



Christopher M. Lynch, MD  
Corinna A. Cooper, MD

Abigail R. Proffer, MD

Jaclyn Piszczek, MD  
Jessica Williams, MD

## **Prenatal Information**

**Thank you for allowing us to be part of such a special time in your life!** Johnson County OB/GYN has been providing high quality obstetrical care for over 40 years. Over that time, we have strived to continue to change with the advancement of medicine and patient care. One of those changes was to move towards a community approach with our OB patients. We feel strongly that the focus of our care needs to be you and your child. We want you to feel comfortable and heard throughout your pregnancy and to do that better we have you meet all our physicians and nurse practitioners during your pregnancy. This is to ensure that if you need care from any of our providers you feel comfortable. We have a physician dedicated to the hospital each day to ensure that we are giving you prompt attention. We have also worked to provide same day appointments to you if you ever have a concern with your pregnancy. We feel this practice model strengthens us as providers and improves the care we provide.

## **PRENATAL GUIDE:**

You are receiving our Prenatal Guide booklet so we can better serve you and help you with any concerns you have throughout your pregnancy. Please read through and keep your Prenatal Guide (blue booklet) in a handy place so you can refer to it as needed. This booklet will assist you throughout your pregnancy. It will help you if anything emergent arises. You can also access the Prenatal Guide on our website: [www.joco-obgyn.com](http://www.joco-obgyn.com). If you need further assistance after referring to your Prenatal Guide booklet, you can call our office @ 913-236-6455 and our staff will be happy to assist you.

## **HOSPITAL REGISTRATION:**

You will receive your Advent Health Shawnee Mission hospital registration packet around your 20-week appointment. This packet will contain the registration form, and information about the Navigator visit and class offerings through the hospital. This registration is important for your admission to the hospital. You will also be instructed to schedule an appointment with the Nurse Navigator at the hospital around 32 weeks. This visit is an important step to introduce you to the hospital and will streamline your admission on the big day.

## **ADDITIONAL CONCERNS:**

**If you think you are in labor, your water has broken, or you are bleeding, please call the office and follow the phone prompts for immediate attention – the staff will get a triage nurse on the line immediately to assist you.**

If at any time you need to call our office with **non-urgent** questions or concerns, please leave a message for the triage nurses with your name, date of birth and provide a phone number where they can return the call. Return calls may come over your phone as an unlisted number - when expecting a call back from us please answer these calls to avoid phone tag!

### **PATIENT PORTAL:**

For non-urgent concerns, we encourage you to utilize our portal. You can send medical questions and messages to our clinical team and appointment concerns to our front office. These messages are returned within 1-2 business days. If you are not already signed up for our portal, our front office is happy to help set you up.

### **PRESCRIPTIONS:**

When you need to have a prescription refilled, please call your pharmacy and they will contact our office. You will need to allow 48 office hours for your request to be processed. You can then call your pharmacy for a pickup date.

### **FMLA OR LEAVE OF ABSENCE FORMS:**

If your employer requires leave papers or FMLA forms to be filled out for your maternity leave, please give your forms to our front desk staff. There is a **\$25.00** fee for each set of paperwork. This must be paid for before the forms can be completed. **Please DO NOT give the forms to your doctor.** Please provide estimated dates you will be off work, estimated date you will return to work, what you want done with the forms once they are completed (faxed or call for pick up). **You must allow 14 business days for these forms to be completed.**

Again, we are honored that you have allowed us to be a part of your OB care. We take this privilege seriously and look forward to our partnership in your care.

Sincerely,

Doctors and Staff of Johnson County OB/GYN

# Johnson County OB/GYN

## Prenatal Tests and Procedures

While you are pregnant, your doctor may suggest several laboratory tests, ultrasound exams, or other screening tests.

## Laboratory Tests

We perform the following routine blood tests on all our patients at their first OB appointment:

Complete blood count	Blood type and blood antibody screen
Rubella immunity	Hepatitis B
HIV	Syphilis
Hepatitis C	Thyroid studies

## Genetic Screening Tests

Screening tests measure the risk of having a baby with certain genetic disorders. These can be caused by problems with a baby's genes, inherited factors passed down from the mother and father. They can also occur randomly in people with no family history of that disorder. Women over the age of 35 have an increased risk of having babies with genetic abnormalities.

The benefit of screening tests is that they do not pose any risk to the fetus or mother. However, the screening tests do not give a "yes" or "no" answer. Instead, screening tests give the odds of your baby having a specific condition.

- If the screening tests or maternal age indicates an increased risk for genetic abnormalities, we will arrange a referral for a comprehensive ultrasound and genetic counseling. Based on their risk assessment, further diagnostic testing may then be recommended to confirm a diagnosis.

## Some common screening tests used during pregnancy include:

### Targeted ultrasound

- The best time to have this test performed is between 19 and 21 weeks of pregnancy.
- Most major abnormalities can be seen at this time. Ultrasound has its limitations and subtle abnormalities can go undetected.
- Ultrasound alone has a 60% detection rate for Down syndrome.
- Fetal sex can usually be determined at this time.

## **Penta Screen**

- We offer this test between 15 - 20 weeks of pregnancy.
- It screens for Down syndrome, Trisomy 18, or open neural tube defects.
- Risk is calculated by measuring the levels of 5 proteins from a sample of mom's blood.
- It has an 83% detection rate for Down's syndrome.

## **Nuchal Translucency Screening (NTS)**

- This test is offered between 11 - 14 weeks of pregnancy.
- It screens for Down syndrome, Trisomy 18, or open neural tube defects.
- The risk is calculated from information obtained from a first trimester ultrasound checking the thickness of the back of the fetus' neck and blood protein levels from mom during the first and second trimester.
- It has a 95% detection rate for Down syndrome.
- Testing requires a referral to a specialist and includes genetic counseling.

## **Non-invasive Prenatal Testing**

- This testing is available after 10 weeks of pregnancy. Open neural tube defect screening must be drawn between 15 - 20 weeks of pregnancy.
- It screens for Down syndrome, Trisomy 18, Trisomy 13, and sex.
- The risk is determined by a blood test that checks for fetal DNA circulating in the mother's blood.
- This test has a 99% detection rate for Down syndrome.

## **Carrier Screening:**

- The purpose of carrier screening is to see if a couple is at an **increased risk** for giving birth to a child who will be affected. Carrier testing is a laboratory test done on a sample of your blood or saliva to see if you have the abnormal gene. If testing shows that a couple is at high risk, additional testing can be done on the developing baby to see whether it will be affected. You could be a carrier even if no one in your family has the disorder and even if you already have children without the disorder.
- These disorders cannot be treated before birth. The purpose of having this information about your developing baby is so you can prepare yourself to care for the child with special health care needs or allow time to terminate the pregnancy if desired.
- The American College of Obstetricians and Gynecologists (ACOG) recommends that health care providers make carrier screening test available to all couples. Deciding whether to have the test done is your personal choice.

## **The three most common autosomal recessive conditions are:**

### **Cystic Fibrosis (CF)**

- CF causes severe and chronic problems with digestion and breathing.
- About 1 in 30 Caucasians carry the changed gene. If your family background is not white, your chance of being a carrier is less than 1 in 30.
- Both parents must carry the gene for the baby to be at risk.

### **Spinal Muscular Atrophy (SMA)**

- SMA is the most common inherited cause of infant death by loss of control of muscles involved in breathing, eating, and moving.
- About 1 in 50 Americans carries the changed gene. Any race can be affected.
- Both parents must carry the gene for the baby to be at risk.

### **Fragile X Syndrome (FMS)**

- FXS is the most common inherited cause of intellectual disability and strongly associated with autism.
- Approximately 1 in every 3,600 boys and 1 in every 6,000 girls have FXS.
- Only mom needs to be a carrier for the child to be at risk.

## **Diagnostic Tests**

Diagnostic tests can give definite “yes” or “no” answers about whether your baby has a genetic abnormality. But, unlike screening tests, they are invasive and come with a risk of miscarriage and infection. Amniocentesis and chorionic villus sampling (CVS) are the two most used. Both tests are more than 99% accurate for finding these problems. These tests also can tell you your baby’s sex. In most cases, the results take about two weeks.

### **Amniocentesis**

This test is performed by a specialist in pregnancies of at least 16 weeks. It involves inserting a thin needle through your abdomen, into your uterus, and into the amniotic sac to take out a small amount of amniotic fluid for testing. The cells from the fluid are grown in a lab to look for problems with chromosomes.

### **Chorionic Villus Sampling (CVS)**

This test is performed by a specialist between 10 and 12 weeks of pregnancy. A needle is inserted through your abdomen or through a catheter in your cervix to reach the placenta. A sample of cells is taken from the placenta. These cells are used in a lab to look for problems with chromosomes.

If you have any further questions or would like more information on any of the above topics, please speak with your doctor.

# Immunization & Pregnancy

## Recommended Vaccinations during Pregnancy

Did you know that a mother's immunity is passed along to her baby during pregnancy? This will protect the baby from some diseases during the first few months of life until the baby can get vaccinated. We follow the CDC Guidelines for Vaccination during Pregnancy

**Flu Vaccine** – It is safe, and very important, for a pregnant woman to receive the inactivated flu vaccine. A pregnant woman who gets the flu is at risk for serious complications and hospitalization. To learn more about preventing the flu, visit the CDC website

[https://www.cdc.gov/flu/highrisk/qa\\_vacpregnant.htm](https://www.cdc.gov/flu/highrisk/qa_vacpregnant.htm)

**Tdap Vaccine** – Women should get adult tetanus, diphtheria and acellular pertussis vaccine (Tdap) during each pregnancy. Ideally, the vaccine should be given between 27 and 36 weeks of pregnancy. Pertussis (or whooping cough) can be serious for anyone, but for your newborn, it can be life threatening.

<https://www.cdc.gov/vaccines/pregnancy/hcp-toolkit/tdap-vaccine-pregnancy.html>

**Covid 19 Vaccine** – Protecting yourself and your baby from the Covid 19 virus is recommended by the CDC and ACOG. Research shows it is safe and effective at preventing infection, severe illness and death.

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnant-people.html>

**RSV Vaccine** – When a pregnant person gets RSV vaccine, their protective proteins (called antibodies) also pass to their baby. So, babies who are born at least 2 weeks after their mother gets RSV vaccine are protected at birth, when infants are at the highest risk of severe RSV disease. The vaccine can reduce a baby's risk of being hospitalized from RSV by 57% in the first six months after birth.

<https://www.cdc.gov/vaccines/vpd/rsv/hcp/pregnant-people.html>

**RhoGAM** – The RhoGAM shot is an injection of a drug called Rh immunoglobulin (anti-D immune globulin, or Rhlg). It's given to women who are Rh negative during pregnancy to prevent their bodies from making antibodies against their baby's Rh-positive blood.

**Travel** – Many vaccine-preventable diseases, rarely seen in the United States, are still common in other parts of the world. A pregnant woman planning international travel should talk to her health professional about vaccines. Information about travel vaccines can be found at CDC's traveler's health website at

[www.cdc.gov/travel](http://www.cdc.gov/travel).

## How To Reduce Nausea In Pregnancy

Nausea occurs in 50% of all pregnancies. Nausea seems to be a vicious circle. The more nauseous you get, the less you eat. The less you eat, the more nauseous you get. Once the cycle is stopped, you will feel better. In most cases, nausea does stop between the third and fourth month.

You really do need to eat something after you get up in the morning. If you don't the acid will flow into your empty stomach and feel sicker. The old cracker trick does work. Keep crackers by your bedside and eat a few before getting up. Lie there for 5-10 minutes before getting up. Sit up slowly.

Bread and other starches usually taste good. They are easy to digest and give you energy. Try toast with jelly (no butter), cereal, graham crackers, or vanilla wafers. Thin pretzels or dry popcorn may help too. Try baked or mashed potatoes with salt and pepper, no butter or gravy. Cooked rice, plain spaghetti, macaroni, or noodles usually go down easily. If all else fails, keeping a peppermint candy or a lemon drop or even a marshmallow in your mouth will give you some sweetness which may stop the nauseous feeling.

Do not use any butter, margarine or cooking oil. Fats of any kind seem to upset your stomach. This means you may be able to use skim milk at first rather than 2%. Yogurt digests easily; cottage cheese, either plain or with fruit, makes a good meat substitute.

To avoid grease, do not fry anything. If you can tolerate meat; broil, bake or stew it. Use your charcoal grill, crock pot or oven. Cold meats such as chicken, ham or tuna salad may work. Peanut butter may taste good too. Eggs are a good substitute for meat and are best poached, scrambled, or hard boiled; egg salad makes good sandwiches. Spices may bother you, so avoid pizza, spaghetti, chili, lunch meat, hot dogs, and sausages.

Fresh vegetable salads may work better than cooked vegetables. Fresh or canned fruit may be tolerated. Eat fruits such as bananas, oranges, or grapes. Canned fruits include peaches, applesauce, and fruit cocktail. If citrus juices bother you, dilute them with water and serve them over ice, or mix them with other juices such as pineapple or apple juice. Don't drink orange juice in the morning on an empty stomach! Milder juices are apple, grape, peach, apricot, or pear nectar.

Getting dehydrated is a problem if you are vomiting every day. You must keep down some fluids. Try plain Jell-O-O, weak sweetened tea, diluted fruit juice, plain soup, or broth. Ginger Ale, 7-UP, or even room temperature (flat) Coke may help.

Eat small amounts of food at least every 2-3 hours during the time you're awake so the stomach is never empty. Some women need to eat a small snack in the middle of the night. Try drinking ½ hour to 1 hour after meals so you won't feel so full.

Stop smoking and stay away from others who smoke. Smoking increases secretion of stomach acids and makes you more nauseous.

Sandra Eardley, Ph.D., R.D.

These tips have been shown to help with pregnancy induced nausea:

- Try vitamin B6 (100 mg) with ½ tablet of Unisom (an over-the-counter sleep aide) 2 times a day.
- Ginger capsules (250 mg), taken 3 times a day, have been associated with alleviating nausea.