

WOMENS GROUP OF FRANKLIN, PLLC

www.womensgroupfranklin.com

4323 Carothers Parkway, Suite 208

Franklin, TN 37067

(615) 778-0010 main line

(615) 778-0715 fax

OB PATIENT INFORMATION

Congratulations! We are honored and excited that you have chosen us to partner with you during your pregnancy. It is our goal to help guide you through a healthy pregnancy, labor and delivery. Please keep this packet handy throughout your pregnancy for reference.

Drs. Ellington, Rupe, Eia, and Redden can be reached 24 hours a day by calling our main number: 778-0010. During the day, the nursing staff will assist you with your concerns, if you have a general question please attempt to call before 3 pm in order for the staff to have time to return calls. Obviously, emergency calls will be addressed immediately. If there is an emergency after hours, call the same number and the answering service will take a message and page the doctor on call.

CALL INFORMATION: Our doctors try to deliver their own patients whenever possible but they do cover for each other on nights, weekends and days off. During your pregnancy, you will be given the opportunity to meet all the doctors.

PREGNANCY TIMETABLE: A normal pregnancy is 40 weeks long. You can expect to have appointments every 4 weeks up through your 28th week. From week 28 through 36, your appointments are every 2 weeks. You will need to be seen every week after 36 weeks. This schedule will vary in certain high risk situations. The formal ultrasound where you can find out the gender of the baby is performed at around 20 weeks.

HOSPITALS: Our doctors deliver at Williamson Medical Center. Williamson Medical Center has a recently renovated unit, a level 2 NICU, high risk specialists and in-house anesthesiology. In the case of rare complications that cannot be safely cared for at our hospital, our doctors may decide that you need to be delivered or admitted to another center.

PRENATAL CLASSES/ BIRTH PLANS: We encourage all patients to attend prenatal classes. These are provided at the hospital for a nominal cost. Womens Group of Franklin will try to abide by your wishes when it comes to your choice of birth methods, while adhering to guidelines for safe delivery. Our hospital does not have the facilities for underwater births. An IV and fetal monitoring are required in labor. This is for the safety of you and your baby. If you desire to walk in labor, you can use mobile or intermittent monitoring and can usually unattach your IV from the tubing; assuming all is healthy with you and the baby. If you wish to prepare a birth plan, please have it ready to review with your provider by 30 weeks.

WEBSITE: Please visit our website www.womensgroupfranklin.com and sign up for PRIME PATIENT to be able to receive your lab results in the quickest fashion. Under the heading of 'Patient Education' you will find links to additional information on commonly asked pregnancy questions.

OBSTETRICAL SERVICES FINANCIAL POLICY

Patients who are experiencing a normal pregnancy are seen in accordance with a schedule of office visits recommended by the American College of Obstetrics and Gynecology in conjunction with the American Medical Association. Blood work, ultrasounds and fetal monitoring are billed by those contractors performing these services.

This schedule is considered to be a global package and is defined as the following: routine visits to the doctor for prenatal care, vaginal delivery and post-partum visit. Your charge in our office is billed in accordance with this schedule.

Prenatal Visits:

- Initial comprehensive history and physical examination
- Visits occurring monthly up to 28 weeks gestation
- Biweekly visits from 30 to 36 weeks gestation
- Weekly visits from 36 weeks until delivery

Delivery: Management of uncomplicated labor, vaginal delivery and episiotomy if applicable.

Post-partum:

- Recovery room visit
- Uncomplicated inpatient hospital post-partum visits
- Uncomplicated outpatient visits until six weeks post partum

Patients with no insurance assistance must make arrangements for payment of their prenatal care and delivery by their second prenatal visits. Please contact the billing office if you have questions.

Our staff will phone your insurance carrier to determine the maternity benefits of your policy. Because the global package cannot be billed to your insurance until the baby is born, we do not want you surprised with a large bill at the end of your pregnancy, so we will notify you of your projected balance in the second trimester. We require any estimated amounts due from the patient to be paid by the end of the 20th week of pregnancy. Once your insurance pays their portion we will bill you for the balance you owe or promptly refund any overpayment.

The global fee for prenatal visits, vaginal delivery and post-partum visit is \$3500.00. Patients requiring a cesarean section will be charged a global fee of \$4000.00.

There are some services performed which are billed separately in addition to the global fee.

- Management of inpatient or outpatient medical problems not related to pregnancy.
- Management of inpatient or outpatient medical problems or complications related to pregnancy exceeding the above visit schedule
- Fetal monitoring in the office
- Turning of the baby when the baby is breech, known as a 'version'
- Tubal ligation for sterilization
- Circumcision
- Cord blood banking

Please present your insurance card at your first visit. If your insurance changes in any way during your pregnancy, please notify us immediately.

Lenzie Lashwood is our OB Billing coordinator. Her number is (615) 778-0010 x112.

The laboratory (blood work), pathologist (reading of the pap smear), ultrasound, and hospital bills are completely independent of Womens Group of Franklin. You will receive bills for these services from the providers as the services are rendered.

Please feel free to call the individuals below to determine the estimated cost for their services so that you can better prepare your finances during pregnancy and delivery.

HOSPITAL

A nurse auditor will assist you in determining the estimated amount of the hospital stay for delivery. After speaking with the nurse auditor, please telephone the Patient Accounting office and speak with the representative handling your account to discuss payment arrangements.

**Williamson Medical Center
2021 North Carothers Road
Franklin, TN 37062
Nurse Auditor (615) 791-2179
Patient Accounting (615) 791-2173**

LABORATORY

Unless your insurance specifies the use of another laboratory facility, your lab tests will be processed by Path Group Laboratories.

**Path Group Laboratories 5301
Virginia Way, Ste 300
Brentwood, TN 37027
1-888-883-5983 - Billing Inquiries/Customer Service**

ULTRASOUND

Routine ultrasounds are normally performed around 20 weeks of pregnancy. In case of special concerns, they may be performed sooner or more than once. Ultrasounds are performed in our office but not by our personnel.

**Greater Nashville Perinatology, PLC
Michael E. DeRoche, M.D.
300 Stonecrest Blvd. Suite 480
Smyrna, TN 37167
(615) 459-2051 - General Number**

ANESTHESIA DURING DELIVERY

If anesthesia is needed or desired during labor, Anesthesiology Medical Group will provide it. They are a private medical practice providing anesthesia services to many hospitals in middle Tennessee. You will receive a separate statement or bill from Anesthesia Medical group (AMG) for the professional services rendered to you. Their billing office is located in Nashville, TN. The hospital will make a separate charge for anesthesia equipment, drugs and supplies, but AMG does not receive any of this.

Although you may not have the opportunity to personally meet the anesthesiologist prior to admission, please feel free to contact their office to discuss their fees and billing process. The business office is open Monday through Friday from 7:30 a.m. to 4:00 p.m. The staff will be glad to assist you in any way possible.

**Anesthesiology Medical Group
110 29th Avenue North Nashville, TN 37203
(615) 327-4304
(877) 433-4304 toll free**

OBSTETRICAL MEDICAL LEAVE OF ABSENCE

Our main goal in caring for you during this pregnancy is to have a healthy baby and a healthy mom. Although most pregnancies progress without complications, occasionally we have to ask you to make adjustments in your life.

You may be placed on a medical leave of absence prior to delivery if the doctor feels your normal activities are harmful to your health or the baby. Statements for job restrictions can also be provided as deemed necessary by your doctor.

The following restrictions apply to all pregnant patients:

Heavy lifting - we recommend that you do not lift more than 40 pounds during the first trimester and no more than 30 pounds during the second and third trimester.

Prolonged standing or stooping - we recommend that you not stand and/or stoop for more than 2 continuous hours without a 15 minute break.

Work week - you typically should not work more than 40 hours per week.

Chemicals - if your job involves any type of chemical exposure, please notify your doctor so she can review the safety of each substance.

Travel - this is generally safe during an uncomplicated pregnancy. It is recommended to always wear your seat belt. Air travel is safe as long as you are flying in a pressurized aircraft. After 32 weeks we recommend you stay within 2 hours of the hospital and after 37 weeks within 1 hour. Try to get up and walk around at least every two hours when traveling to help prevent blood clots.

To help ease the discomforts of pregnancy, try to put your feet up during breaks and lunchtime. Pregnancy is not a disease or disability. While discomfort can increase near term, without complications, we cannot legally issue work excuses without a medical diagnosis.

The medical leave of absence for a delivery is 6 weeks and begins on the day you deliver. We are unable to extend this leave beyond the recommended period, unless there is a medical complication. The Family Leave Act was established to help families with this need and is available to most employees.

Please check with your employer about specific paperwork needed and provide this paperwork to our office as soon as possible. All forms should be completely filled out prior to routing to our office except for the "Physicians Statement" portion. We do charge a \$10 fee for completing these forms.

LABOR PRECAUTIONS

This is a basic list of what to look to for when you are in late pregnancy. Please call the office at (615) 778-0010 if you have questions or if you are heading to the hospital. If you cannot wait for your doctor to return your call, proceed immediately to Labor and Delivery at Williamson Medical Center. After hours you will need to enter the hospital through the Emergency Room.

Call your doctor for any of the following four:

- 1. CONTRACTIONS** - It is normal for you to have contractions off and on in late pregnancy. They may occur high in the abdomen, low, or in the back. Count from the start of one pain or tightening to the next. If the contractions are 5 minutes apart or closer together and stay that way for a least an hour, call your doctor. Also, if you have a continuous contraction that does not subside or any contractions that are too painful to wait, call your doctor.
- 2. WATER BREAKING** - Most women have their water break after they are contracting, but sometimes the water breaks without any contractions. Call us immediately if you think your water has broken, regardless of whether or not you are having contractions. Water breaking is usually an obvious gush of clear fluid. Sometimes it is discolored or just a little trickle down the leg. If in doubt, call your doctor.
- 3. BLEEDING** - You may have a small spot or streaks of blood if you lose your mucous plug or start contracting. You also may have a small spot after having your cervix checked. Any bleeding at any other time or any bleeding that is bright red or as heavy or heavier than a period should be reported to your doctor immediately.
- 4. FETAL MOVEMENTS** - Your baby may be slowing down a little as you approach labor, but the baby should still be moving. Pay attention to baby's movements every day. The baby may have an hour or two of rest but then start moving again. If the baby is moving any less than you normally perceive, then lay down and pay attention to the baby's movements for an hour. If the baby moves less than 6 times in one hour, call your doctor.

A final word about the mucous plug: You may or may not see mucous come out of your vagina in late pregnancy. Some women see mucous several times, and sometimes it is streaked with a small amount of blood. Losing the mucous plug without any of the four signs noted above does not mean you are in labor.

APPROVED MEDICATIONS

Please inform us of any medications you are taking while you are pregnant. This includes any over the counter medications or herbs you are taking. Many medications are safe in pregnancy and it may be more dangerous for you to stop taking your medication than to continue taking it during pregnancy.

Listed below are the medications that we generally feel are safe in pregnancy unless you have a specific allergy to that medication:

- Acetaminophen (Tylenol)
- Calcium (Tums)
- Prenatal vitamins
- Dextromethorphan (Delsym & Robitussin)
- Claritin
- Allegra
- Zyrtec
- Guaifenesin (Mucinex)
- Mylanta
- Benadryl
- Colace
- Milk of Magnesia
- Metamucil
- Fibercon
- Immodium
- Cough drops and throat lozenges

There is very little information on the use of herbal medications in pregnancy. While you may think they are safe because they are "natural", some herbs are known to cause miscarriages and other problems. We advise you to not take any of these products during your pregnancy due to the unknown effects on you and your developing baby.

DO NOT TAKE: IBUPROFEN (MOTRIN), ALEVE, PEPTOBISMOL OR SUDAFED.

Also do not take the antihistamines with decongestants: Claritin D, Allegra D, Zyrtec D

SUGGESTIONS TO REDUCE NAUSEA DURING PREGNANCY

Avoid high fat foods

- gravies
- cream sauces
- mayonnaise
- high fat cheese
- butter or margarine
- whole milk products
- regular salad dressing
- fried or greasy foods

Avoid foods that may cause gas

- cabbage
- broccoli
- onions
- turnips
- radishes
- dried beans
- Brussels sprouts
- collard greens

Avoid liquids at meal times

- Limit liquids or soups to 1 cup at each meal or have ice chips available while eating.
- Drink fluids either 30 minutes before or 1 hour after a meal.
- Sip on juices, water, milk, ice chips, decaffeinated beverages between meals to prevent dehydration

Avoid highly seasoned foods

- garlic
- onion
- pepper
- chili powder

Avoid large meals

Avoid unpleasant odors

Avoid sudden movements when getting out of bed

Eat several small meals, 5 or 6 times a day

Practice good oral hygiene

Before going to bed, place some dry cereal, toast or crackers within reach of the bed

Before getting up in the morning, eat some dry cereal, toast or crackers

Get up slowly, take five or six minutes

GENETIC SCREENING IN PREGNANCY

There are many options available for screening tests during pregnancy. Please read this handout thoroughly and discuss all questions with your doctor at your next visit. We want to help you make an informed decision.

CYSTIC FIBROSIS

Cystic fibrosis is the most common genetic disorder among Caucasian couples (it is less common in other ethnic groups). 1 in 25 people will carry the gene hidden in their DNA. If their partner is also a carrier then the chance their baby will have CF is 25%. Cystic fibrosis can cause severe digestive and lung problems in affected individuals, often resulting in a shortened life span. We offer genetic testing to determine if you are a carrier for the gene that can cause cystic fibrosis. The test can be performed as a blood draw or mouth swab at any point before or during pregnancy.

NEURAL TUBE DEFECTS/ SPINA BIFIDIA

Spina bifida is a structural disorder that happens in the womb when the spinal cord does not form properly. This condition can vary in its severity from fatal, to a mild deformity. Screening is performed by checking a maternal blood protein (AFP) between 16-20 weeks. If the blood test is abnormal, the next step would be a specialized ultrasound and possibly an amniocentesis. There is a risk of false positive (the test is abnormal but the baby is fine) and false negatives (the test is normal but the baby is affected) with this test.

DOWN SYNDROME (Trisomy 21)

The risk of down syndrome is directly related to the age of the mother at the time of delivery. The risk increases, from 1/1250 at the age of 25, to 1/24 at the age of 45. Historically, age 35 was picked as the age to offer screening when the risk equaled 1/250. As techniques for screening have improved, we now offer testing to all age groups. As the patient, it is your decision if testing is something you desire. If so, your doctor can help you decide which type of testing would be best for your pregnancy.

The two tests that actually diagnose down syndrome are CVS and AMNIOCENTESIS. These tests take samples of tissue and grow the cells to check the fetal DNA for down syndrome, Trisomy 18 and Trisomy 13. CHORIONIC VILLUS SAMPLING (CVS) involves taking a small biopsy of the placenta by inserting a small tube through the cervix. This can be done from 10-14 weeks. The risk of miscarriage with this procedure is about 1/300. AMNIOCENTESIS involves using a syringe to withdraw amniotic fluid from around the baby between 16-20 weeks. The risk of miscarriage is about 1/500.

The two non-invasive screening tests are NUCHAL TRANSLUCENCY and QUAD screen. If normal, these tests reduce your risk by 80-90%. If these tests are abnormal, it doesn't necessarily mean that your baby *has* down syndrome, it just means it cannot be ruled out. If abnormal, you would most likely be referred for more testing.

The NUCHAL TRANSLUCENCY is a specialized ultrasound that is performed between 11 and 14 weeks. The ultrasound measures the thickness of the baby's neck. If the neck is

abnormally thick this can indicate an increased risk for chromosomal anomalies (like down syndrome). Maternal blood is also drawn for specific protein levels. The protein level and neck thickness are then put into an equation to determine the risk of anomalies. This will detect down syndrome about 90% of the time. There are false positives with this test (meaning that 4% of the time the test will be abnormal, even though the baby is normal). So if the test is abnormal you would be referred to a specialist for counseling to consider more definitive testing such as CVS or amniocentesis.

The QUAD screen is a blood test performed between 16-20 weeks of the pregnancy. It looks at four different blood proteins in the mother's blood to determine whether there is an increased risk of abnormalities in the baby. This test will detect down syndrome 80% of the time, but has a false positive rate of 10%.

MaterniT 21 and Harmony are newer tests that actually analyze fetal DNA in the mother's blood to detect down syndrome. They have a 99% detection rate and can be performed after 10 weeks gestation with only a maternal blood draw. It is indicated for women over 35 or women who have had an abnormal nuchal, quad or ultrasound.

The anatomy ultrasound that is performed at 20 weeks is not considered a screening test for down syndrome. While some babies with down syndrome do have defects that are apparent on ultrasound, 50% of down's babies have normal ultrasounds.