two 8-ounce cups of coffee, two shots of espresso, or two caffeinated sodas daily. Keep in mind the serving size of your mug or cup (typically around 12-16 oz)!

Intercourse:

In most cases, intercourse throughout the pregnancy is fine. Intercourse will not cause a miscarriage. Miscarriages that occur commonly do so as a result of a chromosomal abnormality or other problem with the developing fetus, not from anything you do or don't do. Intercourse will not harm the fetus. It is well protected by the abdomen, amniotic fluid, and cervical mucous plug, which prevents semen and bacteria from entering the uterus. Orgasms can cause contractions; however, most research indicates that if you have a normal pregnancy, orgasm—with or without intercourse—does not lead to premature labor or birth. If certain problems are present, your provider may ask you to stop having intercourse. If you have a new sexual partner during your pregnancy, please use condoms to prevent sexually transmitted diseases.

Safety:

Always wear a seatbelt when driving or riding in a vehicle. Avoid activities that may cause injury or falls. Avoid completely immersing yourself in hot tubs. Seek other medical or dental care when needed, but make sure providers know you are pregnant. *If you do not feel safe at home with your partner, please let your health care provider know immediately so that we may be of assistance.*

Common 1st Trimester Symptoms

Nausea:

This can occur at any time of day and may come in the form of aversion to certain foods. It generally improves by the 13th or 14th week of pregnancy but can continue into the 2nd trimester. *Munch a few crackers before getting up in the morning, eat several small meals a day so that your stomach is never empty, drink plenty of liquids, try wearing a motion sickness band or ginger soda, tea, or capsules.*

Heartburn:

May be an effect of sluggish digestion or the expansion of the uterus. *Eat several small meals a day instead of three large ones, avoid triggers (fried foods, chocolate, peppermint, garlic, onion), drink plenty of fluids, and stay up for 2-3 hours after your evening meal. Antacids (Tums, Mylanta, Maalox) and medications such as Zantac or Tagamet are fine to take for relief.*

Constipation:

Constipation affects at least half of all pregnant women and is caused by an increase in progesterone, which slows the digestive process. *Try to eat on a regular schedule, drink plenty of fluids, get some exercise daily, eat high-fiber fruits, vegetables, and grains, try fiber supplements (Metamucil, Citrucel) or a mild laxative (such as milk of magnesia). Please refer to the safe medication list as well for more information.*

Dizziness:

Pregnancy causes dilation of blood vessels, resulting in lower blood pressure. Dizziness may also be caused by low blood sugar or anemia. We will do lab work to rule these conditions out. *Get up slowly from lying or sitting down, walk at a slower pace, avoid prolonged standing, guard against over-heating (hot tubs, saunas), stay physically active, drink plenty of fluids, eat iron-rich foods (beans, red meat, green leafy vegetables, dried fruits).*

Fatigue:

Caused by demands on the circulatory system and increased progesterone, which makes you sleepy. *Take naps during the day or go to sleep earlier, avoid taking on extra responsibilities, ask for support when you need it, exercise regularly, eat foods rich in iron and protein, avoid excess caffeine.*

Vaginal discharge and vaginal infections:

An increase in vaginal discharge is common in pregnancy due to increase in the turnover of vaginal lining cells. It will likely be present throughout the pregnancy.

Let someone know if discharge becomes odorous, irritating, itchy, or discolored, or if you are having pain with urination.

Headaches:

Headaches are one of the most common discomforts experienced during pregnancy. During the first trimester your body experiences a surge of hormones and an increase in blood volume. Stress, low blood sugar, lack of sleep, dehydration, caffeine withdrawal can also be the cause. *Apply cold compress to base of neck, maintain your blood sugar eating smaller more frequent meals, get plenty of sleep, rest in a dark room, having small amount of caffeine, taking Acetaminophen, avoiding Ibuprofen unless instructed by your physician.*

Common 2nd and 3rd Trimester Symptoms

Braxton Hicks contractions:

Painless, random contractions of the lower abdomen and groin, often a tightening feeling of the uterus. These are “warm-ups” to labor contractions and may occur during the 2nd and 3rd trimester. On the other hand, if you experience timeable, and/or regular contractions, try to lay down and drink fluids, and call if they do not decrease or resolve with these measures.

Leg cramps:

May occur especially at night and usually in the calves. Flex your toes up towards your leg if this happens and massage the calf until it resolves. Avoid pointing your toes when stretching.

Heartburn and constipation:

See 1st trimester symptoms.

Shortness of breath:

Your lungs are processing more air than they did before pregnancy, which may leave you breathing slightly faster and feeling short of breath. Contact us if you experience chest pain, especially if it is localized to one side or the other.

Round ligament pain:

The round ligaments support your uterus in your pelvis. As your uterus grows, the ligaments stretch and thicken to accommodate and support it. These changes can cause pain on one or both sides of the pelvis. Pain may start deep within the groin and move upward and outward towards the hips. It may also present as a dull ache after an active day. To help relieve discomfort, you may try warm baths, flexing your knees toward your abdomen, or lying on your side with a pillow under your belly. Decrease activity if necessary.

Hip pain and backaches:

As pregnancy advances, the baby gains weight and puts more pressure on your back, while hormones relax the joints between your pelvic bones. Sit in chairs with good back support, apply heat and/or ice to painful areas. Contact EWHC if the pain does not go away or is accompanied by other symptoms.

Swelling:

Blood return from your veins is compromised during pregnancy and fluid retention may be evident in your feet, ankles, face, and hands. Drink plenty of fluids and elevate your feet at night.

Frequent urination:

Extra pressure on your bladder may cause you to urinate more often or leak urine, especially with laughing, coughing, or sneezing. Watch for signs of a bladder infection, such as burning with urination, fever, or blood in your urine, and call your health care provider if these symptoms are present.

Contact us if you experience any of the following at anytime during your pregnancy:

- Moderate to heavy vaginal bleeding or passing of tissue
- Any amount of vaginal bleeding accompanied by pain, cramping, fever, or chills
- Timable, regular contractions unrelieved by rest and fluids
- A severe, persistent headache, especially with dizziness, faintness, nausea, vomiting, or visual disturbance
- Moderate or severe pelvic pain
- Pain with fever or bleeding
- Vomiting with pain or fever
- Chills or fever (101 degrees or higher)

Seafood Consumption in Pregnancy

Seafood is low in fat, rich in Omega 3 fatty acids, and good for your heart. However, its health benefits need to be balanced with concerns about contaminants such as mercury and PCB's

Seafood safe to eat 2-3 times a week:

Anchovies, butterfish (silver pomfret), catfish, clams, cod (Pacific, Atlantic), crab (blue, king, snow, US, Canada, Russia), crayfish, flounder/sole, herring, oysters, Pollock/fish sticks, salmon (fresh, canned-chinook, chum, coho, farmed Atlantic, pink, sockeye), sardines, scallops, shrimp (US, imported), squid/calamari, tilapia, trout, tuna (canned light)

Seafood safe to eat once a week:

Black sea bass, Chilean sea bass, Chinook salmon (Puget Sound), croaker (white, Pacific), halibut (Pacific, Atlantic) lobster (US, Canada), mahi-mahi, monkfish, rockfish/red snapper (trawl caught), sablefish, tuna (canned white Albacore)

Women who are pregnant or planning to become pregnant, or nursing mothers, should NOT eat the following fish:

KING MACKEREL, SHARK, SWORDFISH, TILEFISH, TUNA STEAK (AHI)

Serving Size

A meal appropriate for your body size is roughly the size and thickness of your hand, or about 8 ounces uncooked (based on 160-pound adult).

*To personalize a meal size, add or subtract 1 ounce per 20 pound difference in body weight.

Healthy Hints

Remove visible fat before cooking Do not eat the skin

Grill, broil or bake the fish

Let fat drip off during cooking Don't use fat for gravy or sauces Eat a variety of fish

Consume younger smaller fish

If you eat more than recommended amount of fish once a month, try to eat less the next month.

*Information provided by the Washington State Department of Health

Sleep Habits In Pregnancy

Is it safe to sleep on my back during pregnancy?

Early in the pregnancy, sleeping on your back is safe. In the third trimester (starting around 28 weeks), it is not recommended that you lie flat on your back for a prolonged period of time because the weight of your uterus presses on the major vein in your back. When you are sleeping, it is hard to control your position. If you wake up on your back, you probably awakened because your body was telling you to shift position. Some women wake up feeling dizzy, short of breath, or with heart palpitations. These symptoms should resolve quickly if you shift to either side. As your pregnancy progresses, try to sleep on one side or the other, or use a cushion to ensure that you are not completely flat on your back to avoid nighttime awakenings and ensure proper blood flow to your baby.

Is it safe to sleep on my stomach during pregnancy?

There is no problem with sleeping on your stomach in early pregnancy, as the uterus is protected by your pubic bone. As the pregnancy progresses, sleeping on your stomach will become uncomfortable, which is the cue to stop.

Is it safe to use sleeping medications during pregnancy?

Some prescription sleep aids can be used in pregnancy but should be discussed with your OB provider before starting. These medications can be habit forming, and in general, are used sparingly in pregnancy. There are over-the-counter sleep aids that are safe to use during pregnancy and are not habit forming, including Benadryl, Tylenol PM, and Unisom. These medications should be taken according to the directions on the package.

Is it safe to sleep under an electric blanket during pregnancy?

Electric blankets are safe to use in pregnancy as long as the temperature setting is not too high. In general, this means high enough to keep you warm, but not so high as to burn you or elevate your temperature. If you are concerned, you can take your temperature to make sure it is in normal range, under 100 degrees.

PREGNANCY SLEEP TIPS:

Drink up. Drink plenty of fluids during the day but cut down in the evening before bedtime to minimize getting up at night.

Keep moving. Exercise regularly to stay fit and improve circulation and reduce nighttime leg cramps.

Get into a routine. If you establish a soothing and comforting evening routine, you'll be able to relax and get to sleep more easily. Try a cup of caffeine-free tea or hot milk, reading, or taking a warm shower.

Keep heartburn at bay. To prevent heartburn, don't recline until 1-2 hours after a meal. If heartburn is a problem, sleep with your head elevated on pillows. Avoid spicy, acidic (such as tomato products), and fried foods as they may worsen symptoms. Safe over-the-counter medications include Tums, Mylanta, and Zantac.

Nap during the day. If you're not getting enough rest at night, take a nap to reduce fatigue. Find a quiet spot and relax, even if only for a half-hour.

Support your body. Use a special pregnancy pillow or regular pillows to support your body. Try placing a pillow under your upper back or hips, or between your knees.

Watch your diet. Completely eliminate caffeine if insomnia is a problem for you. If nausea is a problem, eat bland snacks throughout the day. Keeping your stomach slightly full helps keep nausea at bay. Eating a well-balanced diet, not only helps you and your baby's health, but makes you less prone to nighttime snack attacks that contribute to restlessness and insomnia.

Genetic Screening



What is carrier screening?

Carrier screening is a genetic test that determines your chance of passing on a genetic condition to your baby. Carrier screening...

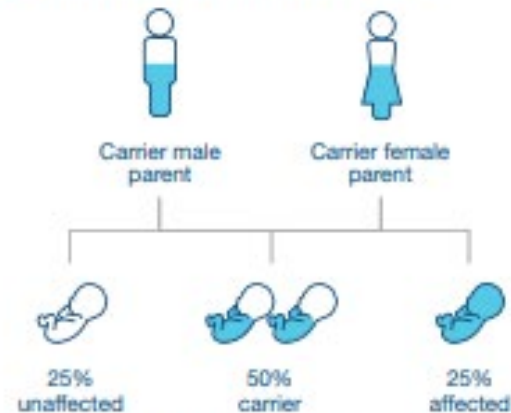


- Is available to everyone either before or during pregnancy
- Typically only requires a routine blood draw
- Is done for your partner if your results show you are a carrier

What does it mean to be a carrier?

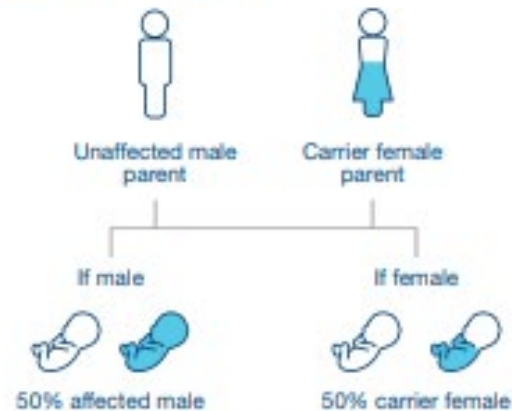
Carriers are typically healthy, but they could have a baby with the genetic condition they carry.

Autosomal recessive inheritance



Examples: cystic fibrosis, spinal muscular atrophy, sickle cell disease

X-linked inheritance



Example: Duchenne muscular dystrophy

NIPT and Carrier Screening:



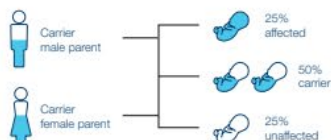
Horizon™
Advanced carrier screening

Panorama™
Next-generation NIPT

What does Horizon™ screen for?

Autosomal Recessive Conditions

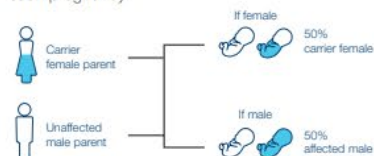
- We carry two copies of most of our genes, one inherited from each of our biological parents. Autosomal recessive conditions occur when both copies of the gene pair have a change. A person is a carrier if only one copy of the gene has a change.
- Couples who are carriers of the same genetic condition have a **25% (1 in 4)** chance of having an affected child with each pregnancy.



Examples: Cystic fibrosis and spinal muscular atrophy

X-Linked Conditions

- X-linked conditions occur when the female parent is a carrier.
- A carrier female parent has a **50% (1 in 2)** chance of having an affected male child or carrier female child with each pregnancy.



Example: Duchenne muscular dystrophy

What does Panorama™ screen for?

Condition	PPV*
Trisomy 21 (Down syndrome)	95% ¹⁷
Trisomy 18 (Edwards syndrome)	91% ¹⁷
Trisomy 13 (Patau syndrome)	68% ¹⁷
Monosomy X (Turner syndrome)**	78% ¹⁷
Sex chromosome trisomies**	86% ¹⁸
22q11.2 deletion syndrome (optional)**	53% ¹⁹
Four additional microdeletions (optional) ¹	5–17% ²⁰
Triploidy ²¹	11% ²¹

*Positive Predictive Value (PPV) is the chance that a high risk result means your baby actually has a genetic condition. PPVs apply to singleton, egg donor, gestational carrier, and identical twin pregnancies. For performance for nonidentical twin pregnancies, go to [natera.com/panorama-tests/test-specs](https://www.natera.com/panorama-tests/test-specs)

**Not available for egg donor, gestational carrier, and nonidentical twin pregnancies. †For singleton pregnancies only.

Panorama™ NIPT can also identify your baby's sex (optional). To learn more about these conditions, go to [natera.com/panorama-conditions](https://www.natera.com/panorama-conditions)

What if I get a positive screen or high risk result?

Horizon™ carrier screen and Panorama™ NIPT are **screening tests**, which means that these tests do not make a final diagnosis. A positive screen or a high risk result means that your pregnancy could have a greater chance of having a specific genetic condition. However, you cannot know for sure if your baby has that condition based on screening results alone.

All medical decisions should be made after a discussion with your healthcare provider (HCP) regarding diagnostic testing during the pregnancy, like chorionic villus sampling (CVS) or amniocentesis, or testing the baby after birth.

If you receive a positive Horizon™ carrier screen result, speak with your HCP about whether your partner should also be tested before planning next steps. If you receive a positive Horizon™ carrier screen result or high risk Panorama™ NIPT result, speak with your HCP to determine next steps, such as genetic counseling, detailed ultrasound, and the option of diagnostic testing.

Lola's story

Lola was born with spinal muscular atrophy, a rare hereditary condition that occurs when both parents are carriers of a changed or missing gene.



Scan to learn how carrier screening can make a difference.



Affordable testing

- Natera is an in-network provider with most major health plans. The cost of our tests varies according to the tests selected and your specific insurance coverage. Most patients receiving reproductive care meet their deductible.
- If you haven't met your deductible, what you pay will go towards that amount, after which insurance begins to contribute to your care.
- If your insurance plan denies the claim, you will be eligible for a discounted self pay price.
- Horizon™ and Panorama™ are typically billed as separate tests, and they can be ordered separately.
- Visit [my.natera.com/billing](https://www.natera.com/billing) to learn more.

Advanced technology

- Horizon™ and Panorama™ are the most widely used carrier screen and NIPT.²² Just one blood draw is required for both tests. Horizon™ provides comprehensive carrier screening using the latest technology, including next-generation sequencing. Panorama™ is the only NIPT that can tell the difference between your and your baby's DNA.²⁻¹⁵ This helps avoid some sources of incorrect results.²³ Panorama™ NIPT also has zero fetal sex errors in published clinical validations.²⁻¹⁵

Unmatched support

- Complimentary genetic information sessions before and after testing are available with Natera's board-certified genetic counselors.
- NEVA, Natera's Educational Virtual Assistant, provides easy, 24–7 access to results, education, and guidance on next steps.



Why choose Horizon™ and Panorama™?



Natera Billing Guide:

Billing Guide



Medicaid | HSAs & FSAs | Cash Pay | HMO & PPOs | TriCare

Natera welcomes
all insurance plans,

and provides affordable testing through a
variety of payment methods.

How does it work?



1 Your clinician orders a test. We start processing your sample.



2 We generate an insurance estimate.



3 If we estimate your cost to exceed \$249¹, we'll attempt to contact you and you choose how you pay: insurance or cash.



4 If you choose insurance, we'll submit a claim. Your insurer may send you an explanation of benefits (EOB) letter with the cost of the test. This is not a bill.



5 We'll send you a bill once your insurer confirms exactly how much you owe.

How much will it cost?

If you choose insurance

If you've met your deductible, the average out-of-pocket expense is **less than \$249²**. If you've not met your deductible, what you pay will go towards that amount, after which insurance begins to contribute to your care.

If your insurance plan denies the claim, you will be eligible for our cash price.

If we estimate your cost to exceed **\$249** per test, we'll attempt to contact you to discuss other payment options.*

If you choose to pay cash

If you choose to pay cash instead of insurance at the time of your order, a payment estimate will be sent at the time that your sample is received. Your test may not be processed without payment. Please pay promptly to ensure testing and results are not delayed.

Payment can be made by logging in to pay.natera.com or by calling **877.869.3052** Mon-Fri between 7am-7pm CST. Please have your case ID available.

If you're experiencing financial hardship

Don't worry. If you meet certain income criteria³, you could be eligible for a reduced patient responsibility rate.

Scan to view our in-network insurance plans, obtain a pre-test cost estimate, or see if you're eligible for a reduced patient responsibility rate.



¹ \$349 if ordering microdeletions or Horizon extended panel.
² Estimates are based on previously processed claims from 2020.
³ Based on Federal poverty thresholds.

*Natera's patient out-of-pocket cost estimates are based on the information we have available to us at the time of the estimate. Future or pending claims submitted to your insurance may affect this estimate. Patients covered by government insurance are not eligible for this program. If you do not have insurance, self pay options are also available for this testing.

Chromosomal Abnormalities in Live Born

MATERNAL AGE	RISK FOR DOWN SYNDROME	TOTAL RISK FOR CHROMOSOMAL ABNORMALITIES
20	1/1,667	1/526
21	1/1,667	1/526
22	1/1,429	1/500
23	1/1,429	1/500
24	1/1,250	1/476
25	1/1,250	1/476
26	1/1,176	1/476
27	1/1,111	1/455
28	1/1,053	1/435
29	1/1,000	1/417
30	1/952	1/385
31	1/909	1/385
32	1/769	1/322
33	1/602	1/286
34	1/485	1/238
35	1/378	1/192
36	1/289	1/156
37	1/224	1/127
38	1/173	1/102
39	1/136	1/83
40	1/106	1/66
41	1/82	1/53
42	1/63	1/42
43	1/49	1/33
44	1/38	1/26
45	1/30	1/21
46	1/23	1/16
47	1/18	1/13
48	1/14	1/10
49	1/11	1/8

To: Our Maternity Patients:

Obstetrical fees are “global” this means that your OB care is one fee. The global fee includes office visits, the delivery of your baby and postpartum visit.

The global fee does NOT include lab work (other than routine urine screens) or ultrasounds performed during your pregnancy. These services will be charted at the time of the appointment and will be billed to your insurance company if applicable. You will be asked to pay any co-pays or deductible amount that may be applicable. The global OB fee will not be billed until the birth of your baby.

Our global fees are:	Normal Vaginal Delivery	\$5167.00
	Vaginal Birth after Cesarean (VBAC):	\$5437.00
	Cesarean Section:	\$5735.00

Our global obstetrical fees are: A cesarean section delivery requires an assistant surgeon who will also charge for services. Hospital, newborn care, and anesthesia services are NOT included in the global fee and will be billed separately. Should you have any questions regarding their fees please contact them directly:

Anesthesia Billing	425.451.4141
Evergreen Hospital Financial Counselor	425.899.3632

If for any reason you need to transfer your care, or if your insurance changes mid-pregnancy, we will itemize the charges for the services provided prior to the change and bill accordingly.

If you do not have insurance coverage, please contact our office at 425.285.0060 and we will discuss the resources available to help.

Sincerely,

EvergreenHealth Obstetrics & Gynecology Care, Tan