

NEW ENGLAND
O B - G Y N
associates inc.

Prenatal Care Guide
Last Updated
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INTRODUCTION

The staff at NEOGA would like to congratulate you on your pregnancy! We welcome you to our practice and are excited to guide you through this experience. There are seven obstetricians at NEOGA: Dr. Mari-Kim Bunnell, Dr. Alice Vincent, Dr. Paula Kolbas, Dr. Lisa Lampert, Dr. Thomas Connolly, Dr. Taryn Lieberman and Dr. Evelyn Marsh. You will select one obstetrician as your primary doctor, but you will meet with all the physicians in our office throughout your pregnancy. This ensures that if you go into labor spontaneously, you will already have met the doctor on-call that will deliver your baby.

Please read this entire care guide as it contains information regarding office policies, prenatal testing, prenatal vitamins, diet recommendations, and information that will be useful to you during your pregnancy. If you still have questions after reading this care guide, do not hesitate to ask one of our physicians during an office visit or speak with a nurse via email or the telephone. Our first trimester classes are also helpful for new moms, or those who are new to our practice.

OFFICE INFORMATION

Office Hours: Monday – Friday 8:30 AM – 5:00 PM

Phone Numbers: Main: 617-731-3400 Fax: 617-566-2224

Web Site: www.neobgyn.org

Location: 200 Boylston St, Suite 301 Chestnut Hill, MA 02467

Emergencies:

During office hours call the main number 617-731-3400 and select option 1. After hours call 617-731-3400 and briefly tell the answering service your problem. They will page the appropriate medical personnel. If you do not get a response within 15 minutes, please call again. In an emergency, if you still haven't received a response or you simply cannot get through to the answering service call the Brigham and Women's Hospital, Labor and Delivery at 617-732-5435 and ask for the Nurse in Charge. Explain your situation and they will contact one of our physicians.

Patient Portal – please register!

We are now part of the Partners Patient Gateway. To access or register for patient portal access please visit:

<https://www.patientgateway.org>

For Patient Gateway Support Call: 800-745-9683

Prescriptions:

We send most prescriptions electronically to your pharmacy. If you need refills after the initial prescription has been sent, please contact that pharmacy directly and they will send us an electronic request to refill your prescription.

Contacting the Office:

1. First check to see if the answer to your question is in the literature you have received or on our website.
2. Try to call during our office hours.
3. If you think you have an emergency, call and tell us immediately – day or night.
4. Be sure to identify yourself, your month of pregnancy and any other pertinent history (twins, strep culture, breech, history of premature labor, etc)
5. Make the call yourself, as relayed messages may not be accurate.
6. We will always try to answer your call as soon as possible but if it is not urgent, please be patient.

OBSTETRICAL INFORMATION

Labor:

If you think you are in labor during our hours of operation, please call the office main line and select option 1. If you are in labor after hours, please call the main number 617-731-3400 and tell the answering service you are in labor. Generally, when strong contractions are 5 minutes apart or if you are leaking fluid or your water has broken, be prepared to go to the hospital. If you were given other instructions or if there are special circumstances that exist- please call.

Test Results:

Routine test results during your pregnancy will be discussed at your next visit. Routine tests include the initial prenatal panel, GLT (glucose loading test), and group B strep. If you have one of the following tests listed below and do not hear from the office within 2 weeks, please call 617-731-3400 option 2.

- Genetic Screening
- CVS
- Amniocentesis

Choosing a Pediatrician:

You must select a pediatrician or family practitioner to care for your baby during your hospital stay and thereafter. If your pediatrician does not have privileges at BWH, please note that there is an excellent team of newborn pediatricians on staff at the Brigham who will perform the newborn physical and take care of your baby while you are in the hospital. They will provide you with all the information you need upon discharge when your local pediatrician assumes the care of your baby. Please call the BWH Physician referral line if you need assistance at 1-800-294-9999.

Understanding the Global Charge

Pregnancy is billed as a global fee. The global fee includes all office visits at NEOGA and the fee associated with your NEOGA doctor during your delivery. This also means that we will not bill your insurance company for NEOGA office visits until your baby is born. At that time, you will be billed for any fees/patient responsibility related to your visits and delivery with NEOGA. We will not collect co pays during your pregnancy. You will be billed for any copayments, coinsurance or deductibles associated with the global charge after your baby is born.

Ultrasound Services

Ultrasounds are not billed by NEOGA. All ultrasounds are billed separately by the servicing provider. Ultrasounds performed in our office are provided by Diagnostic Ultrasound Associates. You may contact their billing department directly at 617-739-0249 for any questions regarding the billing of ultrasounds.

Lab Work

Lab work is not billed by NEOGA. All lab work is billed by the individual laboratory. Please contact the laboratory directly for any billing questions. The phone number for the individual laboratory is located on the laboratory billing statement.

Genetic Testing

Genetic testing is not billed by NEOGA. Genetic testing is also billed by the individual laboratory. Please contact the genetic testing laboratory directly with any questions regarding billing and the costs associated with the testing. Please see the attached prenatal testing guide for more information on how to contact genetic testing labs directly.

Hospital Charges

Hospital charges from Brigham and Women's Hospital are also billed separately. Please contact BWH directly by calling the phone number on your billing statement.

Your Insurance Coverage

To ensure that all your services are billed accurately, please provide NEOGA and all other servicing laboratories and providers with your current insurance information. Should your insurance change during your pregnancy, please contact our office and any other servicing providers as soon as possible to update your information. You may update your insurance information with NEOGA at your visit or call 617-731- 3400 and select Option 7 for billing.

Please contact your insurance company directly to learn more about any patient responsibilities associated with your specific plan. Typically, your insurance card will have a member service number where you may contact a call center. Your insurance company will be able to provide you with more information regarding any coinsurance, deductible or copayments associated with your prenatal care.

IN-OFFICE SERVICES

Ultrasound

Diagnostic Ultrasound Associates performs ultrasounds on-site in our office. Please check-in at the front desk for ultrasounds scheduled in our office. Billing for this service is separate.

Laboratory Services

All blood work is completed in our in-office lab. Please check-in at the front desk for all labs. Billing for this service is separate.

Genetic Counseling

Christina Dupre, MS, CGC is available in-office on Monday, Tuesday and Friday to discuss genetic testing options for patients that require further discussion. Please call our schedulers at 617-731-3400 Option 3 to schedule an appointment with Christina. Billing for this service is separate than our global charge.

Endocrinology

Dr. Susan Haden is available to meet with patients on Mondays and Thursdays with gestational diabetes and other endocrine needs. Please call our schedulers at 617-731-3400 Option 3 to schedule an appointment. Billing for this service is separate.

Lactation Counseling

Jennifer Harper, NP, CLC is available to meet with patients by appointment that need guidance or are having difficulty breastfeeding. Please call our schedulers at 617-731-3400 Option 3 to schedule an appointment. Billing for this service is separate than our global charge.

Partners Reproductive Medicine Center at Chestnut Hill

Brigham and Women's IVF is available for in-office reproductive consultations once monthly. Billing for this service is separate.

EDUCATIONAL CLASSES

Parent and Childbirth Education Classes:

The birth of a baby is an exciting experience. We offer several options that allow you to participate fully and to be as prepared as possible. There will be many personal decisions for you to make. How can the father or support person be most helpful at birth? Do you prefer to breastfeed or bottle-feed the baby? How can you help other children adapt to the new baby?

To arrive at the best answers for you, mothers and support persons may select various prenatal classes, childbirth preparation programs, refresher classes, and new parent workshops. We offer three classes to our patients. Additional classes are offered by Brigham and Women's Hospital. Visit BWH [online](#) for more information on classes offered through the hospital.

New England OB/GYN Associates offers the following classes in our office:

1st Trimester Patient Information Classes (no cost)

Jen Harper, NP and certified lactation counselor hosts a 1st trimester information session once a month that covers the topics below:

- Providers that practice at New England OB/GYN
- Prenatal vitamins
- Pregnancy diet
- Appropriate exercise
- Early exposures
- Medications in pregnancy
- 1st trimester screenings/genetic testing
- Delivery questions
- Fetal development
- Vaccinations/travel

This information session does not take the place of scheduled office visits but is a forum for patients of the practice to ask questions and receive general information about their new pregnancy.

Schedule this class date when you schedule your initial obstetrical orders.

Where: 200 Boylston St, Suite 301 Conference Room Chestnut Hill, MA

When: 8 am – 9 am

Labor and Delivery Class (\$40 charge)

Classes are led by Renee Rotman, NP, Mary Dorsheimer, RN, and Valerie Sweeney, RN. Our instructors have years of experience on the labor and delivery floor at BWH. You should be at least 28 weeks pregnant at the time you attend our labor class.

Call 617-731-3400 option 3 to schedule. L&D classes have limited availability and fill quickly.

Where: 200 Boylston St, Suite 301 Conference Room Chestnut Hill, MA

When: 5:00-7:30p

C-Section Educational Class (\$20)

Led by labor and delivery nurse Valerie Sweeney, RN help educate and prepare patients having a scheduled c-section.

Where: 200 Boylston St, Suite 301 Conference Room Chestnut Hill, MA

When: 5:00-6:00p

Lactation Classes (\$20 charge)

Jen Harper, NP, CLC also leads breastfeeding classes for expectant moms. You should be at least 28 weeks pregnant at the time you attend our breastfeeding class.

Where: 200 Boylston St, Suite 301 Conference Room Chestnut Hill, MA

When: 8:00 am - 9:00 am

BWH offers the following educational classes:

Brigham and Women's classes and maternity tours are open to all Brigham and Women patients who are **at least 32 weeks pregnant or more (at time of class)**, along with their partner or support person.

Visit www.brighamandwomens.org/childbirthclass to register for BWH classes.

Labor and Delivery Classes (\$160 charge)

Labor and Delivery Childbirth Education classes are held at Brigham and Women's at 75 Francis Street, Connors Building, 8th floor, room 825. Classes are scheduled **Saturdays 10 am to 4 pm and Sundays 9 am to 4 pm**. Note that by signing up for a Labor and Delivery Class on Sunday, you will be automatically enrolled in a Maternity Tour from **9 am to 10 am**.

Breastfeeding Classes (\$45 charge)

Taught by lactation consultants, specially trained nurses and childbirth educators, our breastfeeding class covers the function and structure of the breast, latching and positioning, importance of nutrition for breastfeeding mothers, infant feeding patterns, growth spurts, and recommendations on pumping and storage of breast milk.

Prenatal Yoga Classes (no charge)

Prenatal yoga can be a great tool to build strength and flexibility, achieve relaxation and prepare for birth. Please join us for yoga with our certified yoga teaching staff. Beginners welcome! Wear comfortable clothing that is not too loose and bring water; mats and blocks provided. Class is held in the Shapiro Building porch. This class is FREE, sponsored by the Stork Fund. The class meets weekly on Fridays, 12 pm to 1 pm.

BWH Maternity Tours

Take a tour of the Mary Horigan Connor's Center for Women's Health and learn what to expect during your hospital stay so that you can prepare for your delivery. Tours are held at Brigham and Women's Hospital 75 Francis Street and are open to all obstetrical patients who are interested in an in-hospital tour along with their support person. Unfortunately, we cannot allow siblings on tours.

There is no charge for BWH Maternity Tours.

[Visit BWH online to register](#)

These tours are for adults only for reasons of safety & preventing infectious disease. Children may watch our [virtual tour](#) from home.

PATIENT EDUCATION RESOURCES

Most our patient education information is available via our website – it is very important that you take the time to review this information – if you have any questions about the information please ask your provider.

Visit our website: www.neobgyn.org

Obstetrical Patients

[Overview of Obstetrical Services at BWH](#)

FOOD AND MEDICINE RECOMMENDATIONS

Prenatal Vitamins

Prenatal vitamins are available over the counter at most pharmacies. We have listed some recommendations below. All prenatal vitamins should contain at minimum 27 milligrams of iron and 800 micrograms of folic acid. Supplemental DHA may also be taken – 200 milligrams daily. There are combined products available. In most cases, it is more cost effective to purchase your prenatal vitamins over the counter than through your health insurance as a prescription.

CVS Prenatal Vitamins & Enfamil Expecta (DHA)

(These are 2 separate products)

Walgreens Pharmacist Support Prenatal plus DHA

(This is a combined product)

One A Day Women's Complete Prenatal Vitamin plus DHA Liquid Gel tabs

(This is a combined product)

Vitamed

(Vegan and kosher option)

Similar products are available at other pharmacies - please confirm with your pharmacist that these ingredients are included in the vitamins:

- 27 milligrams of iron
- 800 micrograms of folic acid
- 200 milligrams of DHA (optional)
- If you are pregnant with twins – total of 2 mg of folic acid and 60 mg of iron.

General Diet Recommendations

- Thoroughly cook all raw meats and fish.
- Wash raw vegetables thoroughly before eating.
- Keep uncooked meats separate from vegetables and from cooked and ready to eat foods.
- Wash hands, knives, and cutting boards after handling uncooked meats and dairy products.
- Avoid unpasteurized milk or beverages or foods made from raw milk
- Always thaw ready to eat frozen food in the refrigerator or microwave, not on a counter.
- Thoroughly reheat food until steaming hot.
- Avoid soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican style cheese (hard cheeses, processed cheeses, cream cheese, and yogurt need not be avoided).
- Hot dogs and luncheon meats (cold cuts) should be heated (or microwaved) until steaming hot.
- Avoid refrigerated pates or meat spreads.
- Avoid refrigerated smoked seafood (Lox, Nova) – okay if in a casserole and cooked.
- See advice for Large Atlantic fish (mako shark, swordfish, tuna and king mackerel) below.
- Avoid deli potato/pasta salads and coleslaw unless fresh and reliable.
- Limit caffeine to one cup of coffee or equivalent per day.
- No smoking or alcohol.

Mercury in Fish and Shellfish

US Food and Drug Administration

US Environmental Protection Agency

Fish and shellfish are an important part of a healthy diet. Fish and shellfish contain high quality protein and other essential nutrients, are low in saturated fat, and contain omega-3 fatty acids. Women and young children should include fish or shellfish in their diets due to the many nutritional benefits. However, nearly all fish and shellfish contain traces of mercury. For most people, the risk from mercury by eating fish and shellfish is not a health concern. Yet, some fish and shellfish contain higher levels of mercury that may harm an unborn baby or young child's developing nervous system. The risks from mercury in fish and shellfish depend on the amount of fish and shellfish eaten and the levels of mercury in the fish and shellfish.

Therefore, the FDA and the EPA are advising women, who may become pregnant, pregnant women, nursing mothers and young children to avoid some types of fish and eat fish and shellfish that are lower in mercury.

3 Safety Tips

By following these 3 recommendations for selecting and eating fish or shellfish, women and young children will receive the benefits of eating fish and shellfish and be confident that they have reduced their exposure to the harmful effects of mercury.

- 1) Do not eat shark, swordfish, king mackerel, and tilefish because they all contain high levels of mercury.
 - a) Eat up to 12 ounces (2 average meals) a week of a variety of fish and shellfish that are lower in mercury.
- 2) Five of the most commonly eaten fish that are low in mercury are shrimp, canned light tuna, salmon, pollock, and catfish.
 - a) Another commonly eaten fish, albacore “white” tuna has more mercury than canned light tuna. So, when choosing your two meals of fish and shellfish, you may eat up to 6 ounces (one average meal) or albacore tuna per week.
- 3) Check local advisories about the safety of fish caught by family and friends in your local lakes, rivers, and coastal areas.
 - a) If no advice is available, eat up to 6 ounces (one average meal) per week of fish you catch from local waters, but don't consume any other fish during that week.

Follow these same recommendations when feeding fish and shellfish to your young child, but serve smaller portions.

FDA's toll-free line 1-888-SAFEFOOD

FDA Food Safety www.fda.gov/food/default.htm

Environmental Protection Agency: Fish Advisory www.epa.gov/ost/fish

EPA Actions to Control Mercury: www.epa.gov/mercury

General Medicine Recommendations

The following medications are generally considered safe in pregnancy if taken as prescribed and used in moderation:

Pain Relief:

- Tylenol (Acetaminophen)
- Avoid all products containing aspirin and ibuprofen (Motrin, Advil, Nuprin, Aleve, etc.) and avoid Pepto-Bismol contains aspirin. It is now quite common for your doctor to have you take a low dose of aspirin during the pregnancy to prevent preeclampsia. This will be discussed at your first visit if you are candidate for this therapy.

Cold and Flu or Allergy

- Tylenol
- Claritin (loratadine)
- Zyrtec (cetirizine)
- Mucinex (guaifenesin)
- Delsym/Robitussin (dextromethorphan)
- Unisom (doxylamine)
- Benadryl
- Avoid medications containing phenylephrine and pseudoephedrine (sudafed)
- Avoid Afrin Nasal Spray --> OK to use saline nasal spray

Antibiotics:

- There are many antibiotics that are generally considered safe in pregnancy if you are not allergic to them. Please consult your doctor before taking any antibiotics.
- Topical bacterial creams for the skin (bacitracin, etc.) are safe.

Stool Softeners

- Metamucil
- Colace
- Senokot
- Milk of Magnesia
- Glycerine suppositories (check with provider if history of early deliveries)
- Dulcolox suppositories (check with provider if history of early deliveries)

Antacids

- Mylanta
- Maalox
- Tums
- Zantac
- Pepcid Complete or Pepcid AC

Sleeping Aid

- Tylenol PM (acetaminophen + benadryl). Not recommended every night

CORD BLOOD BANKING: Is it for me?

Massachusetts Department of Public Health Information for Families

Please visit the following website for information regarding Brigham and Women's Cord Blood Donation Program or ask for an informational packet at your next visit.

[BWH Cord Blood Resources](#)

What are cord blood banks?

Cord blood banks freeze and store blood and blood products from the placenta and/or umbilical cord.

Why do some families bank their babies' cord blood?

Stem cells can be obtained from stored cord blood and used in stem cell transplants to treat some diseases, including certain genetic diseases, cancers and disorders of the blood and immune system. Researchers are trying to learn how to use stem cells to treat other conditions in the future. Some families donate cord blood to support treatment and medical research. Others save it in case a family member needs a stem cell transplant.

Do I need to plan for cord blood banking before my baby is born?

Yes, if you want to save the cord blood. To save it, you must sign a consent form and other agreements with a cord blood bank, usually several weeks before the baby is born.

How is the cord blood collected? Does the collection always work?

Cord blood is collected after the baby is born and the umbilical cord is cut. The delivery room medical staff or a technician collects the blood from the cord and the placenta.

Sometimes, the collection does not produce enough stem cells or the cord blood is otherwise unsuitable for transplant. When this happens, the stem cells are not transplant quality and may not be useful for treatment, but may be used for research.

Does collecting cord blood pose any risks to me or my baby?

There are no physical risks. The delivery of the baby is the same, whether you save the cord blood or not.

Many banks require the mother's blood to be tested for infectious diseases and genetic conditions. Thus, you may learn about a disease or condition that you did not know about previously. The bank may be required by law to report your test results to public health officials. Read

the consent form carefully and talk with your physician about any concerns you have.

What kinds of banks collect cord blood from infants born in MA?

There are two kinds of banks: private and public. Public banks, which may be operated by private corporations, accept donations for research and treatment for anyone in need.

Families pay private banks to store the blood for exclusive use by their child or family members. Several public and private banks store cord blood for MA families. Turn this page over to compare costs, benefits, and risks of each kind of bank.

Who can help me learn more about cord blood banking?

- Talk with your primary care doctor, obstetrician, pediatrician and other medical providers. You may want to discuss your family's medical history, risk for diseases, treatment options, and the likelihood of finding a stem cell match from a stranger, if a stem cell transplant were ever needed.
- Contact banks about their procedures and about the agreements you will sign with them. Public and private banks advertise on the internet and answer questions by phone. Ask them who can use the cord blood after collection, where it is stored, how it is stored, and how your privacy is protected.
- The national Marrow Donor Program's Center for Cord Blood has a [website](#)

The National Cord Blood Program

www.nationalcordbloodprogram.org

REMEMBER: Information is changing quickly. Only time will tell which additional diseases stem cell transplants will be able to treat and how long cord blood can be stored.

Carefully review materials from many different sources. Use these materials when you prepare to talk with your doctor about cord blood banking.

Cord Blood Banks: Public vs. Private

Cost

Public: The family pays no fee to the public bank
MA law says that the family may not be charged for cord blood collection, including by the physician or hospital that delivers the baby or for storage when donations are for research.

Private: The family pays fees to private banks.

Compare the fees

The family pays no fee to the public bank

- Are fees fixed or allowed to increase over time?
- Is there any refund if the collection is not transplant quality?
- Ask if your doctor or hospital charges fees for collection and who pays those fees.

Benefits

Public: Your donation may help others. Anyone in need who is a good match may use it. It is not reserved for you or your family. Your donation will help ensure that people of diverse ethnic and racial backgrounds who need transplants will get them and that research will benefit everyone. Cells that are not transplant quality can be used instead for research that may help your family and others in the future.

If donors need a transplant, some banks may provide stem cells free of charge if a good match is available.

Private: Cells you bank are held for you, so if your child or a family member requires a transplant later and your stored cells are transplant quality, you can use them. If a sibling has a treatable condition, it may be possible to treat the condition with the newborn's stem cells. In the future, if research succeeds in finding ways to treat other conditions, cord blood you stored at the time of birth may be available to your family for the newest types of treatment.

Risks

Public: If the donor child or other family member needs the donated stem cells, they may not be available. If a good match is available elsewhere,

you may have to pay for those cells. Your donation is “owned” by the bank. The bank controls what happens with it, within the limits of your consent.

- 1) Review the consent forms carefully
- 2) You may want to get information about the bank's history
- 3) What types of stem cell research or treatment does the bank support?
- 4) Does the bank sell some of its cord blood to other companies or researchers?
- 5) Does the bank use the cord blood to create products for sale?

Private: You may pay for something you do not use, for at least three reasons:

- 1) Very few families will ever have a need for stored cord blood. Most families that have used cord blood stem cells in the past already had an older child who needed treatment when they chose to save the cord blood.
- 2) Some stored blood does not yield transplant quality cells.
 - a) Compare how the banks ensure the quality of the cord blood.
 - b) Find out if there is quality testing before the blood is stored
- 3) In some cases, it may be better to use stem cells from someone else. For example, some children with leukemia may have leukemic cells in their own cord blood
- 4) Find out what happens to your stored stem cells if the company goes out of the cord blood business or if you are unable to pay storage fees.

PRENATAL TESTING

When you are approximately 10 weeks pregnant, you will have a standard prenatal lab panel drawn.

If you are a transfer patient or have had any prenatal testing done elsewhere, please let us know so that we do not order duplicate tests.

The standard panel of tests ordered include an HIV Screening – if you have concerns or would like to decline this screening please let us know before you have your blood drawn at 617-731-3400 Option 2 for the nurses.

Your physician will discuss genetic screening options with you. We also have a Genetic Counselor on staff who can meet with patients at the recommendation of a physician. Please be sure to provide the nurse who completes your first in-take call and your physician with any information pertinent to both you and your partners (and respective families) genetic history.

Other tests that may be performed at various weeks in your pregnancy are listed below.

5 - 10 weeks

Initial phone consult with a nurse to review medical information.
OB Standard Lab Panel – blood work that includes HIV testing

10 – 14 weeks

Screening for Down Syndrome and Trisomy 13/18 (blood test)
Screening for Cystic Fibrosis and other genetic disorders (blood test)
First Trimester Anatomical Survey (Ultrasound)

18 weeks

Fetal survey (Ultrasound)

25 – 28 weeks

Testing for Gestational Diabetes (glucose drink and blood test)

35 - 36 weeks

Vaginal culture for Strep B

GENETIC SCREENING

At your 10-week visit, you will have the opportunity to discuss the genetic testing options you have and ask questions. It is important that you review all the information that is provided to you prior to your 10 week visit with the physician so that you can make an informed decision at that visit.

The standard tests offered are:

1. Carrier screening for various genetic conditions, including Cystic Fibrosis and genetic conditions prevalent in the Ashkenazi Jewish population.
2. NIPT – (non-invasive prenatal testing) – screens for Down Syndrome, Trisomy 13/18.
3. Tay Sachs enzyme analysis in at-risk populations.

Below is information regarding genetic conditions and the tests offered – please refer to the website listed for additional information.

Cystic Fibrosis

Cystic fibrosis (CF) is a genetic condition characterized by the production of abnormally thick, sticky mucus, particularly in the lungs and digestive system. While it is normal to have mucus lining the organs of the respiratory, digestive, and reproductive systems to lubricate and protect them, in people with CF this mucus is thick and sticky. This abnormal mucus results in the clogging and obstructing of various systems in the body. CF is a chronic condition that worsens over time.

Most people with CF experience breathing problems and frequent lung infections that lead to permanent lung damage such as scarring (fibrosis) and sac-like growths (cysts). The pancreas, an organ that produces insulin and digestive enzymes, is often affected by CF. The sticky mucus caused by CF can block ducts which ferry enzymes from the pancreas to the rest of the body, resulting in problems such as diarrhea, malnutrition, and poor growth. Infertility, particularly in men, and delayed puberty are also common among people with cystic fibrosis.

The severity of symptoms varies from person to person. Most cases of CF are diagnosed in early childhood. Those who are diagnosed after the age of 18 typically have a milder form of the condition.

Mutations in the same gene that causes CF can result in a condition in males called congenital absence of the vas deferens (CAVD). In CAVD,

the vas deferens (a reproductive organ involved in sperm transport) is improperly formed, leading to infertility.

Carrier Screening in the Ashkenazi Jewish Population

Ashkenazi Jews are at increased risk to be carriers for several serious recessive genetic conditions. One in five Ashkenazi Jews is a carrier for at least one of these genetic conditions. These conditions affect children when inherited in a double dose. If both partners are found to be carriers for the same condition prior to a pregnancy, reproductive options are available to allow for the birth of a healthy child.

Myriad Foresight Carrier Screen

NEOGA currently offers carrier screening through the Myriad laboratory. Please visit <https://myriadwomenshealth.com/patient/foresight-carrier-screen/> for further information.

If you wish to have this test – please contact Myriad Client Services prior to your 10 week physician visit so you are aware of the cost and can make an informed decision.

Myriad: 888-268-6795

Chromosomal Conditions

Screening Tests for Down Syndrome and Trisomy 13/18 is available and offered at NEOGA.

Down Syndrome

Down Syndrome, also known as trisomy 21, is a genetic condition that occurs when an individual has 3 copies of chromosome 21, instead of the usual 2. Having an extra chromosome is called a “trisomy.” Most individuals have a total of 46 chromosomes arranged in 23 pairs. These 23 pairs are numbered 1-22 and the 23rd pair, designated as XY, determines the sex of the baby.

Chromosomes control growth and development and are considered the packages of our genetic material. Chromosomal imbalances, such as in trisomies, often result in abnormal development of the fetus. The degree of physical and cognitive impairment for individuals affected by Down Syndrome, varies greatly. For some it is minimal; for others, it is substantial.

Chromosomal imbalances often lead to a combination of malformations, which may include flattened facial features and both physical and mental impairment. All Down Syndrome cases have some degree of mental impairment. Congenital heart disease, a major cause of early death associated with Down Syndrome, can often be corrected by surgery. Recent advances in education have enabled certain Down Syndrome children to live more independent and productive lifestyles. Down Syndrome occurs in about 1 in 800 births; however, the incidence rate varies significantly by maternal age.

For more information regarding Down Syndrome:

www.mass.gov/dph/DownSyndrome

Trisomy 18

Trisomy 18 is a type of chromosomal abnormality in which an individual has 3 copies of chromosome 18, instead of the usual 2. Trisomy 18 is considered a much more severe disorder than Down Syndrome. Approximately 30% of babies born with Trisomy 18 die within the first month of birth and 90% die by one year of age. The survivors have profound physical and cognitive impairment. Trisomy 18 occurs in approximately 1 out of every 6,600 births.

Trisomy 13

Trisomy 13 is a chromosomal disorder that occurs in approximately 1 in 10,000 live born infants. The condition occurs when an individual has 3 copies of chromosome 13, instead of the usual 2. Infants born with Trisomy 13 have a recognizable pattern of physical features such as a small head size (microcephaly), small eyes (microphthalmia), or sometimes absent eyes or faulty retinal development. Cleft lip or cleft palate or both occur in approximately 60% of children born with this disorder. About 80% of Trisomy 13 cases will have congenital heart defects. Other potential complications include feeding difficulties, gastro-esophageal reflux, slow post-natal growth, apnea, seizures, hypertension, kidney defects, developmental disabilities and scoliosis.

NIPT Offered

Prequel Test

Prequel is a non-invasive test requiring only a blood sample as early as 10 weeks into your pregnancy or any time later in pregnancy. This test is 99.7% sensitive (accurate) for detection of Down's Syndrome, 97.9% for Trisomy 18, and 99.0% for Trisomy 13 in singleton pregnancies and 98.6% sensitive (accurate) for detection of Down's Syndrome, 97.9% for Trisomy

18, and 99.0% for Trisomy 13 in twin pregnancies. For more information regarding the Prequel test www.myriadwomenshealth.com

This test is offered to both low and high-risk patients.

Myriad Client Services 1-888-268-6795

COCOONING: Protecting Babies

Everyone in a baby's life needs to get vaccinated against whooping cough and flu!

What is cocooning?

Babies younger than 6 months old are more likely to develop certain infectious diseases than older children. Cocooning is a way to protect babies from catching diseases from the people around them – people like their parents, siblings, grandparents, friends, child-care providers, babysitters, and healthcare providers. Once these people are vaccinated, they are less likely to spread these contagious diseases to the baby. They surround the baby with a cocoon of protection against disease until he or she is old enough to get all the doses of vaccine needed to be fully protected.

Why is cocooning important?

Babies less than 6 months old are too young to have received all the doses of vaccine that are needed to protect them from whooping cough (pertussis), flu (influenza), and other dangerous diseases. To be fully protected, babies need to get all the vaccine doses in a series – not just the first dose.

Unvaccinated adults and family members, including parents, are often the ones who unknowingly spread dangerous diseases to babies.

Currently, towns and cities across the nation have had whooping cough outbreaks. Influenza outbreaks happen every year.

How can we protect babies?

Everyone has the opportunity to protect babies by getting vaccinated themselves. Cocooning is an easy and effective way that people can work together to prevent the spread of whooping cough and flu to babies.

How can we protect babies against whooping cough?

- All children should be vaccinated on schedule with DTaP (the childhood whooping cough vaccine).
- All teenagers and adults need a one-time dose of Tdap vaccine (the teen and adult whooping cough vaccine).
- Pregnant women should receive a Tdap vaccination in each pregnancy, preferably during the 3rd trimester.

This will protect the pregnant woman as well as her baby!

How can we protect babies against flu? Everyone age 6 months and older needs to receive flu vaccine every year.

MORE INFORMATION FROM TRUSTED SOURCES

[Whooping Cough and Vaccination Information](#)

From the Centers for Disease Control and Prevention

[Diseases and the Vaccines That Prevent Them](#)

From the Centers for Disease Control and Prevention

[Vaccine Educational Materials for Parents](#)

From the Vaccine Education Center, Children's Hospital of Philadelphia

[Vaccine Information Website](#)

From the Immunization Action Coalition

[Cocooning and Tdap Vaccination Web Section](#)

(cocooning information about whooping cough)

From the Immunization Action Coalition

PARENT RESOURCES

Learning to parent does not come automatically after the birth of a baby. It is a learning process that takes time, patience and a sense of humor. Help yourself by reading about an infant's expected growth and development. Seek out the support of your friends and family, and pediatric care provider. When the opportunity arises, talk with other patients or join parenting support groups. Parents need the support of each other during this time.

Most importantly, remember that infancy passes quickly, so enjoy the adventure and discovery of each day as your family develops. We have compiled this list of available community services, should you need them to support your emotional and physical needs during a pregnancy and the postpartum period.

PARENTING SUPPORT

[FREEDMAN CENTER FOR CHILD & FAMILY DEVELOPMENT AT MSPP](#)

617-244-4636

Runs workshops, new mothers' support groups, drop-in playgroups. "Matching Moms" programs, computerized childcare referral program and "sitter solutions"

MASSACHUSETTS DEPRESSION AFTER DELIVERY

1-800-944-4773

Offers support groups, education and individual referral for women experiencing postpartum mood changes and depression.

[PARENTS HELPING PARENTS OF MASSACHUSETTS](#)

617-926-5008

1-800-632-8188

Offers referrals to self-help groups for parents.

[JEWISH FAMILY SERVICE OF METROWEST](#)

508-875-3100

Provides home visiting problems and drop-in groups for new moms.

[VISITING MOMS PROGRAM, JEWISH FAMILY AND CHILDREN'S SERVICES](#)

617-558-1278

Servicing families of all faiths with programs to support new mothers in regards to feeding, pregnancy loss, postpartum adjustments, etc.

FAMILIES FIRST

617-868-7687

Helping parents build positive relationships with their children may charge a fee.

IMMUNIZATION, DEPARTMENT OF PUBLIC HEALTH

617-983-6800

Offers immunization information.

HOME POSTPARTUM CARE

The following agencies provide a variety of post-partum care services, including newborn care and homemaking (meals, laundry, house cleaning, errands and sibling care). These agencies are fee-for-service. Brigham and Women's Hospital or New England OB/GYN Associates does not incur any liability for the services of these professionals.

BOSTON NAPS

Boston NAPS is a team of Registered Nurses caring for expecting, new and experienced families. We provide expert care ranging from lactation consulting, sleep training, personal home visits, infant CPR/first aid and offer support groups and events around Boston.

SOSTEK-NEWBORN CARE

617-244-7093

BLUEBIRDS-CARE OF MULTIPLES

978-440-9948

BREASTFEEDING SUPPORT

BRIGHAM & WOMEN'S HOSPITAL LACTATION CONSULTANTS

617-732-8045

75 Francis Street

Boston, MA 02115

Offers daily in-hospital breastfeeding classes

Breast Pump rentals: 617-732-7092

Lactation consultant in your area (fee-for-service)

NURSING MOTHERS COUNCIL OF GREATER BOSTON

617-244-5102

Offers phone counseling, breast pump rental information and support groups.

BREAST PUMP RENTALS

Some health insurance policies cover breast pump rentals if written as a prescription by the pediatrician for the baby, especially if the baby is in the Neonatal Intensive Care Unit.

BWH LACTATION SUPPORT SERVICE

617-732-7092
75 Francis Street
Boston, MA 02115

MEDELA, INC.

1-800-435-8316
Offers listing of rental stations, breastfeeding consultants and catalog of breastfeeding products.

POISON CONTROL CENTER

617-232-2120
1-800-682-9211
Provides 24-hour information about emergency measures for accidental poisoning.

CHILD AT RISK: DEPARTMENT OF SOCIAL SERVICES

1-800-792-5200
Offers phone consultation on suspected child abuse cases. Available after 5pm and on weekends. During the week, call local Department of Social Services office at 617-748-2000.

STATEWIDE ALCOHOL AND DRUG HOTLINE

1-800-327-5050
Provides counseling and referral to a wide variety of drug and alcohol services, including mother-baby programs. Available until 11 p.m.

NATIONAL ORGANIZATION ON FETAL ALOCOHOL SYNDROME

MASSACHUSETTS COALITION OF BATTERED WOMEN-JANE DOE, INC.

24-Hour Hotline 877-785-2020
14 Beacon Street
Boston, MA

TRANSITION HOUSE (DOMESTIC VIOLENCE)

617-661-7203
24-hour hotline offering counseling, shelter and referral for women and their children. Spanish speaking counselors available.

SAMARITANS SUICIDE PREVENTION

617-247-0220 or 617-247-8050

24-hour hotline for depressed and suicidal individuals.

NATIONAL CONSUMER PRODUCT SAFETY COMMISSION

1-800-638-2772

Product safety hotline.

MASSACHUSETTS HEARING EVALUATION PROGRAM FOR INFANTS AND TODDLERS

1-800-882-1435

MA CITIZENS FOR CHILDREN (MCC)

1-800-CHILDREN

Protecting children against sexual abuse.

NATIONAL CENTER FOR MISSING AND EXPLOITED CHILDREN

1-800-843-5678

SAFELINK

1-877-785-2020

24-hour hotline for battered women

CAR SAFETY

CHILD PASSENGER SAFETY INFORMATION

1-866-SEAT-CHECK

NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

1-888-327-4236

MASSACHUSETTS AUTO SAFETY INFORMATION LINE

1-800-CAR-SAFE (1-800-227-7233) Offers car seat safety information.

AUTO SAFETY HOTLINE-U.S. DEPARTMENT OF TRANSPORTATION

1-800-424-9393

For information on recalls, safety notices and replacement parts for car seats.

CHILDCARE RESOURCES

HARVARD UNIVERSITY CENTER FOR PARENTING

617-432-1615

Offers assistance for a variety of family-related issues.

CHILDCARE RESOURCE CENTER, INC.

CAMBRIDGE
1-617-547-1063
1-617-547-9861

**MASSACHUSETTS SOCIETY FOR PREVENTION OF CRUELTY TO CHILDREN,
BOSTON**

617-983-5800
Provides information regarding parent education, mothers support groups
and referrals to community resources.

CHILD CARE CHOICES OF BOSTON

617-542-5437

PARENTS-IN-A-PINCH CHILD CARE

617-739-KIDS

**FINANCIAL ASSISTANCE
BOSTON MAYOR'S HEALTHLINE**

617-534-5050
Offers information and referrals to health care for Boston residents with low
income and no health insurance.
Available 9 a.m. to 5 p.m., Monday through Friday

WIC (WOMEN, INFANTS AND CHILDREN)

1-800-942-1007

GREATER BOSTON LEGAL SERVICES

617-371-1234

MULTIPLES SUPPORT GROUPS

MA MOTHERS OF TWINS
781-646 TWIN

KEEPING PACE WITH MULTIPLE MIRACLES

508-559-0040
www.keepingpace.org

BLUE BIRDS-MOTHER/INFANT CARE FOR MULTIPLES

978-440-9948

NEOGAs Guide to Routine Prenatal Testing/Screening Options

