CAPITAL WOMEN'S CARE®
"Working Together for Women's Health"

Jessica Berger- Weiss, M.D., F.A.C.O.G.
Adrienne Potts, M.D., F.A.C.O.G.
Courtney Levenson, M.D., F.A.C.O.G.
Ashley Artis, M.D., F.A.C.O.G.
Heather Brillhart, M.D., F.A.C.O.G.
Gayle Skinner, M.D., F.A.C.O.G.
Allison Ladner, CNM, WHNP-BC, IBCLC
Emily Fredrickson, APRN, WH-BC

Routine Testing/ Ultrasounds Timeline and Overview

First Visit:

- Blood type and verify Rh factor
- Check for certain diseases and immunities that could affect your baby, pregnancy, and delivery
- Pap smear- Testing for abnormal cells and STDs
- Ultrasound- To confirm pregnancy and your due date

Every Visit:

- Vital signs & Weight
- Measure your growing belly
- Urine sample to check for protein and glucose in your urine

Routine Blood Draw and Ultrasounds:

16-20 weeks: Alpha Fetoprotein (AFP)
This is a blood draw that can help detect a risk for abnormalities with baby's brain and spine (spina bifida/ neural tube defects)

20 weeks: Ultrasound
To assess fetal anatomy

20 weeks: Early Glucose Screen
This test is for patients at high risk for diabetes. You may be at higher risk for diabetes in pregnancy if you have a family member with diabetes, are over the age of 40, had diabetes with a previous pregnancy, have an increased BMI, or if you have had a baby over 9lbs.

28 weeks: Glucose Screening
This is a 1-hour test for all patients that involves drinking a sugary drink, waiting 1 hour, then drawing your blood to see if your blood sugar level is too high. If you have an elevated blood glucose level, then it will be necessary to do a 3-hour glucose tolerance test.

30 & 36 weeks: Ultrasound
To check the growth, amniotic fluid levels, and baby's position.

36 weeks: Group B Strep Test
Group B strep is a bacteria found in the vagina and rectum. It is harmless bacteria, but can potentially cause infection in babies during delivery. For this test a swab is collected from the vagina and rectum at your 36 week OB office visit.

CAPITAL WOMEN'S CARE®
"Working Together for Women's Health"

Jessica Berger- Weiss, M.D., F.A.C.O.G.
Adrienne Potts, M.D., F.A.C.O.G.
Courtney Levenson, M.D., F.A.C.O.G.
Ashley Artis, M.D., F.A.C.O.G.
Heather Brillhart, M.D., F.A.C.O.G.
Gayle Skinner, M.D., F.A.C.O.G.
Allison Ladner, CNM, WHNP-BC, IBCLC
Emily Fredrickson, APRN, WH-BC

Screening for Chromosomal Abnormalities and Genetic Abnormalities

We offer optional screening for common chromosomal abnormalities.
Majority of the time we are reassured by negative results. However, if an elevated risk is detected we may need to do additional testing and surveillance during your pregnancy.
These tests are only screening tests and may carry both false positive or negative results.
Screening options:

1. First Trimester Screen/ Nuchal Translucency (NT) (11 ½- 13 ½ weeks):
   This is a simple blood test that checks for markers normally found in pregnant women. It also includes an ultrasound that looks for fluid behind the baby's neck. These two results combined can estimate a risk for Down syndrome, trisomy 18, and trisomy 13. This test is done at a high risk OB office. Your provider will give you a referral for this test at your first visit.

2. Quad Screen (16- 21weeks):
   This is a blood draw done in our office that monitors certain hormone levels from the baby and placenta. These values can also give us a risk level for chromosomal abnormalities. The detection rates of this test are about 80-85%, and have a higher false positive that the nuchal translucency.

3. Noninvasive Prenatal Testing (NIPT) (10 Weeks):
   This is a blood draw that can be done at the office as well as the high risk OB office during your first trimester screen. This test evaluated fetal DNA in maternal blood. The detection rate is about 99%, and false positive rate is about 1%. It is offered to all pregnant women. **If you are under the age of 35, and do not have an increased risk of chromosomal abnormalities in your pregnancy, insurance may not cover this test.

CAPITAL WOMEN'S CARE®
"Working Together for Women's Health"

Jessica Berger- Weiss, M.D., F.A.C.O.G.
Adrienne Potts, M.D., F.A.C.O.G.
Courtney Levenson, M.D., F.A.C.O.G.
Ashley Artis, M.D., F.A.C.O.G.
Heather Brillhart, M.D., F.A.C.O.G.
Gayle Skinner, M.D., F.A.C.O.G.
Allison Ladner, CNM, WHNP-BC, IBCLC
Emily Fredrickson, APRN, WH-BC

Genetics Carrier Screening Options

Genetic carrier screening checks for certain medical conditions that you may carry in your DNA. This does not mean you have the actual condition. If you and your partner are both carriers of a certain condition, there is a 1 in 4 chance that your baby may actually have the condition. *Insurance coverage may vary for this testing.

Carrier screening included in your routine testing:
- Sickle cell disease
- Thalassemia
- Hemoglobin C

Carrier screening recommended for everyone at your initial visit:
- Cystic Fibrosis (CF)
- Spinal Muscular Atrophy (SMA)

Carrier screening recommended for patients with an Ashkenazi Jewish Descent:

Tay Sachs	Niemann Pick Disease	Familial Dysautonomia
Bloom Syndrome	Fanconi Anemia	Mucolipidosis
Canavan Disease	Gauchers Disease	

There are also options for additional testing for over 100 different types of rare diseases. We are more than happy to discuss these options with you at your visit.