

The staff of Associates in Women's Health Care, PLLC congratulates you on your pregnancy and welcomes you to our practice! We hope that we can help to make your pregnancy and birth a wonderful experience for you and your family. Please take the time to review the contents of this packet. It contains information regarding our practice, common prenatal testing, and answers to other commonly asked questions.

### **Your Pregnancy Informational Packet Contents**

#### CENTER SECTION:

1. Maternity Care Options
2. Childbirth Education Program
3. Appointments
4. Telephone Availability
5. Laboratory Testing
6. Sonograms
7. Over The Counter Medications
8. Disability and Pregnancy
10. Patients Rights and Responsibilities
11. Financial Information

#### APPENDIX:

- A. Maternal Serum Screening Information Sheet & Consent Form
- B. Group B Strep Information Sheet
- C. HIV Information Sheet
- D. Advanced Maternal Age
- E. Cystic Fibrosis Appendix
- F. Rh Factor In Pregnancy

#### **LEFT SIDE POCKET:**

***Please complete and bring all forms to your first prenatal appointment***

# 1

## MATERNITY CARE OPTIONS:

Our practice has been serving families in Southern Arizona since 1982 and is known for our caring and innovative approach to health care for women. We offer you the following choices in your maternity care:

Providers: Board Certified Obstetricians and Gynecologists, Women's Health Nurse Practitioners and a Certified Nurse Midwife.

Places for Prenatal Care: Eastside: 2355 N. Wyatt Dr., Ste. 101 – 520-795-8080  
Diagnostic Center: 2325 N. Wyatt Dr., Ste. 105 – 520-795-8080  
Southwest: 1400 W. Valencia, Ste. 130 – 520-573-1105  
Green Valley: 1930 N. La Canada, Bldg. 2 – 520-625-7880

Birth Site: Tucson Medical Center – 520-327-5461

Obstetrician care: You will see our nurse midwife or one of our nurse practitioners for the confirmation of your pregnancy and initial obstetrical visits, then you will see each of our physicians at some point during your pregnancy. The on call physician will deliver your baby. This approach helps us minimize office appointment cancellations.

**Tucson Medical Center is our admitting hospital.** We suggest you schedule a tour with them. Their obstetrical anesthesia departments offer “in-house” services (epidurals, general anesthesia). TMC is a “tertiary care” hospital, which means they are certified to take care of high- risk mothers and babies.

# 2

## CHILBIRTH EDUCATION PROGRAM:

We believe that the more you learn about what is happening during pregnancy, birth and the months after delivery, the more fun you will have and the healthier you will be. We offer classes to pregnant women and their birthing partner. For information, or to sign up for one of our classes, please call our scheduling department at 520-795-0771.

# 3

## APPOINTMENTS:

Appointments are available at each of our three offices. The hours and days a particular provider are available at each site vary. We suggest you make your appointments at least a month in advance. Your family members are welcome to come with you to your visits.

On occasion we will need to reschedule your visit because of an unexpected medical emergency. If this happens we will call you as soon as we know. We recognize your time is valuable and intend to see you on time, but ask for your understanding if we are behind schedule. If you are unable to keep your appointment, please call and cancel; someone else will be able to use the time we had reserved for you.

Frequency of visits: For many years, we have scheduled prenatal visits every 4 weeks for the first 28 weeks of pregnancy; every 2-3 weeks until 36 weeks, and weekly after 36 weeks. The US Public Health Service Expert Panel on Content of Prenatal Care recommends that we should *individualize* prenatal care and education. Depending on the risk status of the pregnant woman and her baby, some women need more visits, but most need fewer. Their recommendations for reduced prenatal visits for *low risk women* have since been studied at several medical centers, and found to be safe and satisfying to women. Your provider will help you decide if you qualify as low risk. Additional visits will be scheduled if needed.



**TELEPHONE AVAILABILITY:**

We are available to you at all times, but request that you call during business hours, unless it is an emergency. During business hours, the providers or their assistants will often return non-urgent calls at the end of the morning or the end of the day. Telephone triage is available from 9am until 3pm daily for questions or concerns.

If you call after hours, you will be given the opportunity to leave a message or be connected to the answering service in the case of an emergency. The answering service will contact the provider on call, and your call will be returned as soon as possible. They can keep you on hold and “patch” you through to the provider if you cannot be called back. We are prompt about returning after hours calls. If you haven’t heard from us in 15 minutes, please call back. In the rare event of an answering service equipment failure, call the hospital Labor and Delivery Unit (520-324-5600) and they will be able to reach the providers for you. Our providers do not stay at the hospital unless we are caring for a patient, so please allow 30 minutes for us to meet you at the facility.

**PHONE NUMBERS:**

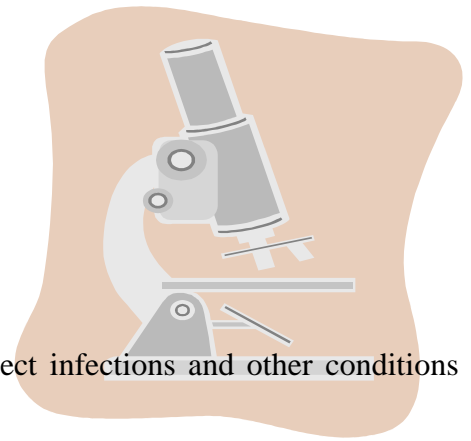
- ❖ **Tucson Medical Park Office:** 520-795-8080
- ❖ **Southwest Office:** 520-573-1105
- ❖ **Green Valley:** 520-625-7880

*Other important telephone numbers that I need to remember:*

# 5

## LABORATORY TESTING DURING PREGNANCY

As part of good prenatal care, our staff recommends certain tests to detect infections and other conditions in pregnancy. At your first OB visit the following tests will be ordered:



- ❑ **CBC** – this test will check for anemia and other factors.
- ❑ **Blood Type and RH** – a pregnant woman who is Rh negative may need to receive a blood product called anti-D immune globulin (Rhogam). This prevents the breakdown of your baby’s red blood cells, a serious condition which causes hemolytic disease. Additional information can be found in appendix F.
- ❑ **Antibody Screen** - this test will check for red blood cell antibodies.
- ❑ **Syphilis** – a sexually transmitted disease which can cause birth defects.
- ❑ **Hepatitis B** – if the mother has this viral infection of the liver there is an increased chance that without treatment the baby will be infected. The baby can be treated at birth to prevent infection in most cases.
- ❑ **Rubella (German Measles)** – this infection can lead to severe birth defects. If a woman is not immune, a vaccine can be given to her after the baby is born.
- ❑ **Pap Smear** – this is a screening test for cervical cancer.
- ❑ **Chlamydia and/or Gonorrhea** – these are screening cultures that can detect sexually transmitted diseases that can potentially be harmful to you and your baby if not treated.
- ❑ **Urinalysis** – this is a screening test for urinary tract infection and culture.
- ❑ **TSH**- this is a screening test for thyroid disease.

### **28-Week Visit:**

- ❑ **Glucose Screen** - to check for diabetes in pregnancy.
- ❑ **Blood Count** - to recheck for anemia.
- ❑ **Antibody Screen** - if you are RH negative, administration of Rhogam.

### **35-37 Week Visit:**

- ❑ **Group B Strep Culture** – group B strep is common bacteria found in many women’s vaginas that could infect the baby. Additional information can be found in appendix B.

### **Recommended:**

- ❑ **HIV** – this blood test screens for AIDS. You can have HIV for years and not have any symptoms. If you have HIV, even without symptoms, there is a 1 in 4 chance you could pass it to your baby. There is treatment available during pregnancy that can reduce the risk of transmission of HIV to the baby. Additional information can be found in appendix C.

### **Optional:**

- ❑ **AFP Quad** – this blood test is done between 15 to 18 weeks of pregnancy to detect increased risk of having a baby with certain birth defects, such as an open neural tube defect (spina bifida) or Down syndrome. Additional information can be found in appendix A.
- ❑ **CF** – this is a screening test for cystic fibrosis. Additional information can be found in appendix E.
- ❑ **NT (First Trimester Screen)** – this is a blood test which shows if you are at increased risk of having a baby with Down Syndrome or Trisomy 18 (chromosomal disorders). It requires a sample of your blood and a special ultrasound measurement performed in the first trimester.

# 6

## SONOGRAMS:

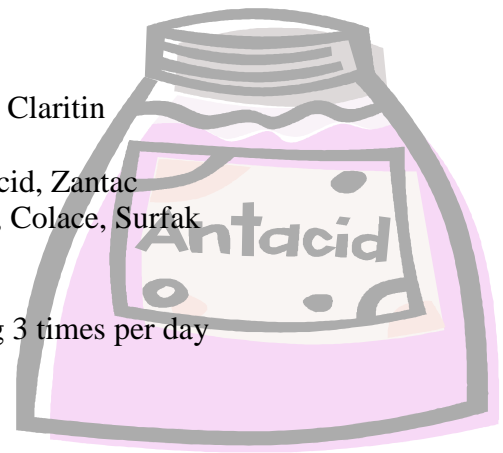
Sonograms are done when medically indicated (to assist us in determining your due date, to check on the growth of the baby, to assess bleeding, to survey the baby and placenta, etc). Although we don't feel they present any risk to you or the baby, we only order them for medical reasons.

# 7

## OVER THE COUNTER MEDICATIONS:

Generally speaking, it is best not to take any medications during pregnancy, especially during the first 13 weeks. However, there is no evidence that the following medications are harmful and they may be used sparingly. Please follow dosage instructions on the label and call your provider if symptoms persist or you have questions. It is important to remember that you may NOT use aspirin products during pregnancy.

- |                                 |  |
|---------------------------------|--|
| <b>Headaches/Colds:</b>         | Tylenol and Extra Strength Tylenol                             |
| <b>Allergies/Colds</b>          | Ocean nose spray, Benadryl, Sudafed, Actifed, Claritin         |
| <b>Sore Throat/Cough:</b>       | Plain Robitussin, Cepacol spray and lozenges                   |
| <b>Heartburn:</b>               | Maalox, Mylanta, Riopan, Tums, Rolaids, Pepcid, Zantac         |
| <b>Constipation:</b>            | Stool softeners, Metamucil, Fibercon, Citrucel, Colace, Surfak |
| <b>Hemorrhoids:</b>             | Anusol, Preparation H, Tucks                                   |
| <b>Diarrhea:</b>                | Fluids, Kaopectate   |
| <b>Nausea:</b>                  | Fruit gum, Saltine crackers, Vitamin B-6 50mg 3 times per day  |
| <b>Yeast Creams:</b>            | Monistat-7, Gyne-Lotrimin                                      |
| <b>Herbs &amp; Supplements:</b> | Please check with your provider prior to use                   |



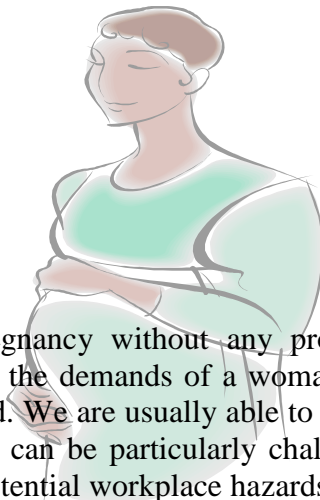
### *Other Important information:*

# 8

## DISABILITY & PREGNANCY:

The majority of expectant mothers can continue to work until late in pregnancy without any problems. Sometimes, however, the physical changes that occur during pregnancy and/or the demands of a woman's job can create difficulties. Please let us know if you have any concerns in this regard. We are usually able to suggest simple steps to deal with fatigue, "morning sickness", or aches and pains that can be particularly challenging when you are at work. If you have more serious symptoms, or concerns about potential workplace hazards to you or your baby, we will evaluate the situation and respond accordingly.

In the event that disability or medical leave occurs, there is a \$25.00 fee for processing of disability forms. Please allow 7-10 business days for completion of these documents.



# 9

## PATIENT RIGHTS AND RESPONSIBILITIES

- **The patient has the right** to a reasonable response to her requests and needs for treatment of service within the health care provider's capacity, stated mission and applicable regulations.
- **The patient has the right** to considerate, compassionate, and respectful care that recognizes her personal values and belief system.
- **The patient has the right** in collaboration with her health care provider to make decisions involving her health care, including the right to accept medical care, or to refuse treatment and to be informed of the medical consequences of such refusal.
- **The patient has the right** to information necessary to enable her to make treatment decisions that reflect her wishes and participate in the consideration of ethical decisions that arise in her care.
- **The patient has the right** to be informed of any human experimentation or other research/educational projects affecting her care or treatment.
- **The patient has the right** to personal privacy and confidentiality of information.
- **The patient is entitled** to have privacy during examinations, to have visitors excused and to be informed why any observer is present, and to grant or refuse another person's presence.
- **The patient's guardian, next of kin, or legally authorized responsible person has the right** to exercise certain rights on behalf of the patient.
- **The patient has the right** to expect explanation of any portion of the bill. Where appropriate the business office staff will assist the patient in making arrangements for payment of the bill through a payment schedule or assistance program.
- **The patient has the responsibility** to provide a complete and accurate medical history to the best of her knowledge.

## **PATIENT RIGHTS AND RESPONSIBILITIES (Continued)**

- **The patient has the responsibility** to ask questions and seek clarification about her diagnosis and treatment and participate in decisions involving her care.
- **The patient has the responsibility** to make it known whether a proposed course of treatment is understood, and whether she is willing and able to comply.
- **The patient has the responsibility** to provide information about complications or symptoms.
- **The patient has the responsibility** to be considerate of the rights of other patients and clinical personnel, and to treat them with respect.

# 10

## **FINANCIAL INFORMATION:**

It is our intention to provide and fully explain all financial policies and arrangements. If you do not have insurance, you may be eligible for Arizona's program for maternity care, Baby Arizona. We will be able to help you process that application. We have contracts with most insurance companies and will bill all insurance companies with whom we participate. If you have any questions about your coverage, referrals, co-pays, etc, or do not have insurance, please call the business office at 520-795-0549.

Payment arrangements can be made with the billing office. Payments are to be made monthly with total payment due one month before your due date.

If your insurance company has a special form, you must provide us with the completed and signed form as soon as possible. We will bill your insurance at the time of your delivery.

You will be charged an obstetrical package fee, which includes all of your office visits, and physician charges for your delivery. Hospital, anesthesia, ultrasounds, and lab charges will be billed to you by those providers. Charges may vary depending on the type of delivery you have. If you leave our care during your pregnancy, a bill will be generated for services provided rather than the package fee.



## FINANCIAL INFORMATION (Continued)

### Vaginal Delivery:

Prenatal & postpartum care \$2,750

### Cesarean Section:

Delivery by cesarean section (Prenatal & postpartum care also covered) \$2,960

A second surgeon always assists at a cesarean section. This service will be billed separately and may come from a different office.

### Hospital Fees:

Fees are determined by the hospital and you should contact them directly. Average cost is \$2,500 - \$5,000 for vaginal delivery, \$8,000 - \$12,000 for cesarean section.

### Anesthesia:

If you have epidural anesthesia, you will receive a bill from the anesthesiologist. Average costs are \$500 - \$1,000.

### Pediatric Care:

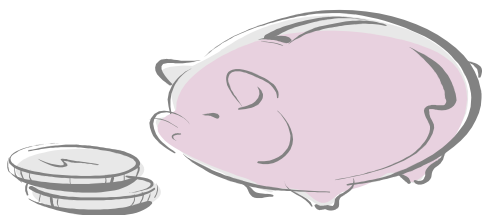
You will need to choose a pediatric provider prior to the birth of your baby.

### Lab Fees:

Routine laboratory testing is approximately \$400-\$600. Laboratory fees are billed directly from the lab and you will receive a bill from them. There is a process and handling fee billed from our office for the collection of all specimens. **It is very important that labs and other testing be performed at the facility determined by your insurance plan. If your insurance changes please be sure and let the scheduling staff, receptionist, or your provider's assistant know about the change. Testing sent to the wrong facility will be denied payment by your insurance and will become your responsibility.**

### Other:

Testing and procedures (such as colposcopy, sonograms, genetic counseling, non-stress tests) if required, are also an additional cost and will be billed by whoever performs them.



NOTES



## APPENDIX A

### MATERNAL SERUM SCREENING FOR BIRTH DEFECTS

❖ What is the AFP screening test?

A screening test that can be done using a small sample of a pregnant woman's blood to identify pregnant women who may be at increased risk for having a baby with certain birth defects, such as an open neural tube defect (spina bifida), Down syndrome, and Trisomy 18.

❖ How is the AFP screening test done?

A small amount of blood is drawn from a vein in the pregnant woman's arm. The test is done at 15 to 18 weeks of pregnancy in most cases as this produces the most accurate results. Four substances present in the blood sample will be measured. These substances are Alpha-fetoprotein (AFP), human chorionic gonadotropin (HCG), unconjugated estriol (uE3), and dimeric inhibin A (DIA.) The amount of each substance in the blood sample as well as number of weeks pregnant, height, weight, race, insulin dependant diabetes, single or twin pregnancy, maternal age and any significant family history are all taken into account to calculate the individual patient's specific risk.

❖ Why is the AFP test called a screening test?

A screening test can help predict the risk of a problem. It is not a diagnostic test and cannot give you a definite "yes" or "no" answer.

❖ What does an abnormal screening result mean?

Some women having an AFP screening test will be identified as being in the high-risk group even though they are carrying a normal fetus. This screening result does not always mean there are problems in the baby. For example, the due date might have been estimated incorrectly, or twins might be present instead of just one baby. Women in the high-risk group are offered diagnostic tests, which can give a definitive answer. A sonogram or amniocentesis are examples of further testing, which might be offered if the screening results are abnormal. No test is perfect. Not every abnormal result of a screening test will mean that your baby has a birth defect. Sometimes there is no reason for an abnormal screening test. Not every normal result of a screening test will mean that your baby does not have a birth defect. It is up to you whether to be tested. Some women find having the screening test is reassuring, and other women would rather not have the information. The results of the tests can help some women make decisions about their options.

**\*See the following page for a graphic illustrating the average test results for 1,000 women.**



## APPENDIX B

### GROUP B STREPTOCOCCUS (GBS) AND PREGNANCY

GBS is a type of bacteria that can be found in 10-30% of pregnant women. It usually does not cause serious illness. It may be found in the digestive, urinary, and reproductive tracts of men and women. In women, it is most often found in the vagina and rectum. GBS is not a sexually transmitted disease.

A woman with GBS can pass it to her baby during delivery. Most babies who get GBS from their mothers do not have any problems. A few, however, will become sick. This can cause major health problems or even threaten their lives.

If the bacteria are passed from a woman to her baby, the baby may develop GBS infection. This happens to only 1 or 2 of every 100 babies whose mothers have GBS. Babies who do become infected may have early or late infections. Both early and late GBS infections lead to death in about 5% of infected babies.

A culture is the most accurate way to test for GBS. This is a simple painless procedure performed at 35 to 37 weeks. A swab is placed in the woman's vagina and rectum to obtain a sample. If the test results are positive, showing that GBS is present, you will receive antibiotics during labor to help prevent GBS from being passed to your baby.

Babies of women who are carriers of GBS and do not get treatment have more than 20 times the risk of getting infected than those who do receive treatment. The antibiotics work only if taken during labor. The bacteria grow so fast that if treatment is given earlier, the GBS may grow back before labor. If you had a previous baby with GBS infection or you had a urinary tract infection caused by GBS during pregnancy, you do not need to be tested. You will need to get antibiotics during labor.

In women who have planned a cesarean birth, it is not necessary for them to be given antibiotics during delivery, whether or not they are GBS carriers. However, these women should still be tested for GBS because preterm labor may occur before the planned cesarean birth and your baby's pediatrician will want to know the results.

GBS is fairly common in pregnant women. Yet, very few babies actually become sick from GBS infection. Treatment during labor and delivery may help prevent infection in your baby.

If you would like additional information about GBS, please ask for a brochure, and/or talk with you doctor or nurse practitioner.

## APPENDIX C

### INFORMATION ON HIV AND PREGNANCY

The human immunodeficiency virus (HIV) causes AIDS, a disease that is increasing among women of childbearing age. A person who is infected with HIV does not get sick right away. The virus lives in the body of an infected person for the rest of her life, and breaks down the immune system over time. It may take many years after being infected to develop symptoms of AIDS. AIDS is a very serious disease causing much suffering and many deaths throughout the world. There is no current cure for AIDS.

HIV is spread by contact with the body fluids of an infected person (blood, semen, vaginal secretions and breast milk). Contact with these fluids can occur during sex, breastfeeding, sharing needles, blood transfusions and pregnancy.

HIV affects 2 out of every 1,000 pregnant women. A woman can pass the infection to her baby as early as the 8<sup>th</sup> week of pregnancy. About half of the children infected with HIV get it from their mother during labor and birth. Breastfeeding is another way a mother can pass the virus to her baby.

Pregnant women infected with HIV need to have their health watched more closely, with careful monitoring of blood levels and symptoms of infection.

A woman can decrease the chance of her baby getting infected by taking medication during her pregnancy. Without treatment, about 25% of babies born to women with HIV will get the virus. With treatment, that number drops to about 8%. To lower the risk, infected women must take the anti-viral medications throughout her pregnancy and during labor. Babies are given the medications for the first 6 weeks after they are born. Some women who are HIV positive choose to terminate their pregnancies.

Associates In Women's Health Care and the American College of Obstetricians and Gynecologists (ACOG) recommend that all women be tested for HIV early in pregnancy. It is important for your health, the health of your baby and the health of your sexual partner. Before we order the test, we will talk to you about the testing procedure and reporting of the results. We recognize that it is your choice whether or not to be tested. The HIV test is a blood test, and determines if you are carrying the virus by looking for antibodies to HIV. Antibodies usually appear within 3 months of getting the infection, but it may take up to 6 months, so we recommend a second test if there is a chance of recent infection.

Results of testing are confidential. They will be a part of your medical record, and will be released only with your permission. Our medical office and hospital staff will have access to your records may also see the results. "Anonymous" testing, where your name is not recorded, is available through the Southern Arizona AIDS Foundation (520-628-7223) and the Pima County Health Department (520-791-7676).

If your test is positive, you will need special health care and counseling. We will assist you in obtaining the support, information and care that you need. The CDC National Aids Hotline is 1-800-232-4636.

We can add this test to your first prenatal blood tests. Tell the person drawing your blood or sending you to the lab that you want the test (you will need to sign a consent form); or wait and talk with you provider if you want more information before you decide whether to be tested.

## **APPENDIX D**

### **ADVANCED MATERNAL AGE-PREGNANCY AFTER 35**

Advanced maternal age is defined as an expectant mother who will be 35 at the time of delivery. If you're over 35 and pregnant, you're not alone. Many women well into their 30s and beyond are delivering healthy babies. There's nothing special about age 35. However, it is the age at which certain issues are recognized in pregnancy.

#### **UNDERSTAND THE RISKS**

Some of the risks associated with a pregnancy after 35 include a multiple pregnancy, a higher risk of pregnancy loss and a higher risk of delivering a baby with chromosomal abnormalities. Women that fit into the advanced maternal age category are also more likely to develop gestational diabetes and high blood pressure. Some of these risks may make it necessary for you to deliver your baby by cesarean section.

#### **MAKE HEALTHY CHOICES**

Seeking regular prenatal care during your pregnancy will help your provider monitor your health and your baby's health. Eating a healthy diet is extremely important to your baby's growth and development. We encourage women to take a prenatal vitamin with folic acid daily and to eat lots of protein and other essential nutrients. Staying active can help to improve your overall health and prepare your body for labor and childbirth.

#### **LEARN ABOUT PRENATAL TESTING AVAILABLE**

There are several screening and diagnostic tests available to you during pregnancy. Diagnostic tests, such as chorionic villus sampling, genetic amniocentesis and the first trimester screen, are tests that can provide definite results regarding the health of the baby. These tests are accurate and performed at different stages in the pregnancy. Screening tests, such as the maternal serum screening and ultrasounds, are tests that can provide information about whether you are at increased risk for certain conditions during the pregnancy. If you are interested in more information regarding screening or diagnostic testing during your pregnancy, please ask your health care provider at your next visit.

## APPENDIX E

### CYSTIC FIBROSIS CARRIER SCREENING

Cystic Fibrosis (CF) is a life-threatening condition affecting the ability to secrete mucus fluids normally. Individuals with CF commonly have problems with the lungs, digestive system and reproductive system. They often suffer from pulmonary infections and organ damage due to difficulty in clearing secretions. The severity of CF varies from person to person. CF does not affect intelligence, appearance or development. There is no cure for CF currently. The average life expectancy of a person with CF is 30 years, but children born with CF today may live longer as treatments improve.

#### WHAT IS A CF CARRIER?

People who receive one normal cystic fibrosis gene and one abnormal cystic fibrosis gene are called CF carriers. They do not have the disease but have a 50% chance of passing the abnormal gene on to their child. In order for the child to be born with cystic fibrosis, he or she would need to inherit an abnormal gene from *both* parents.

#### WHAT IS CF CARRIER SCREENING?

Cystic fibrosis (CF) carrier screening is a genetic test that lets you know what your risk is for carrying an abnormal gene, as well as what your chances are of having a child with CF.

#### HOW IS CF CARRIER SCREENING DONE?

Your blood will be drawn and sent to the laboratory for testing. Additional information regarding family history, your race and ethnicity and your personal history will be provided to the lab. This additional information is essential to aid in the interpretation of the blood results.

#### WHAT DOES A NEGATIVE SCREEN MEAN?

A negative screen does not guarantee that you are not a carrier. This test detects only the most common changes in the CF gene.

#### WHAT DOES A POSITIVE TEST MEAN?

A positive screen means that the laboratory found a change in one of your two CF genes and that you are a carrier. There is a 50% chance that you will pass this gene to your child. With a positive finding, we recommend that your partner be screened for CF carrier status. Additional testing will be recommended as needed based on the results.

#### DOES MY INSURANCE PAY FOR THE TEST?

All insurance plans are different. If you aren't sure your insurance plan covers the test speak with the customer service department at your insurance company or your provider.

The decision to be tested is yours. Some insurance companies may not cover the test. If you are interested in more information on cystic fibrosis please talk with your health care provider at your next appointment.

## APPENDIX F

### Rh FACTOR IN PREGNANCY

During pregnancy it is necessary to do a blood draw to find out your blood type. There are two components to this testing, a major blood group (A, B, AB, and O) and an Rh factor (positive or negative).

#### WHAT IS Rh FACTOR?

Rh factor is a protein that is found on your red blood cells. Most of the population has the Rh factor present on their red blood cells. This group of people are considered to be Rh positive. The rest of the population does not have the Rh factor present on their cells, these people are Rh negative.

#### WHAT ARE THE HEALTH ISSUES FOR Rh NEGATIVE PREGNANT WOMEN?

During pregnancy you do not share blood systems with your baby. However, your baby's blood can cross the placenta into your blood.

The Rh factor becomes a problem when an Rh negative person's blood comes into contact with an Rh positive person's blood. If this contact occurs, the person with Rh negative blood develops antibodies to fight the Rh factor. In this instance the antibodies see the Rh factor as a harmful substance, or a foreign substance that does not belong in the blood. This is called Rh sensitization. When sensitization occurs these antibodies can go and attack the baby's blood. This can cause a serious health condition in the baby called hemolytic disease. Rh sensitization can also affect future pregnancies.

An Rh negative woman's blood can become sensitized if she is pregnant with an Rh positive fetus. Other ways an Rh negative woman's blood can become sensitized are with a miscarriage, an induced abortion, an ectopic pregnancy, or a blood transfusion.

#### HOW CAN YOU BE SCREENED FOR Rh SENSITIZATION?

A simple blood test, a red blood cell antibody screen, can be drawn and sent to the laboratory to check for antibodies against the Rh factor.

#### HOW CAN Rh SENSITIZATION BE PREVENTED?

If your body has not made antibodies against the Rh factor, hemolytic disease can be prevented. Rh immunoglobulin (RhIg), or Rhogam, is a human blood product (made from human blood plasma) that can prevent sensitization of an Rh negative woman. In a normal pregnancy, when the woman is Rh negative, the Rhogam is given by intramuscular injection at 28 weeks gestation and again after you deliver your baby. Rhogam is safe for use in pregnancy and has been used since the late 1960's.

#### WHAT DO I DO IF I'M Rh SENSITIZED?

Every situation is unique and requires individualized treatment. Your health care provider will work closely with you throughout the pregnancy to plan the safest course of treatment for your baby.

If you have any questions regarding your Rh status please speak to your provider at your next appointment.