Women's Care consultants

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Dear: _____,

This is a confidential mailing: please do not read further without the permission of the person to whom it is addressed.

Congratulations on your positive home pregnancy test! These first few months will be overwhelming and exciting at the same time. Please visit our website at wcc-obgyn.com where you can turn for the most up to date pregnancy recommendations: foods to avoid in pregnancy, caring for pets, safe over the counter medication list, travel recommendations, etc. For the most up to date information concerning Zika virus and travel, please refer to cdc.gov. As you already know, we try to schedule your first ultrasound approximately 8 weeks after the first day of your last menstrual period. The ultrasound may be done with a vaginal probe to check the heart rate and measurement of your baby to help determine the due date. When you come in for your first appointment, your doctor will spend about 30 minutes discussing your questions explaining what to expect during all of your prenatal care and will perform a physical exam. You will also have blood testing done at the first appointment. Please review the pamphlet included in this mailing that describes optional chromosomal abnormality blood testing that is available. We also recommend that you begin taking a prenatal vitamin with 250-300mg of DHA and 800-1000mg of folic acid throughout the pregnancy and while breastfeeding. Normal symptoms at this time may include extreme fatigue, nausea, mild stretching like pain in the abdomen and pelvis as well as breast tenderness. Worrisome symptoms are vaginal bleeding equal to a menstrual period, intense cramping and dehydration from vomiting. Please call our office directly at 314-432-3669 with further questions. After hour exchange phone number is 314-991-3900 (for emergencies only).

Your first ultrasound is scheduled: _____

Doctor appointment: _____

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Genetic Testing Information

Women's Care Consultants uses HealthLab as our preferred lab provider based on their reputation for exemplary laboratory and customer service as well as their generous discount program for our patients. We realize the prices for these tests can be alarming because the cost is considerably more than most laboratory testing. We have outlined some key factors for you to consider before going forward with any genetic testing.

Your insurance company may deem this service to be "not covered" or medically necessary. It is suggested that you check with your insurance company prior to testing if you have concerns regarding the coverage. Women's Care Consultants will not be checking on your benefits or any required authorizations for our patients prior to the testing. It is your sole responsibility to do so.

The prices listed below are billed to insurance. It is important to remember that these prices do not reflect contractual insurance adjustments and insurance payments. Additionally, HealthLab has an extremely generous patient discount program along with a prompt pay discount for those who pay their balance in full within 45 days. This means the amount you will owe will be significantly less that the billed charge.

It is impossible for us to determine how much you will owe before the claim is filed because each insurance plan is different and limits are based on individual deductibles and coinsurance. We are confident that this program will offer the lowest possible cost to our patients.

We realize that the amount on your EOB may be worrisome, but remember that your actual bill will most likely be in line with what you will be expected to pay. If you have further questions about billing or need to set up a payment plan, please contact the HealthLab Account Manager, Dana Terry at 314-518-2336. It is important to know that she will not be able to help you with the EOB. Please make sure you have the actual bill from HealthLab before reaching out to her. Your insurance company will require the CPT code and diagnosis code to check your benefits. The Panorama Extended service has an alarming charge, but please note it is rarely ordered and the patient discounts are generous after the insurance company has processed the claim.

Cystic Fibrosis Screening-	$1397.00	CPT code 81220
Panorama Prenatal-	$2363.50	CPT code 81420
Fragile X Syndrome-	$1053.00	CPT codes 812, 88230, 88262
SMA-	$612.25	CPT code 81401
Panorama Extended (rare)	$10,188.00	CPT codes 81420, 88271

Most patients pay under $400.00 on average for Panorama and $800.00 for the extended Panorama.

Diagnosis_____ Code_____

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The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

FAQ

FREQUENTLY ASKED QUESTIONS
FAQ165
PREGNANCY

Prenatal Genetic Screening Tests

What is prenatal genetic testing?

Prenatal genetic testing gives parents-to-be information about whether their ***fetus*** has certain ***genetic disorders***.

What are genetic disorders?

Genetic disorders are caused by changes in a person's ***genes*** or ***chromosomes***. ***Aneuploidy*** is a condition in which there are missing or extra chromosomes. In a ***trisomy***, there is an extra chromosome. In a ***monosomy***, a chromosome is missing. ***Inherited disorders*** are caused by changes in genes called ***mutations***. Inherited disorders include ***sickle cell disease***, ***cystic fibrosis***, ***Tay–Sachs disease***, and many others. In most cases, both parents must carry the same gene to have an affected child.

What are the two main types of prenatal genetic tests?

There are two general types of prenatal tests for genetic disorders:

1. Prenatal ***screening tests***: These tests can tell you the chances that your ***fetus*** has an aneuploidy and a few additional disorders. This FAQ focuses on these tests.
2. Prenatal ***diagnostic tests***: These tests can tell you whether your fetus actually has certain disorders. These tests are done on ***cells*** from the fetus or ***placenta*** obtained through ***amniocentesis*** or ***chorionic villus sampling (CVS)***. *FAQ164 Prenatal Genetic Diagnostic Tests focuses on these tests.*

   Both screening and diagnostic testing are offered to all pregnant women.

What are the different types of prenatal genetic screening tests?

Screening tests can tell you your risk of having a baby with certain disorders. They include ***carrier screening*** and prenatal genetic screening tests:

- Carrier screening is done on parents (or those just thinking about becoming parents) using a blood sample or tissue sample swabbed from inside the cheek. These tests are used to find out whether a person carries a gene for certain inherited disorders. Carrier screening can be done before or during pregnancy.

- Prenatal genetic screening tests of the pregnant woman's blood and findings from ***ultrasound exams*** can screen the fetus for aneuploidy; defects of the brain and spine called ***neural tube defects***; and some defects of the abdomen, heart, and facial features. This FAQ focuses on these tests. They include first-***trimester*** screening, second-trimester screening, combined first- and second-trimester screening, and cell-free ***DNA*** testing.

What is first-trimester screening?

First-trimester screening includes a test of the pregnant woman's blood and an ultrasound exam. Both tests usually are performed together and are done between 10 weeks and 13 weeks of pregnancy:

- The blood test measures the level of two substances.
- The ultrasound exam, called a ***nuchal translucency screening***, measures the thickness of a space at the back of the fetus's neck. An abnormal measurement means there is an increased risk that the fetus has ***Down syndrome*** or another type of aneuploidy. It also is linked to physical defects of the heart, abdominal wall, and skeleton.

What is second-trimester screening?

Second-trimester screening includes the following tests:

- The "quad" or "quadruple" blood test measures the levels of four different substances in your blood. The quad test screens for Down syndrome, ***trisomy 18***, and neural tube defects. It is done between 15 weeks and 22 weeks of pregnancy.
- An ultrasound exam done between 18 weeks and 20 weeks of pregnancy checks for major physical defects in the brain and spine, facial features, abdomen, heart, and limbs.

What is combined first- and second-trimester screening?

The results from first- and second-trimester tests can be combined in various ways. Combined test results are more accurate than a single test result. If you choose combined screening, keep in mind that final results often are not available until the second trimester.

What is cell-free DNA testing?

Cell-free DNA is the small amount of DNA that is released from the placenta into a pregnant woman's bloodstream. The cell-free DNA in a sample of a woman's blood can be screened for Down syndrome, ***trisomy 13***, trisomy 18, and problems with the number of ***sex chromosomes***. This test can be done starting at 10 weeks of pregnancy. It takes about 1 week to get the results. A positive cell-free DNA test result should be followed by a diagnostic test with amniocentesis or CVS.

The cell-free DNA screening test works best for women who already have an increased risk of having a baby with a chromosome disorder. For a woman at low risk of having a baby with a chromosome disorder, conventional screening remains the most appropriate choice. Cell-free DNA testing is not recommended for a woman carrying more than one fetus.

What do the different results of prenatal screening tests mean?

Results of blood screening tests for aneuploidy are reported as the level of risk that the disorder might be present:

- A positive screening test result for aneuploidy means that your fetus is at higher risk of having the disorder compared with the general population. It does not mean that your fetus definitely has the disorder.
- A negative result means that your fetus is at lower risk of having the disorder compared with the general population. It does not rule out the possibility that your fetus has the disorder.

Diagnostic testing with CVS or amniocentesis that gives a more definite result is an option for all pregnant women. Your ***obstetrician*** or other health care professional, such as a ***genetic counselor***, will discuss what your screening test results mean and help you decide the next steps.

How accurate are prenatal genetic screening tests?

With any type of testing, there is a possibility of false-positive results and false-negative results. A screening test result that shows there is a problem when one does not exist is called a false-positive result. A screening test result that shows there is not a problem when one does exist is called a false-negative result. Your health care professional can give you information about the rates of false-positive and false-negative results for each test.

What should I consider when deciding whether to have prenatal genetic testing?

It is your choice whether to have prenatal testing. Your personal beliefs and values are important factors in the decision about prenatal testing.

It can be helpful to think about how you would use the results of prenatal screening tests in your pregnancy care. Remember that a positive screening test tells you only that you are at higher risk of having a baby with Down syndrome or another aneuploidy. A diagnostic test should be done if you want to know a more certain result. Some parents want to know beforehand that their baby will be born with a genetic disorder. This knowledge gives parents time to learn about the disorder and plan for the medical care that the child may need. Some parents may decide to end the pregnancy in certain situations.

Other parents do not want to know this information before the child is born. In this case, you may decide not to have follow-up diagnostic testing if a screening test result is positive. Or you may decide not to have any testing at all. There is no right or wrong answer.

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

FAQ

FREQUENTLY ASKED QUESTIONS
FAQ179
PREGNANCY

Carrier Screening

What is carrier screening?

Carrier screening is a type of genetic test that can tell you whether you carry a ***gene*** for certain ***genetic disorders***. When it is done before or during pregnancy, it allows you to find out the chances of having a child with a genetic disorder.

What is a carrier?

For some genetic disorders, it takes two genes for a person to have the disorder. A ***carrier*** is a person who has only one gene for a disorder. Carriers usually do not have symptoms or have only mild symptoms. Because they often do not know that they have a gene for a disorder, they can pass the gene on to their children.

What are the chances of having a child with a genetic disorder?

If both parents are carriers of a recessive gene for a disorder, there is a 25% (1-in-4) chance that their children will get the gene from each parent and will have the disorder. There is a 50% (1-in-2) chance that the children will be carriers of the disorder—just like the carrier parents. If only one parent is a carrier, there is a 50% (1-in-2) chance that the child will be a carrier of the disorder.

How is carrier screening done?

Carrier screening involves testing a sample of blood, saliva, or tissue from the inside of the cheek. Test results can be negative (you do not have the gene) or positive (you do have the gene). Typically, the partner who is most likely to be a carrier is tested first. If test results show that the first partner is not a carrier, then no additional testing is needed. If test results show that the first partner is a carrier, the other partner is tested. Once you have had a carrier screening test for a specific disorder, you do not need to be tested again for that disorder.

When can carrier screening be done?

Some people decide to have carrier screening before having children. Carrier screening also can be done during pregnancy. Getting tested before pregnancy gives you a greater range of options and more time to make decisions.

Do I have to have carrier screening?

Carrier screening is a voluntary decision. You can choose to have carrier screening, or you can choose not to. There is no right or wrong choice.

What carrier screening tests are available?

Carrier screening is available for a limited number of diseases, including ***cystic fibrosis***, ***fragile X syndrome***, ***sickle cell disease***, and ***Tay–Sachs disease***. Some of these disorders occur more often in certain races or ethnic groups. For example, sickle cell disease occurs most frequently in African Americans. Tay–Sachs disease is most common in people of Eastern or Central European Jewish, French Canadian, and Cajun descent. But anyone can have one of these disorders. They are not restricted to these groups.

Who should have carrier screening?

All women who are thinking about becoming pregnant or who are already pregnant are offered carrier screening for cystic fibrosis, ***hemoglobinopathies***, and ***spinal muscular atrophy***. You can have screening for additional disorders as well. There are two approaches to carrier screening for additional disorders: 1) targeted screening and 2) expanded carrier screening.

What is targeted carrier screening?

In targeted carrier screening, you are tested for disorders based on your ethnicity or family history. If you belong to an ethnic group or race that has a high rate of carriers for a specific genetic disorder, carrier screening for these disorders may be recommended. This also is called ethnic-based carrier screening. If you have a family history of a specific disorder, screening for that disorder may be recommended, regardless of your race or ethnicity.

What is expanded carrier screening?

In expanded carrier screening, many disorders are screened for using a single sample. This type of screening is done without regard to race or ethnicity. Companies that offer expanded carrier screening create their own lists of disorders that they test for. This list is called a screening panel. Some panels test for more than 100 different disorders. Screening panels usually focus on severe disorders that affect a person's quality of life from an early age.

Is one approach better than the other?

Before testing, you and your ***obstetrician–gynecologist (ob-gyn)*** or other health care professional can discuss the benefits and limitations of each carrier screening approach and choose the one that is right for you. In some cases, both approaches can be used to tailor screening to your individual situation.

What choices do I have if my partner and I are carriers of a genetic disorder?

If you have carrier screening before you become pregnant, you have several options. You may become pregnant and have prenatal ***diagnostic tests*** to see if the fetus has the disorder. You may choose to use ***in vitro fertilization*** with donor ***eggs*** or ***sperm*** to become pregnant. With this option, the fertilized egg can be tested before it is transferred to the uterus. You also may choose not to become pregnant. If you have carrier screening while you are already pregnant, your options are more limited. In either case, a ***genetic counselor***, your ob-gyn, or other health care professional can explain your risks of having a child with the disorder.

How accurate is carrier screening?

No test is perfect. In a small number of cases, test results can be wrong. A negative test result when you have a gene for the disorder tested is called a false-negative result. A positive test result when you do not have a gene for a disorder is called a false-positive result. Also, because carrier screening looks for only a limited number of genes, it is possible that you are a carrier of a genetic disorder even if your test results are negative.

Are results of carrier screening confidential?

The Genetic Information Nondiscrimination Act (GINA) makes it illegal for most health insurers to require genetic testing results or use results to make decisions about coverage, rates, or preexisting conditions. Most employers are prohibited from using genetic information for hiring, firing, or making any other decisions about a person's employment.

If you find out that you are a carrier of a gene for a genetic disorder, you may want to tell other family members. They may be at risk of being carriers themselves. There is no law that states that you have to do so. If you choose to tell family members, your ob-gyn or genetic counselor can advise you about the best way to do this. It cannot be done without your consent.

Glossary

Carrier: A person who shows no signs of a particular disorder but could pass the gene on to his or her children.

Carrier Screening: A test done on a person without signs or symptoms to find out whether he or she carries a gene for a genetic disorder.