

**OB History: Menstrual Information
Pregnancy Dating
Sexual History**

Menstrual History:

Age at first menses: _____ Usual cycle length: _____ # days of flow: _____

Pain with periods? Yes No Heavy flow? Yes No

Any other problems with your periods _____

Family Planning History:

Current method of family planning: _____

Methods used in the past:

- | | | |
|---|-----------------------|--------------------|
| _____ Birth control pills | _____ Condom/Barriers | _____ Depo-Provera |
| _____ IUD | _____ Diaphragm | _____ Norplant |
| _____ Natural Family Planning (which method? _____) | | |

Calculating Your Due Date:

When was your last normal menstrual period? _____ Was this normal in every way? Y N

How long is it between the first day of one period until the first day of the next period? _____

Were you nursing a baby when you became pregnant? Y N

Were you using any birth control method when you became pregnant? Y N

Were you using any hormonal birth control method in the last 6 months before conception? Y N

If yes, please tell what type and when last used: _____

When did you first have a positive pregnancy test? _____ Urine _____ Blood test _____

Sexual History:

Age at first intercourse _____ Age at first pregnancy _____

of lifetime sexual partners _____ Do you have pain with intercourse? Y N

Have you had a new sexual partner in the last 3 months? Y N

Any history of STDs? (genital warts, condyloma, HPV, Herpes, Chlamydia, or Gonorrhea?) Y N

Comments:

Obstetric History Questionnaire

Caritas Center for Women's Health

Your Age _____
 Your Marital Status _____
 (circle one)

Single
 Engaged
 Married
 Separated
 Divorced
 Widowed

Baby's father:
 Name: _____
 involved/not involved
 his age is _____
 his health status _____

Pregnancy Concerns:

Past Medical History

Do you have a history of (circle response):

Frequent urinary tract or bladder infections?	Y	N
Vaginal infections?	Y	N
Chlamydia/Gonorrhea/PID?	Y	N
Abnormal pap?	Y	N
(if yes, give details) _____		
Chicken pox?	Y	N

Chronic Illnesses

(Have you ever had any of the following?)

Asthma	Y	N
Heart Murmur	Y	N
High Blood Pressure	Y	N
Diabetes/Gestational Diabetes	Y	N
Thyroid Problems	Y	N
Heart Disease	Y	N
Migraines/Chronic Headaches	Y	N
Seizures/Convulsions	Y	N
Liver disease/Hepatitis	Y	N
Stomach, Bowel or Gallbladder Problems	Y	N
Bladder/Kidney Problems	Y	N
Blood Disorders (anemia, sickle cell, etc)	Y	N
Blood Transfusion	Y	N
Mental Illness (depression, schizophrenia, bipolar, anxiety, postpartum depression, panic)	Y	N
Cancer	Y	N
Any other medical problems?	Y	N

Please list any other medical problems:

Your height? _____ Prepregnancy Weight? _____

Substance Use

Do you smoke?	Y	N
If yes, how many per day? _____ For how long? _____		
Do you drink alcohol?	Y	N
If yes, what type & how much per day? _____		
Have you ever tried to quit? _____		
Has anyone told you to decrease your drinking? _____		
Is anyone worried about your drinking? _____		

How much caffeine do you take in one day? _____

Have you recently used cocaine?	Y	N
Have you recently used marijuana?	Y	N
Do you use any other drugs?	Y	N
If yes, what drugs? _____		

OB History: Congenital Anomalies Genetics

At your baby's estimated birthdate, will you be over 35 years of age? Y N

Please look over the following list of genetic and developmental conditions. Put a checkmark by ANY and ALL conditions that are known in **your** family AND in the **father of the baby's** family. Write next to the condition who has it.

- | | |
|--|---|
| <input type="checkbox"/> Blood disorder | <input type="checkbox"/> Cystic fibrosis |
| <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Chromosomal abnormality |
| <input type="checkbox"/> Sickle cell disease or carrier | <input type="checkbox"/> Downs Syndrome (Trisomy 21) |
| <input type="checkbox"/> Thalassemia | <input type="checkbox"/> Short stature (under 5 feet) |
| <input type="checkbox"/> Brain development disorder | <input type="checkbox"/> Developmental disorders or birth defects |
| <input type="checkbox"/> Anencephaly | <input type="checkbox"/> Bone disorder |
| <input type="checkbox"/> Hydrocephalus (or water on the brain) | <input type="checkbox"/> Cleft lip and/or palate |
| <input type="checkbox"/> Spina bifida | <input type="checkbox"/> Heart defect |
| <input type="checkbox"/> Neurological disorder | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Neurological degeneration disorder | <input type="checkbox"/> Urinary tract abnormality |
| <input type="checkbox"/> Muscular dystrophy | <input type="checkbox"/> Limb (arm/legs) defect |
| <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Malformations |
| <input type="checkbox"/> Mental retardation | <input type="checkbox"/> Neurofibromatosis |
| <input type="checkbox"/> Epilepsy/seizure disorder | <input type="checkbox"/> Skin disorder |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Mental illness |

Please indicate your heritage or nationality. Check as many as apply.

- | | |
|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Canadian |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Mediterranean |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Other |

Please indicate your religious background.

- Jewish
 Christian
 Other (Please write if you'd like to be specific _____)

Please indicate any other situations related to genetic or developmental diseases that you are concerned or worried about: _____

Medical History

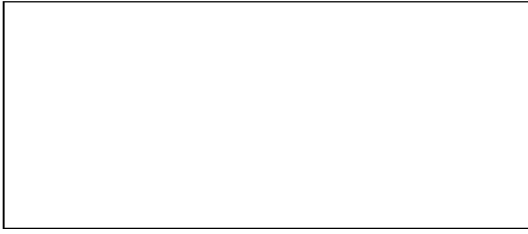
Does not include pregnancy-related events.

No.	Date	Surgeries/Hospitalizations	Physician/Provider
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Family History										
	High Blood Pressure	Stroke/ Blood Clots	Diabetes	Breast Cancer	Ovarian Cancer	Uterus Cancer	Colon Cancer	Other	Comments	Update
Father										
Mother										
Sisters										
Brothers										
Mat. GM										
Mat. GF										
Pat. GM										
Pat. GF										
Others										

Comments _____

Pregnancy Record



Please fill this record out as completely and accurately as possible. You will not have to fill this out ever again! Include all documented miscarriages, ectopic pregnancies, and pregnancy terminations.

	Name of Baby	Sex	Date Mo/Yr	Length of Preg (Wks)	Hours of Labor	Complications for mother?	Baby's birth weight	Complications for baby?	Vag/C-sec?	Delivered where?	Delivered by?
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											

Notes:

Medical Insurance, Your Doctor, the Hospital and You: Understanding Medical Fees

Dear Patient:

We want to extend a warm welcome to you as you start care for your pregnancy with us. Because questions often arise regarding payment for care during a pregnancy, this letter will outline the standard charges for pregnancy care, and help you to understand the relationship between you, your insurance carrier, the hospital and us, your physicians.

An Overview

During a pregnancy, many medical care services are utilized to help care for you and your baby. As your physicians, we will provide overall management for the pregnancy. This management includes services that we render in the office (standard prenatal care), and also includes services we order for you but which are provided by the laboratory (for example, blood tests), the hospital (for example, labor and delivery), or another physician (such as anesthesia for delivery).

We will bill you or your insurance for the services we provide for you in the office and in the hospital. Your insurance company/you will also receive separate bills from the laboratory, the hospital, or any other physicians who see you and provide specific services.

The **standard prenatal care and delivery** package for your care before, during and after deliver is billed in a lump sum (see below). This standard prenatal care package includes physician services during your pregnancy. Things generally covered include prenatal visits, patient education and information, nursing support services, management of labor, delivery and the postpartum period including the six-week postpartum visit.

1. Standard prenatal care package	\$1400
Normal vaginal delivery	\$1550
Postpartum care	<u>\$ 300</u>
Total	\$3250
2. Standard prenatal care package	\$1400
Vaginal delivery after previous c-section	\$1700
Postpartum care	<u>\$ 300</u>
Total	\$3400
3. Standard prenatal care package	\$1250
Cesarean section	\$1910
Postpartum care	<u>\$ 300</u>
Total	\$3610

* The standard prenatal care package includes up to 13 prenatal visits. If you have a complicated pregnancy and require more visits, the costs may be adjusted to reflect the extra prenatal care visits.

Understanding Medical Fees

In some situations, medical complications arise during a pregnancy which require additional office visits or procedures. These visits and procedures are billed in addition to the standard prenatal care and delivery package.

During the course of a pregnancy, we usually collect blood and other specimens for prenatal lab studies such as a Pap smear, prenatal blood panels and testing for gestational diabetes. These specimens are processed and evaluated in the lab and typically the bill for lab services ranges between \$165 and \$340 for an uncomplicated pregnancy. Additionally, you may have a non-stress test and/or an ultrasound. The bill for these services typically ranges between \$280 and \$750.

You or your insurance company will also be billed for hospital services after your delivery. This bill ranges from \$6000 to \$9000, depending on the services you utilize.

If you have an epidural anesthesia, you or your insurance company will also receive a bill of about \$300 for this service. If you have questions regarding your bills from the lab or the hospital, please call (734) 712-3700 to speak to a hospital patient financial counselor.

Insurance Coverage

After looking at all the numbers in the overview above, you may be asking yourself if you can afford to have a baby, and here you are, pregnant already! Fortunately, most people have medical insurance that covers a portion or all of the medical expenses of a pregnancy. Even if you don't have insurance, Medicaid or McAuley Support Services may be available to you. If you need financial help for your care, please let us know.

Insurance policies vary widely in what services they cover or pay for. The coverage and amount paid by your policy affects how much you will have to pay to make up the difference. Ultimately, you are responsible for any charges for care you receive during your pregnancy. We will bill your insurance company for those services that are covered under your insurance contract. However, the final responsibility for payment of any amount not covered by your insurance, including co-pays and deductibles, is yours.

Near the beginning of your pregnancy, we will contact your insurance carrier, help you evaluate your coverage, and determine what costs you can anticipate. We can also set up a payment plan so you can pay the amount you owe by the 28th week of your pregnancy. Most people find it easiest to pay a portion of their co-insurance payment each time they come for a prenatal care visit. However, you can make your entire co-insurance payment in a lump sum, if you wish.

Insurance issues can be confusing, so if you are still having difficulty or have questions after reading this letter, please contact our main office at 734-712-1990. We look forward to taking care of you during your pregnancy!



Vitamins: Are They Really Necessary?

Eating a healthy, well-balanced diet with plenty of fresh fruits and vegetables usually provides all the vitamins necessary for you and your baby during a normal pregnancy. However, most physicians prescribe a prenatal vitamin tablet which contains multiple vitamins and minerals. Why are vitamins necessary?

Pregnancy is a time when both you and your baby are growing quickly. This rapid growth increases the demand for all nutrients, and the development of your baby and placenta are directly influenced by your nutritional status. Recent research has shown that adequate amounts of one vitamin, folic acid (also called folate), significantly reduces or prevents the occurrence of neural tube defects (a potentially serious form of birth defect) in babies. Although a carefully balanced diet *can* provide all of the vitamins and nutrients you and your baby need, sometimes it is difficult to eat as well as you would like to.

Some women also find that the demands of work and a busy life, along with the nausea and vomiting of early pregnancy, make it difficult to get a complete, balanced diet from food alone. Consequently, we offer all our pregnant patients a prenatal vitamin supplement. Prenatal vitamins are a way of ensuring adequate reserves of all nutrients for your well-being and for your baby's good health. Your baby will draw whatever he or she needs from your existing supply.

If you are unable to take or tolerate the prenatal vitamins we prescribe for you, please call us, as there are many forms and kinds to choose from. For example, if you are unable to swallow large pills, **one** tablet of *FLINSTONES COMPLETE* with Calcium, Iron, and Minerals is a chewable vitamin tablet that might make life easier.

You can get too much of a good thing. Vitamins are vital, but in moderate amounts. Excessive amounts of some vitamins (especially vitamins A, D, and E) can be harmful to your baby. Extremely large amounts of vitamin C (over 10,000 mg per day) can cause damage to your kidney and urinary tract. Large amounts of vitamin A (over 25,000 units per day) have also been associated with birth defects. One prenatal vitamin tablet per day taken with a meal is sufficient to meet all the demands of your body and your growing baby. If you feel you need more for any reason, please consult with us before starting to take them.

Remember, vitamins are a supplement to your diet and are not a substitute for good nutrition. Nutrition, weight gain, and diet are covered in another handout which you will receive soon. The care you take of yourself by eating a healthy diet with adequate amounts of vitamins will help lay the foundation for a healthy future for your baby.



Suggestions for Controlling Morning Sickness or Nausea in Pregnancy

Before going to bed. Be sure to have plenty of fresh air in the room where you sleep. The odor of soiled clothes and other household odors in the room where you sleep may upset your stomach. Place some dry cereal or bread within reach of your bed. You can use Melba toast, dry bread, dry biscuits, uncooked oatmeal, ready to eat cereals, or crackers.

Before getting up in the morning. Eat some of the dry bread or cereal. A little jelly on the bread may make it taste better, but do not use butter or margarine because fats and oils tend to increase nausea.

When getting up. Get up very slowly; take several minutes. Avoid sudden movements when getting out of bed. Sit on the edge of the bed for a few minutes before standing.

Before cooking breakfast. Eat more dry bread or cereal a little while after you get up and before you cook your breakfast.

Meals. Eat several small meals a day instead of three large ones, because you are more likely to feel nauseated when your stomach is empty. Do not drink fluids or eat soups at meal times. If you are thirsty, try eating chips of ice made from water, Gatorade, or juices. Sometimes during the day you will find you can eat a regular meal. Be sure not to overeat at this time.

Foods to avoid. Fats and greasy foods tend to upset your stomach, so try to avoid fried foods, high fat meats, and foods cooked in grease or oil. Examples of foods with high fat or oil include butter, margarine, gravy, bacon, salt pork, oils, mayonnaise, salad dressings, pie crusts, or pastries.

Highly seasoned foods, such as those cooked with garlic, onion, pepper, chili, and other spices may upset your stomach. Lightly seasoned foods produce less nausea. Avoid foods that give you gas while you are pregnant.

Between meals. Drink small sips of liquids frequently between meals. Take milk, water, fruit juices, decaffeinated coffee or tea, and soups **only** between meals. When you feel nauseated, small sips of carbonated beverages, grapefruit juice, orange juice, or grape juice may help settle your stomach.

When cooking. Have enough windows open to get rid of the smell of cooking foods or use a crockpot so you don't have to be exposed to cooking smells as much.



A Suggested Plan for Eating to Control Nausea

Before getting up: Crackers, any bread, toast, or dry cereal. Jelly or jam if you wish.

Breakfast: Cereal and $\frac{1}{4}$ cup of milk or less, toast (no butter or margarine), a boiled or poached egg (not fried).

Between meal: (At least 30 minutes after breakfast) Citrus fruit, juice or milk- about two sips at a time.

Lunch: Cottage cheese or lean meat and bread, vegetable, or fruit.

Between meal: (At least 30 minutes after lunch) Milk, decaffeinated tea or coffee, fruit juice, or soup- about two sips at a time.

Dinner: Lean meat, fish, poultry, potato, dark green or yellow vegetable, bread, dessert.

Before Bed: (At least 30 minutes after dinner) Milk or other liquid- about two sips at a time.

Some women find taking Vitamin B6 helps relieve nausea. 25 mg taken three times a day (with meals) may be helpful. It will take two or three days before enough of this vitamin is in your system to make a difference in how you feel. Also taking Unisom, an over-the-counter sleep aid, when combined with the vitamin B6 may be helpful. When you purchase Unisom, make sure you select the one with the ingredient doxylamine succinate. Take one Unisom at bedtime. You may also take $\frac{1}{2}$ a Unisom in the morning, if it does not make you too drowsy.

This eating plan does not give you all the foods you need during pregnancy. When you are nauseated, getting some food to stay down is more important than a balanced diet. As soon as you are no longer nauseated, try to eat a well-balanced diet with fruits, vegetables, dairy products and protein.

Please call our office if you have been unable to keep anything down for more than 24 hours or if you are experiencing symptoms of dehydration (dry mucus membranes, temperature greater than 100.6 with dizziness, decreased or very concentrated urine).



Recommendations for Pregnancy

You should allow yourself plenty of rest. If you can, get a nap mid-day, or at least try to sit down, relax, and put your feet up.

Exercise is good for you. It gives you energy, helps prevent constipation, and helps you handle stress. However, there are a few recommendations: you are more prone to accidents, falls, and injuries, so wear good supportive shoes. This is not the time to take up a new sport, but any exercise program you are use to doing is fine to continue. While exercising, do not become short of breath or raise your heartbeat above 140 beats per minute.

In general, you should avoid all drugs including over the counter medications and aspirin. If you are taking medications prescribed by another physician, please call our office and discuss it with a nurse so that potentially harmful drugs can be discontinued or changed as soon as possible. There are a few drugs that are safe to take during pregnancy:

Tylenol	For mild discomforts and headaches
Chlor-Trimeton (plain, with chlorpheniramine maleate as the only active ingredient) or Claritin (plain) or Zyrtec (plain)	Only if necessary - for runny nose, sneezing, itchy eyes and throat
Robitussin (plain or DM)	For cough due to cold
Mylanta/Maalox (antacids)	For indigestion
Lomotil	For diarrhea

You should limit your consumption of **caffeinated drinks**, such as coffee or cola, to no more than one or two cups per day. Large caffeine intake has been linked to birth defects in animals.

Alcohol consumption should be avoided during pregnancy. Alcohol can cause birth defects; we do not know levels that are safe. If you have further questions regarding alcohol consumption, please talk with the nurse or doctor at your appointment.



It is safe to have **dental work** during pregnancy such as teeth cleaning and also more extensive work using a local anesthetic. Dental x-rays should be avoided if at all possible. Nitrous oxide (anesthetic gas) may increase your risk of miscarriage. Avoid it if possible.

Saunas or hot tubs should be avoided during pregnancy because they can raise your body temperature, which can be harmful to the baby.

Although your hair may not take a **permanent** as well during pregnancy, permanents are not harmful to your baby.

If you work with a **computer terminal**, to date there is no conclusive evidence of any harm to your baby. However, you may notice some increased eye strain.

You should not **douche** during pregnancy because it is possible to introduce air into your circulatory system at this time; in the last months of pregnancy, this could also break your bag of water.

Exposure to **toxic substances** in the environment should be avoided during pregnancy (i.e. insecticides for fumigating an area, paints, gases, and other chemical substances). If it is necessary for a chemical substance to be used where you work or live, you should leave the area for 24 hours. Prior to reentering the area it should be adequately aired out.