



Schedule of OB Visits

Matthew Allswede, MD
James Barton II, MD
Angela Griffin, MD

Jennifer Hawkins, DO
Kristin Koskela, MD
Valerie Levitt, MD

Donald McKeel, DO
Mary E. Pugmire, DO
Clara M. Regal, MD
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Jenna Oesterle, DNP-FNP-C

- 7-8 weeks** This appointment is with a Nurse to go over your health history, order your first trimester labs and discuss what to expect with the pregnancy. The nurse will also review genetic testing options at this appointment.
- 10 weeks** If you are interested in genetic testing, a blood test can be performed after 10 weeks gestational age. This blood test can determine if your baby has extra chromosomes. Please note, there may be an out of pocket cost to have this testing completed depending on your insurance. If you have questions regarding genetic testing, you can make an appointment to discuss your questions with a physician.
- 12 weeks (undress)** *This appointment should be with the physician who is most familiar with you.*
At each office visit we will measure your weight, blood pressure, urine sample and your baby's heart rate. You will also have a complete physical exam including pelvic exam with pap smear (if indicated), cervical cultures and a clinical breast exam.
- 16 weeks** We will measure your weight, blood pressure, urine sample and your baby's heart rate.
- 20 weeks** This is the ultrasound visit. The ultrasound technician will look at the baby from head to toe, first on your abdomen and then check your cervical length with an internal ultrasound. If you wish to find out the gender of your baby, we can generally tell at this visit. The ultrasound room is small and dark, therefore we request that a maximum of 2 visitors accompany you to this appointment. *This should be with the same doctor who you saw at your 12 week visit.*
- 24 weeks** We will measure your weight, blood pressure, urine sample and your baby's heart rate. The physician will measure your abdomen. You will need to pre-register at the hospital. We will give you information on onset of labor, pain control during labor, breastfeeding and community resources. You will get information and instructions on the Gestational Diabetes Screening (which needs to be done around 28 weeks).
- 28 weeks** You should have completed your diabetes lab work before this visit. If your physician recommended that you receive an injection called Rhogam, you will receive it at this visit, but your lab work needs to be completed within 72 hours prior to this appointment. If your Gestational Diabetes Screen is elevated, you will need to do a 3 hour glucose tolerance test. If this additional test is elevated, we will send you to the gestational diabetes education class. We will measure your weight, blood pressure, urine sample and you baby's heart rate. The physician will measure your abdomen. If you are concerned about decreased fetal movement you may begin daily kick counts.

- 32 weeks We will measure your weight, blood pressure, urine sample and your baby's heart rate. The physician will measure your abdomen. Continue daily kick counts as needed.
- 34 weeks We will measure your weight, blood pressure, urine sample and your baby's heart rate. The physician will measure your abdomen. Continue daily kick counts as needed.
- 36 weeks (undress) We will measure your weight, blood pressure, urine sample and your baby's heart rate. The physician will measure your abdomen. Continue daily kick counts as needed. *The physician will also do the Group B Strep swab.*
- 37 weeks We will measure your weight, blood pressure, urine sample and your baby's heart rate. The physician will measure your abdomen. Continue daily kick counts as needed.
- 38 weeks We will measure your weight, blood pressure, urine sample and your baby's heart rate. The physician will measure your abdomen. Continue daily kick counts as needed.
- 39 weeks We will measure your weight, blood pressure, urine sample and your baby's heart rate. The physician will measure your abdomen. If you haven't started before begin daily kick counts. You have the option of having your cervical dilation checked at this visit.
- 40 weeks This is your due date. We will measure your weight, blood pressure, urine sample and your baby's heart rate. The physician will measure your abdomen. Continue daily kick counts. You have the option of having your cervical dilation checked at this visit.
- 40-41 weeks We will measure your weight, blood pressure, urine sample and your baby's heart rate. You will be scheduled for a fetal non-stress test and amniotic fluid index test (ultrasound) to assess fetal well-being. The physician will measure your abdomen. Continue daily kick counts. We may recommend checking your cervical dilation at this visit to help plan for delivery.

COMMON PROBLEMS DURING PREGNANCY

Sparrow Lansing OB-GYN Associates

Listed below are some common problems that can occur during your pregnancy along with several simple "self help" suggestions. If you have any questions, please call the office in Okemos (517) 381-6870 or Lansing at (517) 364-5210.

Backache: heating pad, Tylenol plain, rest, relaxation, warm (not hot) baths. Use correct posture and try to avoid heavy lifting. Sleep on a firm bed. Wear shoes with a low heel.

Colds, Flu, Minor Aches & Pains: Tylenol plain, Sudafed plain, and Motrin during 13 to 28 weeks of pregnancy.

Constipation: Metamucil, Colace. Increase your intake of fruits, juices, bran and especially water. Drink 8-10 glasses/day.

Cough: Robitussin plain after 12 weeks; call if cough persists for more than one week.

Diarrhea: Kaopectate, Lomotil, Imodium. Stick to a clear liquid diet like bouillon, gelatin, 7-up, Gatorade, etc. for 6 to 24 hours.

Dizziness, Fainting, Light-headedness: Lie down with your feet elevated. Avoid sudden changes in your posture. After lying down, get up slowly, rolling to side, then pushing to a sitting position. Increase fluid intake. If recurrent or severe, call the office. Gatorade may help.

Groin Pain: Tylenol plain. Round ligament pain is sharp, sudden pain in the groin area (usually 14-24 weeks) caused by the uterus growing to accommodate the baby. Move carefully and avoid sudden movements. Turn over carefully when in bed and getting up. Get off your feet. Low heat to area.

Headache: Tylenol plain. If you have no relief, or experience visual disturbances, call the office.

Hemorrhoids: Preparation H, Anusol cream or suppositories. Avoid constipation by increasing the amount of fluids and roughage in your diet (use fiber products such as Metamucil, Citracel, etc.). Soothing measures you can try; clean with Tucks pads or sit in a tub of warm (not hot) water.

Indigestion, Heartburn: Mylanta, Tums, Pepcid AC. Avoid spicy foods. Eat smaller and more frequent meals. Drink milk at bedtime.

Leg Cramps: Tylenol plain, Tums at bedtime. Wear support panty hose and low heeled shoes. Elevating your feet and taking warm baths may help. Be sure your milk intake is adequate.

Nausea: Try eating something dry upon awakening such as toast or crackers. Instead of eating three large meals, try six smaller meals spaced evenly throughout the day. Eat your meals dry and wait 45 minutes before drinking fluids. If your nausea is worsening, try taking 1/2 of a Unisom tablet steadily with a Vitamin B6 tablet (this can be found at a health food store). If there is no improvement, this can be increased to three times a day for 2-3 days. You may increase to four times a day if needed. You may remain on this indefinitely. If you feel your nausea is excessive, or you are unable to keep food or fluids down for 12-24 hours, call the office.

Sexual Intercourse: Continue as long as you feel comfortable unless you have spotting or your membranes (water) ruptures, or as directed by your physician.

Sinus Drainage: After 12 weeks you can take Sudafed 8 or 12 Hour, Actifed, Tylenol-Sinus. Humidify your home or bedroom and increase your fluid intake. Call the office if you have a fever over 101 degrees Fahrenheit.

Sore Throat: Chloraseptic spray or lozenges, warm salt water gargles as needed. Increase your fluid intake. Call if your temperature is greater than 101 degrees Fahrenheit.

Food-Safety Cheat Sheet

Raw/undercooked foods

The issue: Some raw foods can cause listeriosis, salmonellosis, and other illnesses that may lead to miscarriage or serious health problems for your baby.

What's okay: Well-done meats, poultry, and fish; vegetarian sushi; deli meats (cold cuts) and hot dogs that have been reheated to steaming in a microwave; canned or shelf-stable pates and meat spreads.

What to avoid: Any of the above items that have not been cooked to the proper temperature; raw sprouts (including radishes); raw shellfish; raw eggs.

Fish

The issue: Certain fish may contain high levels of mercury, which can contribute to developmental delays. Farm raised fish may be contaminated with PCB's (cancer-causing agents) and other toxins.

What's okay: You can safely consume up to 12 ounces a week of wild salmon (not farm raised), sea bass, shrimp, sole, snapper, flounder, catfish, cod, haddock, sardines, tilapia, ocean perch, and Pollack. Restrict tuna consumption to the "chunky light" canned variety and no more than six ounces a week. Canned or shelf-stable salmon is safe.

What to avoid: Swordfish, shark, king mackerel, tilefish, and fresh (as well as canned albacore) tuna; raw sushi and raw shellfish; refrigerated smoked seafood such as lox, trout, and whitefish (unless cooked as an ingredient in another dish).

Cheese and dairy products

The issue: Raw and unpasteurized dairy products can cause listeriosis, salmonellosis, and other food-borne illnesses.

What's okay: Pasteurized milk and yogurts; well-cooked (that is, not runny) eggs; hard cheeses.

What to avoid: Raw milk and any dairy product (cheese, yogurt) made from raw milk; soft cheeses such as Brie, feta, Camembert, Danish blue, Roquefort, and Mexican-style queso blanco and queso fresco (unless they're clearly marked as pasteurized); uncooked foods made with raw eggs (such as salad dressings and protein shakes).

Caffeine/herbal teas

The issue: Caffeine can cross the placenta and affect fetal heart rate and respiration. Certain herbs cause adverse reactions, and some teas are not regulated, so you can't be sure of the herb's concentration.

What's okay: Up to 200 mg of caffeine a day (an 8-ounce cup of coffee has about 100 mg, a 12-ounce can of soda has 35-50 mg and a 8-ounce cup of black tea has about 40 mg); flavored decaffeinated teas in filtered bags (citrus, ginger, peppermint).

What to avoid: Teas made from goldenseal, black or blue cohosh, ephedra, dong quai, feverfew, juniper, pennyroyal, Saint-John's wort, rosemary, or thuja.

Artificial sweeteners

The issue: They cause no harm to babies in utero. Still, some experts caution against them.

What's okay: Saccharin, aspartame and Splenda in moderate amounts.

What to avoid: Drinking lots of nutritionally void diet drinks instead of healthier ones like water and juice.



womenshealth.gov

1-800-994-9662

TDD: 1-888-220-5446

Food Don'ts

PRINT-AND-GO GUIDE

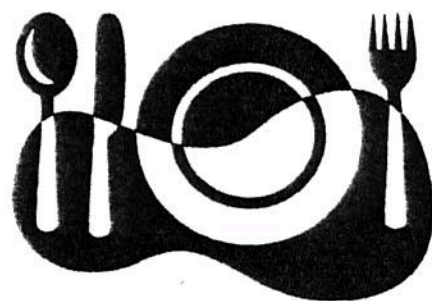
There are 3 main dangers lurking in the food pregnant women eat. They are:

- **Listeria** – a dangerous bacterium that can grow even in cold refrigerators.
- **Mercury** – a harmful metal found in high levels in some fish.
- **Toxoplasma** – a risky parasite found in undercooked meat and unwashed fruits and vegetables.

These things can cause serious illness or even death to you or your unborn baby.

Follow these food facts to help keep you and your baby healthy:

- **DON'T eat raw or undercooked meat, poultry, fish or shellfish** (sushi or sashimi).
- **DON'T eat swordfish, tilefish, king mackerel, and shark.**
- **DON'T eat refrigerated smoked seafood** like whitefish, salmon, and mackerel. These are usually labeled nova-style, lox, kippered, smoked, or jerky.



- **DON'T eat refrigerated pâtés or meat spreads.**
- **DON'T eat hot dogs and luncheon meats** — unless they're reheated until steaming hot.
- **DON'T eat soft cheeses** like feta, brie, camembert, "blue-veined cheeses," "queso blanco," "queso fresco," and Panela unless the label says they are pasteurized or made from pasteurized milk.
- **DON'T drink raw or unpasteurized milk or juice** or eat foods that contain unpasteurized milk.
- **DON'T eat unwashed fruits and vegetables.**
- **DON'T eat raw sprouts of any kind** (including alfalfa, clover, radish, and mung bean).

Source: U.S. Food and Drug Administration; Center for Food Safety and Applied Nutrition

Content last updated March 5, 2009.

WOMENSHEALTH.GOV

U.S. Department of Health and Human Services, Office on Women's Health

ADVICE ABOUT EATING FISH

For Women Who Are or Might Become Pregnant, Breastfeeding Mothers, and Young Children

Eating fish† when pregnant or breastfeeding can provide health benefits.

Fish and other protein-rich foods have nutrients that can help your child's growth and development. As part of a healthy eating pattern, eating fish may also offer heart health benefits and lower the risk of obesity.



Nutritional Value of Fish

The *2015-2020 Dietary Guidelines for Americans* recommends:


- At least 8 ounces of seafood (less for young children) per week based on a 2,000 calorie diet
- Women who are pregnant or breastfeeding to consume between 8 and 12 ounces of a variety of seafood per week, from choices that are lower in mercury.

Fish are part of a healthy eating pattern and provide:

- Protein
- Healthy omega-3 fats (called DHA and EPA)
- More vitamin B₁₂ and vitamin D than any other type of food
- Iron which is important for infants, young children, and women who are pregnant or who could become pregnant
- Other minerals like selenium, zinc, and iodine.

Choose a variety of fish that are lower in mercury. (See chart on other side of page.)

While it is important to limit mercury in the diets of women who are pregnant and breastfeeding and young children, many types of fish are both nutritious and lower in mercury.

This advice supports the recommendations of the *2015-2020 Dietary Guidelines for Americans*, developed for people 2 years and older, which reflects current science on nutrition to improve public health. The *Dietary Guidelines for Americans* focuses on dietary patterns and the effects of food and nutrient characteristics on health. For advice about feeding children under 2 years of age, you can consult the [American Academy of Pediatrics](#) .

† THIS ADVICE REFERS TO FISH AND SHELLFISH COLLECTIVELY AS "FISH" / ADVICE REVISED JULY 2019

For children, a serving is 1 ounce at age 2 and increases with age to 4 ounces by age 11.

† THIS ADVICE REFERS TO FISH AND SHELLFISH COLLECTIVELY AS "FISH" / ADVICE REVISED JULY 2019

Zika Virus and Pregnancy

What we know about the Zika Virus

- **Pregnant women can be infected with Zika virus.**
 - The primary way that pregnant women get the Zika virus is through a bite from an infected mosquito.
 - Zika virus can be spread by a man to his sex partners.
- **A pregnant woman can pass the Zika virus to her fetus.**
 - Zika virus can be passed from a pregnant woman to her fetus, during pregnancy or at delivery.
 - There is increasing evidence of a link between the Zika virus and microcephaly, a birth defect where a baby's head is smaller than expected when compared to babies of the same sex and age.



What we do not know about the Zika Virus

- **If a pregnant woman is exposed**
 - We don't know how likely she is to get the Zika virus.
- **If a pregnant woman is infected**
 - We don't know how the virus will affect her or her pregnancy.
 - We don't know how likely it is that the Zika virus will pass to her fetus.
 - We don't know if the fetus is infected or if the fetus will develop birth defects.
 - We don't know when in pregnancy the infection might cause harm to the fetus.
 - We don't know whether the fetus will have birth defects.
 - We don't know if sexual transmission of the Zika virus poses a different risk of birth defects than mosquito-borne transmission.

Future Pregnancies and the Zika Virus

- Based on the available evidence, we think that the Zika virus infection, in a woman who is not pregnant, would not pose a risk for birth defects in future pregnancies, once the virus has cleared from her blood.
- From what we know about similar infections, once a person has been infected with Zika virus, he or she is likely to be protected from a future Zika infection.

Sparrow Lansing OB Advises:

- ✓ **Do not travel to any country that has outbreaks of Zika virus. The Center for Disease Control website has a list of all the current countries that are affected and the list is updated on a daily basis; <http://www.cdc.gov/zika>.**
- ✓ **Do not have sex with any man who has traveled to any of the countries with known Zika outbreaks for at least 6 months.**
- ✓ **Do not get pregnant within 8 weeks of a possible Zika infection**

Informed Consent for Genetic Testing

Prenatal Screening (Panorama) is a highly accurate test done with mother's blood any time after 9 weeks gestation to screen the pregnancy for too many or too few copies of certain chromosomes. This test analyzes DNA (genetic material) in your blood to determine whether an abnormality is present. Knowledge of these conditions can be a useful tool for your provider to manage your pregnancy.

- Panorama is a screening test, meaning that it only determines whether your baby is at increased or decreased risk for these conditions. They cannot detect all genetic changes that could cause health problems. Normal results do not guarantee a healthy pregnancy or baby.
- These screening tests are highly accurate, but like all tests, they have limitations. If a risk is identified in your pregnancy, a prenatal diagnostic test such as chorionic villus sampling or amniocentesis may be recommended.
- In rare circumstances, results cannot be obtained. Depending upon a variety of factors, a redraw may or may not be requested. If a redraw is requested, this is done at no additional charge. A repeat sample does not always return a result. Women who do not receive a result from Panorama may be at unchanged or increased risk to be carrying a baby with a chromosome abnormality.

Genetic Carrier Screening (Horizon) is a blood test that analyzes your genes to determine whether you are a carrier of certain genetic conditions. Being a carrier puts you at increased risk to have a child affected with a specific genetic disease.

If a risk is identified, you may wish to consider genetic carrier screening for your partner, consult with your healthcare provider or pursue genetic counseling. If you are pregnant and risk is identified, prenatal testing can be performed to find out whether your baby has inherited the genetic disorder to help us better manage your pregnancy and to help you prepare to manage the child's condition.

The Horizon 4 Genetic Carrier Screen includes testing for the following disorders:

Cystic Fibrosis (CF) is the most common fatal genetic disorder in North America. It clogs the lungs – leading to life threatening infections – and can cause digestive problems, poor growth and infertility. About 1 in every 3,500 babies are born with CF.

Spinal Muscular Atrophy (SMA) is the most common inherited cause of infant death. There are different levels of severity but the most common form of the disorder causes death by age two. About 1 in every 6,000 to 1 in every 10,000 babies are born with SMA.

Fragile X Syndrome is the most common inherited cause of intellectual disability and is the number one cause of inherited autism. Individuals with the disorder may also have behavioral issues, such as hyperactivity, anxiety and aggression. About 1 in every 3,600 boys and 1 in every 6,000 girls are born with Fragile X.

Duchenne Muscular Dystrophy (DMD) is a rapidly progressive form of muscular dystrophy that occurs primarily in boys. There is no cure for DMD and treatment is aimed to control symptoms to maximize quality of life. About 1 in every 3,600 babies are born with DMD.

NO TEST CAN DETECT 100% OF GENETIC CARRIERS. ALTHOUGH THE CHANCE IS SMALL, EVEN IF YOUR TEST IS NEGATIVE IT IS STILL POSSIBLE THAT YOU COULD BE A CARRIER. HORIZON IS JUST A SCREENING TEST.

The decision to accept or decline screening is yours. If you would like additional information, you can ask your provider for information on how you can schedule a free, 15-minute information session with a certified genetic counselor.

I have read all of the above statements and have had the opportunity to discuss genetic screening with my healthcare provider or someone he/she has designated.

- _____ I consent to Panorama prenatal screening.
- _____ I consent to Horizon Carrier screening.
- _____ I do not want the Horizon or Panorama screening tests at this time.
- _____ I would like more information regarding these tests.
- _____ I decline all genetic testing.

Patient Signature _____

Date _____

*For information regarding cost and billing call 877-869-3052, email insbilling@natera.com, visit https://my.natera.com/pre_test/estimate_cost or call your local Clinical Field Specialist at Dagny Rude, 810-423-3277

Natera Billing Information

If you are considering Panorama (to screen baby) or Horizon (to screen parents) and would like more information on the tests and cost, there are a few ways to do so:

PHONE: Contact your local Natera representative for personalized estimates:

- Text a picture of the front and back of your insurance card, your birth date, and your ordering provider's name to one of the local representatives below:

Dagny Rude
810-423-3277

Klaudia St. Amour
586-817-4136

Natera's Texting Program

Text the following key words to **484848**:

PANORAMA – For non-invasive prenatal testing information

HORIZON – For advanced carrier screening information

SESSION – For a complimentary genetic information session

DRAW – To schedule a mobile blood draw

COVERAGE – To find out about financial coverage options

Billing Breakdown

All patients will fall into one of these four categories for cost of testing

- 1) *Medicaid*: Medicaid patient pay \$0 for any test
- 2) *Commercial Insurance*: Natera will check your insurance benefits as soon as your blood sample is received. If your *estimated* cost through insurance is more than \$249, Natera will contact you with your estimated cost through insurance. You will have two business days to switch to the self-pay/cash price of \$249 and not have the claim run through your insurance. If Natera does not hear back after they notify you of your estimated cost, they will proceed with filing with your insurance.
- 3) *Self-pay/Cash*: If you have no insurance or wish to pay cash, the self-pay/cash price of any test is \$249. Let your healthcare provider know at the time of your blood draw.
 - Non-covered service and cash rate for Horizon 4, 14, 27 or Panorama 22Q = \$249; Anora and Vistara = \$349
 - If Panorama and Horizon are done together, cash price will be \$349
 - Panorama extended panel is \$349 cash rate
- 4) *Natera Cares Program*: You may be eligible for financial assistance based on your household income. Please go to my.natera.com to find out more about the Compassionate Care program.



SPARROW MEDICAL GROUP
LANSING OB/GYN ASSOCIATES

FEE SCHEDULE FOR OBSTETRICAL PATIENTS

Antepartum and normal vaginal delivery	\$4,130.00
(\$1,763) (\$1,975) Post Partum (\$392)	
Antepartum and VBAC (vaginal birth after previous cesarean)	\$4,188.00
(\$1,763) (\$2,074) Post Partum (\$392)	
Antepartum and Cesarean Section	\$4,256.00
(\$1,763) (\$1,975) Post Partum (\$392)	

Most insurance plans pay for routine pregnancy visits, delivery, and delivery follow-up (post partum) care with a single payment, known as a "global OB package fee." What they consider as routine or normal, however, can vary from plan to plan.

Antepartum care is 13 visits. This includes the initial and routine subsequent history and physical exams, patient's weight, blood pressure, fetal heart tones, and routine urinalysis. Beginning with visit 14 evaluation and management codes will be billed, and **there may be a co-payment** depending on your insurance coverage.

Please Note:

- Medical management of problems that are not related to pregnancy such as bladder, vaginal or lung infections; allergies; rashes - are billed separately as an office visit from the global OB package, the same way it would be if you had gone to an urgent care center or to your family practice physician. Insurance covers them, but separately, and **there may be a co-payment**, depending on your insurance plan.
- High-risk conditions in pregnancy that require greater evaluation and treatment than covered by your insurance plan may also need to be billed separately from the global fee. Examples of these could be diabetes or high blood pressure.
- Any special testing or medications received during the course of your pregnancy care is an additional charge. These charges are billed to your insurance carrier at the time of testing. They may include: Amniocentesis, non-stress testing, and ultrasound.
- We perform a 20-week ultrasound to verify your due date, screen for fetal anatomy, and location of the placenta. We feel this is an important test and recommend that you have this done. However, if there is no medical indication for this, it will be billed as routine screening. Some insurance companies may or may not pay for this. Please check with your insurance company, if there is a medical indication we will use that diagnosis.

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517.364.5210

1600 W Grand River
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517.381.6870

Please notify us at once of any changes in your insurance carrier, coverage, or policy numbers. Please check with your insurance regarding any pre-authorization requirements for your hospital stay. Failure to do so could adversely effect your insurance benefits for both physician and hospital charge.

Pre-certification requirments are the responsibility of the patient for all insurance carriers. We DO NOT accept responsibility for this, regardless of what your insurance company may state.

Patient signature: _____ Date: _____

Sometimes an insurance plan requires additional documentation to approve payment for something done that is beyond the global OB package fee. Occasionally, they may initially refuse payment from these charges, and pass them on to you. If you have any questions about or problems with your bill, or wonder what you might be responsible for in the future, please talk with our billing specialist, at (517) 364.7999 or 855-221.0336. She also has voice mail for your convenience.

We want to give you not only the best medical care we can during your pregnancy, but also the best experience.

Sincerely,

The providers and staff of
SMG Lansing OB/Gyn

Matthew Allswede, M.D.	Jennifer Hawkins, D.O.	Donald McKeel, D.O.	Paul Schluckebier, M.D.	Amanda Gahsman, FNP-C
James Barton II, M.D.	Kristin Koskela, M.D.	Mary E. Pugmire, D.O.	Martin Schoenmaker, M.D.	Jenna Oesterle, DNP, FNP-C
Angela Griffin, M.D.	Valerie Levitt, M.D.	Clara M. Regal, M.D.	Mathew Vettathu, MD	

The following questionnaire pertains to information to your Genetic background and that of the baby's father.
Any questions with a YES answer will be discussed to determine if you might benefit from Genetic Screening.

1. Will the mother be age 35 or older when the baby is due? ☐ Yes ☐ No
2. Have you or the baby's father or anyone in either of your families, ever had:
 - Down's Syndrome? ☐ Yes ☐ No
 - Spina Bifida or Meningomyelocele (open spine)? ☐ Yes ☐ No
 - Duchenne's Muscular Dystrophy, Fragile X, Spinal Muscular Atrophy, or Cystic Fibrosis? ☐ Yes ☐ No
 - If yes to any of the above, how is that individual related to the fetus? _____

Have you or the baby's father had a stillborn or live child birth with a birth defect not listed in Question 2 above? ☐ Yes ☐ No

3. Do you or the baby's father have any close relatives who are cognitively impaired? ☐ Yes ☐ No
4. Do you or the baby's father or close relative in either of your families have any inherited genetic or chromosomal disease or disorder not listed above? ☐ Yes ☐ No
5. Do you or the baby's father have any close relative descended from Jewish people who lived in Eastern Europe (Ashkenazic Jews)? ☐ Yes ☐ No

If yes, have either your or the baby's father been screened for Tay Sachs disease?

☐ Yes ☐ No

If yes, indicate results and who screened _____

6. If patient or spouse are of African ancestry: Have you or the baby's father been screened for Sickle Cell Trait and found to be positive? ☐ Yes ☐ No

7. If patient or spouse are of Italian or Greek Mediterranean ancestry:

Have you or the baby's father or any close relative been screened for anemia (Cooley's Beta Thalassemia) low blood, and found to be positive? ☐ Yes ☐ No

I would like to discuss this further with a genetic counselor at MSU:

☐ Yes ☐ No

I have discussed the above information with the staff and understand that I may be at a greater risk for the occurrence of a genetic anomaly based on my answers.

Signature: _____ Date: _____

Lansing OB/GYN
An outpatient department
of E.W. Sparrow Hospital

1200 E. Michigan Avenue
Suite 445
Lansing, Michigan 48912

T 517.364.5210
F 517.364.5216

1600 W. Grand River Avenue
Okemos, Michigan 48864

T 517.381.6870
F 517.381.6871
Sparrow.org

Marijuana

AND

Pregnancy

If you use marijuana during pregnancy, you may be putting your health and your fetus's health at risk.

Possible Effects on Your Fetus



Disruption of brain development before birth



Smaller size at birth
Higher risk of stillbirth



Higher chance of being born too early, especially when a woman uses both marijuana and cigarettes during pregnancy



Harm from secondhand marijuana smoke
Behavioral problems in childhood and trouble paying attention in school

Possible Effects on You



Permanent lung injury from smoking marijuana



Dizziness, putting you at risk of falls



Impaired judgment, putting you at risk of injury



Lower levels of oxygen in the body, which can lead to breathing problems

DID YOU KNOW?

- ▶ Medical marijuana is not safer than recreational marijuana. Recreational and medical marijuana may be legal in some states, but both are illegal under federal law.
- ▶ There's no evidence that marijuana helps morning sickness (ask your obstetrician-gynecologist [ob-gyn] about safer treatments).
- ▶ You also should avoid marijuana before pregnancy and while breastfeeding.

Marijuana and pregnancy don't mix. If you're pregnant or thinking about getting pregnant, don't use marijuana.



If you need help quitting marijuana, talk with your ob-gyn or other health care professional.

Research is limited on the harms of marijuana use for a pregnant woman and her fetus. Because all of the possible harms are not fully known, the American College of Obstetricians and Gynecologists (ACOG) recommends that women who are pregnant, planning to get pregnant, or breastfeeding not use marijuana. ACOG believes women who have a marijuana use problem should receive medical care and counseling services to help them quit.



ACOG

The American College of
Obstetricians and Gynecologists
409 12th Street SW
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