



Wilmington Health Obstetrics Expectations

Complete the New OB/GYN Patient Packet and Patient Information Questionnaire and give it to the Patient Representative when you check-in for your appointment. If pregnant, please also complete the Obstetrics Expectations form. We look forward to guiding you through this important time for you and your family. We value a collaborative and team-based approach to care, and we respect that you are the decision maker for this team. Consider us your expert advisors to assist you in making important decisions. Your medical team consists of physicians, nurse practitioners, midwives, nurses, and medical assistants, all of whom are eager to advise and assist.

We realize that there is confusing and conflicting information in the media regarding prenatal care. Therefore, at the start of your care, we believe it's helpful to review expectations. To provide the best possible outcomes we have a list of items that we believe are important elements of high-quality care and promote the best outcomes. Please review this list and if you have questions or concerns, please let us know so we can discuss them. We ask you to sign your name at the bottom to reflect agreement with these requirements. Thank you for trusting us to care for you and your family.

1. Please attend all scheduled appointments and arrive on time. If it becomes necessary to reschedule an appointment, please arrange to have the rescheduled appointment as close as possible to the originally scheduled appointment date.
2. If we determine your pregnancy is considered high-risk, we may refer you to a high-risk specialist called a Maternal Fetal Medicine (MFM) specialist. When needed, we work closely with MFM as a team, and you should expect to attend appointments at both our office and at the MFM office.
3. Pregnancy diabetes screening and testing is required. This is a one-hour test. The test results may indicate an additional test is needed, which is three hours. If you are unable, or refuse to complete this testing, we will expect you to attend a consultation appointment at the MFM office for either one week of home testing or diabetes management.
4. If you have Rh negative blood, we will give you an injection called Rhogam at 28 weeks (or any time we have concerns about bleeding) to protect this and any future babies from illness.
5. There are 2 routine ultrasounds our practice recommends. One at your first visit and another between 18 and 20 weeks when the baby is bigger. Concerns later in the pregnancy may prompt recommendations for more ultrasounds.
6. At 36 weeks (or earlier in some situations), we collect a vaginal/rectal swab to test for a bacteria called Group B Strep (GBS). One in five pregnant women will have these dangerous bacteria that are life threatening for babies. If your test is positive, we will recommend antibiotics during labor.
7. If you have had a cesarean delivery previously, you might be interested in trying to have a vaginal delivery, often called a TOLAC or VBAC. We are happy to discuss this possibility and accommodate it if there has been just one previous cesarean surgery. If you have had two or more cesareans, we only offer repeat cesarean delivery, due to higher risk.
8. We do not participate in elective vaginal breech delivery. If your baby is breech, we will require a cesarean delivery for safety reasons.
9. We often advise induction of labor prior to the due date for many high-risk pregnancies.
10. We advise induction of labor by 42 weeks at the latest for all low-risk pregnancies.

11. We deeply respect personal or religious objections to receiving blood transfusions or other "blood products". On rare occasions, these interventions are the only resort to save a patient's life during delivery. To continue care with us we require patients to consent to blood transfusions in the event this is determined necessary.

12. Below is a list of the prenatal testing we recommend. It is a standard list based on guidelines and recommendations by nationally recognized obstetrical organizations.

- | | |
|---------------------------------|-----------------------------|
| - Blood Type | - Blood Cell Count |
| - HIV | - Hepatitis B & C |
| - Syphilis | - Gonorrhea |
| - Chlamydia | - Chicken Pox Immunity Test |
| - Rubella Immunity Test | - Diabetes Screening |
| - Illicit Drug Screening | - Group B Strep |
| - Sickle Cell Disease Screening | |

Thank you again for taking the time to review this information and trusting our guidance. We encourage you to please ask questions and discuss any items that you have concerns about with us. We are invested in your care, and having healthy moms and babies is one of our top priorities. If after careful review, discussion, and consideration you decide that you cannot participate in any of the above requirements and recommended care, we will determine the appropriateness of continuing care at Wilmington Health OBGYN.

Sincerely,

The Wilmington Health OBGYN Team

I attest that I have reviewed the requirements for obstetrical care at Wilmington Health OBGYN as listed in this document, and I consent to the stated expectations and requirements.

Name _____ Date of Birth _____

Today's Date _____

