ANDOVER

Obstetrics & Gynecology

Welcome Letter

Dear Valued Patient,

Congratulations on your pregnancy and thank you for choosing Andover OB/GYN for your prenatal care. This packet contains important information regarding general pregnancy information, common procedures, tests, and examinations that you can expect in the next several months.

For those of you who are new to Andover OB/GYN, welcome! If you are a returning patient, welcome back! We look forward to working with you throughout your pregnancy.

Most Sincerely,

Andover OB/GYN

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Suite 302
Andover, MA 01810
(978)-475-2731

1 General Street
Russell Sub-Basement
Lawrence, MA 01841
(978)-685-1594

1 Park Way
Suite 28 (Fourth Floor)
Haverhill, MA 01830
(978)-478-0532

29 Stiles Road
Suite 204
Salem, NH 03079
(603)-893-1220

About Our Practice

We are a multi-provider practice with hospital affiliations at Lawrence General Hospital. We are a team of physicians, one nurse midwife and nurse practitioners that you will see for your prenatal visits. Our physicians and midwife are responsible for your delivery. Our delivering providers work on a rotational schedule; each is assigned to be "on call" during specific days of the week and weekends. Based on the nature of this rotating schedule, we cannot guarantee specific provider requests on the day of your delivery. We appreciate your understanding.

Meet Our Obstetric Team

Dr. Edwin C. Radke, MD, FACOG, Medical Director

Dr. Radke is a Dartmouth College graduate, earned his medical degree from Case Western Reserve University School of Medicine. He completed his internship and residency at the Case Western University Hospital of Cleveland. As a Fulbright Scholar, Dr. Radke is fluent in German. He enjoys running, hiking, traveling and spending time with his family.

Thomas E. Davidson, MD, FACOG

Dr. Thomas Davidson received his medical degree from Wayne State University Medical School in Michigan. He completed his residency at the University of Illinois as well as Michael Reese Hospital in Chicago, where he won an Outstanding Achievement Award for laparoscopic surgery. Dr. Davidson is fluent in Spanish. He enjoys cycling, skiing and spending time with his family.

Andrea B. Polonsky, MD, FACOG

Dr. Andrea Polonsky has a distinguished medical academic record, earning clinical honors in perinatal, newborn care, infertility and endocrinology. During her residency at New England Medical Center she proved herself a leader, serving as an Administrative Chief Resident by receiving the Teaching Award. She graduated from the University of Pennsylvania Medical School and completed her Postdoctoral work at the Department of Obstetrics and Gynecology at Tufts University Affiliated Hospitals. She enjoys cooking, traveling and spending time with her family.

Andrea B. Rollins, MD, FACOG

Dr. Rollins graduated summa-cum-laude and earned her undergraduate degree from the University of Massachusetts. She then spent three years doing basic science research in the Infectious Diseases Division at Mass General Hospital, before moving away from New England to obtain her medical degree from the University of Virginia. She completed her internship in OB/GYN at New York Presbyterian Hospital – Cornell, and the rest of her residency in OB/GYN at Women and Infants' Hospital of Brown University in Rhode Island. Dr. Rollins was born in Spain and lived in several countries including Germany, Austria and Colombia. She is fluent in Spanish and German and has served the community of the Merrimack Valley, North Shore and Southern New Hampshire since 2014.

Ann Cerami, MPH, CNM

Ann Cerami received a Bachelor of Science in Nursing from Boston University, Boston, MA. She received her Certified Nursing-Midwifery degree from State University of New York Downstate in Brooklyn, NY along with a Master's in Public Health degree from Hunter College in Manhattan, NY. She has over 30 years of maternal child nursing experience and over 27 years of midwifery experience. Ann is married with 2 sons and enjoys cooking, yard work, and outdoor activities with family and friends.

Alexsis Walter, APRN, WHNP-BC

Alexsis Walter received a Bachelor of Science in Nutrition-Dietetics from the University of New Hampshire, Durham NH. She received her Master of Science in Nursing from Boston College. Alexsis has focused her education and work experience around women's healthcare. Her special interests include vulvar dermatology, contraceptive management, and medical nutrition therapy for the management of women's health diseases.

Jacqueline Landry, APRN, FNP-BC

Jacqueline Landry received her Bachelor of Science in Nursing at Salem State University. She worked in acute care before obtaining her Master's degree from Simmons University. She is a board certified Family Nurse Practitioner. She is most interested in adolescent sexual health education and contraception counseling. Jacqueline is married with two children and enjoys spending time with her family in the lakes region of NH.

About Our Practice

Jennifer Tran, APRN, WHNP-BC

Jennifer received a Bachelor of Science in Biology from Worcester State University. She received her Bachelor and Master of Science in Nursing from Regis College. She is a board certified Women's Health Nurse practitioner. Her interests include contraception counseling, menopause, and urogynecology. Jennifer loves to travel, crafts, and spending time with her friends and family.

Katrina Gomez-Walker, APRN, FNP-C

Katrina Gomez, FNP-C, is a certified Family Nurse Practitioner and received her Masters of Science in Nursing at the University of Massachusetts Boston. She is passionate about educating and supporting mothers with perinatal mood disorders. Before becoming a Nurse Practitioner, Katrina was a labor and delivery nurse at Winchester Hospital, where she discovered her love for women's health. Providing hands-on care and education to her patients and their partners during the labor process inspired her to continue her education, enabling her to work in an environment where she could build long-term rapport with her patients and facilitate shared decision-making. A meaningful part of Katrina's career has been emphasizing the importance of maternal mental health throughout the antepartum period for both the patient and their support persons. She is currently pursuing a certificate in perinatal mood disorders through Postpartum Support international. Katrina is also a member of the American Academy of Nurse Practitioners.

Sarah Yanulis, APRN, FNP-BC

Sarah received her Bachelor of Science in Nursing at Boston College. She worked as a nurse in labor and delivery for over 6 years before going on to continue her education. She received her Masters of Science in Nursing from Simmons University and is a board certified Family Nurse Practitioner. During her undergraduate years, Sarah spent time living in Argentina and Ecuador, where she became fluent in Spanish. She is passionate about educating and empowering patients with health knowledge so that they may take an active role in their care. Her experience in obstetrics makes her an excellent resource for pregnant and postpartum mothers. In her free time, you'll find Sarah on the ski slopes, hiking with her rescue pup, or on a flight to her next travel destination.

Overview of Obstetrical Care

Prenatal Visit Schedule:

Initial Prenatal visit : scheduled at about 8-10 weeks gestational age. It involves an extensive health history intake, physical exam, discussion of testing options (ie. Genetic carrier testing and prenatal testing), orientation to the practice, review of prenatal education, scheduling a dating ultrasound, and scheduling your next prenatal visit. After this visit, your insurance benefit swill be verified for maternity services.

Unless indicated by your provider, routine prenatal visits are scheduled as follows:

- Every 4 weeks until 28 weeks gestational age
- Every 2 weeks from 28 weeks to 36 weeks gestational age
- Every week from 36 weeks gestational age up until delivery

Routine Ultrasounds:

First trimester: Most patients will have a dating ultrasound in the first trimester. This ultrasound helps to confirm your expected due date.

Second trimester: Another routine ultrasound is generally performed at 20 weeks gestational age. This ultrasound is called the fetal anatomy survey. In certain situations, this ultrasound is planned with Maternal Fetal Medicine (ie high risk pregnancies). Occasionally a "follow up" ultrasound is needed if all of the anatomy was not able to be visualized on the initial ultrasound (often due to the baby's position)

*Other ultrasounds may be ordered for medical reasons at the discretion of the physician

Routine Laboratory Evaluations:

First Trimester:
Initial prenatal lab work is ordered at your first visit. This lab work includes your blood type, antibody screen, immunity to specific diseases, and complete blood count. Additional testing may be recommended depending upon risk factors.

Second Trimester:
Typically, and AFP (see prenatal screening) is recommended between 15-22 weeks gestational age for open neural tube defect screening. At 26-28 weeks of pregnancy, patients are asked to complete a 1-hour Glucose Challenge test for gestational diabetes screening. An antibody screen, syphilis screen, and hemoglobin/hematocrit are also completed at this time. For mother's that are "RH Negative", a Rhogam injection is administered at 28 weeks gestational age. Instructions will be given accordingly.

Third Trimester:
A Group B Strep vaginal culture is obtained between 35-36 weeks gestational age. Many people are carriers and require treatment during labor.

Screening and Diagnostic Tests: Please refer to the Genetic Carrier Testing and Prenatal Screening handouts in this packet for a detailed description of testing options. Please be aware that the costs associated with these tests are dependent upon your insurance plan. We ask our patients to confirm their coverage and benefits with their insurance company directly. Many of these tests are recommended, however Andover OB/GYN is not responsible for costs associated with these tests.

Postpartum Visit: scheduled 6 weeks after your delivery. We encourage patients to schedule this with providers that they saw regularly during their pregnancy or with their delivering physician. Screening for postpartum depression is routinely done. A physical exam is performed at this visit and patients are provided with contraceptive options.

Genetic Carrier Screening

What is carrier screening?

Carrier Screening is a genetic testing that can tell you whether you carry a gene for certain genetic disorders. A gene is a part of your DNA and can be passed from parent to child. Carrier screening involves testing the blood, saliva, or tissue from the inside of the cheek. Results are either positive (you have the gene) or negative (you do not have the gene). An individual who tests positive for one gene, will be called a carrier. These individuals often do not know that they have a gene for a disorder because they do not usually have symptoms or have only mild symptoms.

When can carrier screening be done?

Screening is completely optional and can be done at any point. Some people decide to complete testing prior to pregnancy or during pregnancy.

What carrier screening tests are available?

Screening tests are available for a limited number of diseases. Some disorders occur more often in certain races or ethnic groups, but anyone can have one of these disorders. Please refer to the following list of disorders:

Cystic Fibrosis : an inherited disorder in which the lungs and the digestive system become clogged with mucus. This condition often shortens an affected person's lifespan. This disease is common in Caucasians

Spinal Muscular Atrophy (SMA) : an inherited neuromuscular disorder that affects motor neurons and the spinal cord causing progressive muscle degeneration and weakness.

Tay-Sachs Disease : an inherited metabolic disorder which shows a progressive deterioration of mental and physical abilities due to nerve damage in the brain and spinal cord. This disease is more common in people of Eastern or Central European Jewish, French Canadian, and Cajun descent

Sickle Cell Disease : an inherited blood disorder where red blood cells become sickle/crescent shaped. This disease is more common in those of African American descent.

Alpha and Beta Thalassemia : an inherited blood disorder characterized by the formation of abnormal forms of hemoglobin. This can result in anemia, bone deformities, and can be life threatening. Alpha thalassemia is more common in people of Southeat Asia, Middle Eastern, and African American descent. Beta thalassemia is more common in people of Mediterranean descent. It can also be seen in Asian and African American descent, but to a lesser extent.

What are the recommendations for screening and what are the options?

There are different ways to approach carrier testing. Targeted carrier screening is based on your ethnicity or family history. Expanded carrier screening tests for many different disorders regardless of race or ethnicity. Companies that offer expanded carrier screening create their own lists of disorders that they test for called a panel. Some panels can screen for over 100 different disorders. Before testing, consult with you ob-gyn to discuss the benefits and limitations of each screening approach. The American College of Obstetrics and Gynecology recommends that all women who are thinking about becoming pregnant or who are already pregnant should be offered carrier screening for Cystic Fibrosis, Spinal Muscular Atrophy (SMA), and hemoglobinopathies.

What choices do I have if my partner and I are both carriers?

If you have completed carrier screening prior to becoming pregnant, you have several options. You can become pregnant and have prenatal diagnostic tests of the fetus during the pregnancy. These tests include Chorionic Villus Sampling (CVS) and Amniocentesis. You can choose to complete IVF as this option will allow the embryo to be tested for the disorder prior to being transferred into the uterus. If you have carrier screening during pregnancy, options are more limited. You will be advised to meet with a genetic counselor to explain your risks of having a child with the disorder and be offered diagnostic testing of the fetus.

What you should know

Your insurance company may or may not cover these tests. Please be sure to call your insurance company to inquire about the testing options and potential costs. Remember, prenatal screening is always a choice and is not required

Prenatal Screening

What is a Chromosomal Abnormality?

Every cell in your body has genetic material called DNA; chromosomes are the structures that hold your DNA. Some people are born with too many or too few chromosomes in each cell. One of the most common examples is Down Syndrome. People with Down Syndrome have an extra copy of the 21st chromosome. This can result in mild to moderate intellectual deficit and other health issues (ie heart problems). The second most common abnormality is Trisomy 18, an extra copy of the 18th chromosome. Babies with Trisomy 18 have serious physical and mental deficits that unfortunately significantly shorten the child's life.

What is a Neural Tube Defect?

This is a problem with the brain or spinal cord in the developing baby. Supplemental Folic Acid is recommended in pregnancy to help prevent neural tube defects. An example of a neural tube defect is Spina Bifida; this is a condition when the bones protecting the spinal cord are not fully formed. There are varying degrees of severity with Spina Bifida, but is can often cause physical and mental deficits.

What is Prenatal Screening?

These are tests that screen for genetic conditions of the fetus. There are a various types of prenatal screening available; all of these options are non-invasive and safe for a developing baby. The choice will often depend upon your age, medical history, gestational age, if any abnormalities have been identified on ultrasound, and cost. A negative screening means that your risk is not greater than the defined threshold; essentially, it is unlikely that your baby will have the condition(s) that were screened for. A positive screening means that your risk is greater than the defined threshold; meaning, there is a chance that your child may have the condition(s) that were screened for. Remember these results are NOT a diagnosis! False positives can occur. If you have a positive screening, additional testing can be ordered. Diagnostic tests may include blood work, ultrasound and amniocentesis. Not all women choose to have additional testing; it is completely your choice.

What are the Prenatal Screening Choices?

Cell-Free Fetal DNA (NIPT) : This test detects fetal DNA in the maternal blood stream as early as 10-12 weeks gestational age. From the detected fetal DNA, the test screens for Trisomy 21, Trisomy 18, and Trisomy 13. Because this test detects DNA, it can also reveal the sex of the baby. This test is considered to be the most accurate screening tool. It is over 99% accurate in ruling out one of those condition with a Negative result. Keep in mind that false positives can, and sometimes do occur. A second trimester blood test will also be recommended to screen for neural tube defects.

Integrated Screen : This is a two-part test done at specific times in pregnancy. It screens for Trisomy 21, Trisomy 18, or a neural tube defect. The test measures hormonal levels present in the maternal blood stream at 12 weeks an again at 15-18 weeks of pregnancy. An ultrasound is also done at 12 weeks to measure the thickness of a fluid-filled space at the back of the baby's neck, called the nuchal translucency. This test is about 90% accurate in identifying a true abnormality. Remember false positives and false negatives can occur.

Quad Screen : This is a blood test drawn between 15-22 weeks of pregnancy that screens for hormonal levels in the maternal blood stream. This test screens for Trisomy 21, Trisomy 18, and neural tube defects. This test is time sensitive and must be done during the correct time window. It is approximately 80-85% accurate in identifying a true abnormality. This test can have a high false-positive rate. If an abnormality is found, cell-free fetal DNA is often offered.

Maternal Serum Alpha-Fetoprotein : This is a simple blood test that examines the amount of a specific protein in the maternal blood stream between 15-22 weeks of pregnancy. This test screens for neural tube defects as well as stomach wall defects in the developing fetus. This test is approximately 75%-90% accurate in identifying a true neural tube defect. False positive can occur; further testing is always offered if a result is positive

What You Should Know

Your insurance company may or may not cover these tests. Some insurance plans may cover specific tests and not others; some do not cover any testing at all. Please be sure to call your insurance company to inquire about the testing options and potential costs. Remember, prenatal screening is always a choice and is not required.

Prenatal Education

You may experience certain minor ailments during your pregnancy. The following suggestions are over the counter aids to help alleviate your symptoms. If these suggested remedies are not helpful to you, please contact our office. Please check with your healthcare provider to see if a specific treatment can be taken for more than 7 days.

For minor aches and pain or a low grade fever up to 100 degrees: Use Tylenol Extra Strength. If you experience groin or lower back pain; try using a hot water bottle or heating pad to alleviate the discomfort.

Any fever over 100 degrees: PLEASE CALL THE OFFICE FOR ASSISTANCE.

Sore Throat: Cepacol gargle or Cepacol Lozenges, Sucret Lozenges

Cough: Robitussin, Mucinex

Congestion: Sudafed, Flonase, Saline Nasal Spray, Dimetapp, Oronex, Claritin, Zyrtec, and Benadryl at night, but not for more than 3-4 consecutive days

Diarrhea: Pepto Bismol, Kaopectate

Constipation: Try to increase your intake of bran, fruits, and vegetables along with approximately 64oz of water daily. If no relief you may try Metamucil, Miralax, Colace, or Milk of Magnesia

Insomnia: Benadryl, Unisom, Sleepy Time Tea

Indigestion or Heartburn: Riopan, Tums, Pepcid

Hay Fever or Allergy Symptoms: Benadryl, Claritin or Zyrtec

Nausea: small frequent meals, bland foods, flat ginger ale, lemon water, and peppermints are often helpful. Some individuals find acupressure bands helpful. Dicelgis and Bonjesta are FDA approved medications for the treatment of nausea in pregnancy. If they are not covered by your insurance, you can also try 25mg Vitamin B6 every 8 hours and ½ tablet of 25mg doxylamine succinate before bed.

Vomiting: Take small amounts of clear liquids frequently, and increase as tolerated. If the vomiting should last for more than 24 hours, PLEASE CALL THE OFFICE FOR ASSISTANCE.

Most importantly, drink plenty of water and get plenty of rest

Exercise in Pregnancy

Exercise is generally recommended and safe for pregnant women. We recommend mild to moderate cardio like walking, jogging, dancing, and swimming. Prenatal yoga is also safe. We advise pregnant women avoid core exercises (ie sit ups, push ups, planks) and lifting heavy weight. As a general rule, we recommend women avoid lifting more than 25 pounds of weight.

If you did not exercise regularly prior to pregnancy, we advise you slowly ease into an exercise routine. Pregnant women are at risk for musculoskeletal injury to laxity of the joints. If you did exercise prior to pregnancy, please remember that your energy level and stamina may not be the same in pregnancy. If you are tired please be sure to rest and drink plenty of water.

Travel in Pregnancy

Travel is generally safe in pregnancy, however we recommend that pregnant women discuss their travel plans with their provider. We do not recommend travel after 34-35 weeks of pregnancy. Please be sure to make a travel appointment with your primary care physician if you are traveling out of the country. Food safety and hydration is always important while traveling. Please refer to the CDC for additional travel information by location : https://wwwnc.cdc.gov/travel.

Weight Gain Recommendations in Pregnancy

Pregnant women are often concerned about gaining too much weight during pregnancy. Keep in mind that your diet is the main source of energy for your baby's development. Below are general recommendations for weight gain by weight category.

Weight Status	***Weight Gain***
Underweight	28-40 lbs.
Normal Weight	25-35 lbs.
Overweight	15-25 lbs.
Obese	15 lbs.
Twin Gestation	35-45 lbs.

Where Does the Weight Go?

In most women, 25-35 lbs. is a good amount of weight to gain during pregnancy. Your body must store nutrients and increase the amount of blood and other fluids it makes. Here is how much weight an average women gain in parts of her body during pregnancy.

Baby	7.5 lbs.
Breasts	2 lbs.
Maternal Stores	7 lbs.
Placenta	1.5 lbs.
Uterus	2 lbs.
Amniotic Fluid	4 lbs.
Blood	4 lbs.
Bodily Fluids	4 lbs.

Cord Blood Collection

We are happy to provide cord blood collection for our patients. Our office offers collection for Viacord, Evercord, Cord Blood Registry & New England Cord Blood. The elective service fee is $299.00 for the physician's collection only. This collection fee must be prepaid before your delivery and is not included with your chosen cord blood banking institution. Since cord blood banking is an elective procedure, our office will provide you with an itemized receipt to submit into your insurance carrier for payment retrieval. Financing may be available to you. For more information please discuss this with your provider and our billing department.

Resources

Prenatal classes are a great way to learn about the pregnancy and delivery processes. Be sure to ask your provider for recommendations related to prenatal classes. We also encourage expecting parents to reference literature on our webpage, www.andover-obgyn.com or at The March of Dimes webpage, www.marchofdimes.org. For expecting parents that enjoy reading material, we recommend What To Expect When You're Expecting and The Pregnancy Countdown Book. There are also several free apps that are available to download on your smartphone (ie WebMD Pregnancy).

Dietary Guidelines in Pregnancy

Your diet should be well balanced. Healthy complex carbohydrates (whole grains), vegetables, fruits, and lean proteins are important for a healthy pregnancy. If you follow a specific diet, please be sure to discuss this with your provider.

Guidelines

1. Approximate weight gain should be 2-3 lbs. per month during the first half of your pregnancy. Weight gain in the first 2 to 3 months varies, especially if the patient is experiencing morning sickness.

2. Approximate weight gain should be 3-4 lbs. per month for the rest of your pregnancy.

3. Usual caloric intake increases by 150 to 200 over your normal diet. This is equivalent to an extra snack. If you are not comfortable in estimating caloric contents, you may find it helpful to obtain a basic diet book that lists the calorie and fats in most foods.

4. If you are bothered by morning sickness or heartburn, you should try a bland diet. You may find it helpful to limit citrus products, spicy foods, certain vegetables, tomato products or other foods that may be irritating to your stomach.

5. Current information indicates the caffeine and NutraSweet are adequate in moderation. (Patients with PKU disease should avoid NutraSweet)

6. Avoid raw meats, or uncooked pork and fish. Please also limit or avoid fish known to contain high amounts of mercury (ie Swordfish, King mackerel, Tilefish, Ahi Tuna)

7. Choose pasteurized dairy products

8. Limit caffeine to no less than 200mg per day (this is approximately one 12oz cup of coffee)

9. Avoid alcoholic beverages

Desirable Foods: Low fat products, lean meats, fish, poultry, fruits and vegetables, egg s (1-2 pr. Week). Fruits and juices may be rich in calories, be cautious when eating these items.

Undesirable Foods: Fatty meats (ground meats, sausage, hotdogs, fast foods, fried foods, cream sauces, gravies and some dressings. Rich desserts such as ice cream, cakes, pies, cookies and soda.