



First Pregnancy Visit Packet

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Comprehensive Care Center

Yashica Shah, M.D., FACOG • Steven Haskel, M.D., FACOG • Samra Shafiq, DO
Elana Grann, MSN, APN • Elizabeth Colaiocco, APN, BC

GENETIC SCREENING CONSENT

Patient's Name: _____ Date of Birth: _____

Due to the high volume of patients in our practice, we can NOT take responsibility for checking insurance coverage for everyone's individual plan. It is the patient's responsibility to determine what is covered under your insurance policy. We are providing you with the codes below to call your insurance and find out whether these tests are covered under your policy. This needs to be done **prior** to having these tests done. Please note these tests will be applied to your deductible and/or co-insurance for the plan year. Any balance due after testing is completed, will be the patient's responsibility.

*Please make sure you get a reference number and obtain the name of the representative you spoke to when calling your insurance company.

Reference Number for the call: _____

Representative's Name: _____

We have provided you a list of CPT codes to call your insurance company.

*If you are currently pregnant and over the age of **35**, please only use

Diagnosis code: O09.521 (Advanced Maternal Age) for the test Cell Free DNA/Harmony.

Please check off which testing you are having done.

- | | | |
|--|----------------|--------------------------|
| <input type="checkbox"/> Cystic Fibrosis | CPT code 81220 | Dx: Z13.79 |
| <input type="checkbox"/> Fragile X | CPT code 81243 | Dx: Z13.79 |
| <input type="checkbox"/> SMA (Spinal Muscular Atrophy) | CPT code 81401 | Dx: Z13.79 |
| <input type="checkbox"/> Cell-free DNA/Harmony* | CPT code 81420 | Dx: Z13.79 |
| | | Dx: O09.521 (35 & older) |

By signing this form, you are hereby agreeing to have the mentioned tests completed in our office.

Signature

Date

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Steven Haskel MD, FACOG • Samra Shafiq DO
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PREGNANCY GUIDLINES

Schedule of appointments:

- Beginning to 28 weeks: every 4 weeks
- 28 weeks to 36 weeks: every 2 weeks
- 36 weeks to 40 weeks: once weekly

Appointments:

1. **Pregnancy confirmation:** At this visit, we confirm your pregnancy with a urine pregnancy test and bloodwork. We also discuss several important things you need to know before your next appointment. You may get a prescription for a pelvic ultrasound to make sure you have a viable pregnancy that is inside the uterus. Once this is confirmed, you will return for your next appointment called the IPG, or initial pregnancy visit.
2. **IPG visit:** This is a comprehensive visit that includes detailed medical and obstetric history, as well as a full physical exam. More bloodwork is drawn and there is a detailed counseling session that reviews many of the DOs and DO NOTs of pregnancy. This visit takes about 1 hour, so please plan accordingly.
3. **OB Visits** After the confirmation and the IPG, the remaining visits are referred to as OB visits and they occur according to the schedule above. IF you are experiencing a problem at any point in your pregnancy, you can schedule additional appointments at any time.

Ultrasounds you might be asked to get:

Viability and dating: This prescription might be given at your confirmation visit. This confirms there is a viable pregnancy inside the uterus by checking for a fetal heart beat. It also measures the growing fetus to help us accurately date your pregnancy.

12 weeks: this ultrasound is also referred to as the nuchal translucency scan. It is done between 11 weeks and 13 weeks and 6 days. This scan checks for the presence of chromosomal abnormalities such as Downs Syndrome, Trisomy 13 and Trisomy 18.

20 weeks: this is your anatomy scan, also known as the Level 2 ultrasound. It checks the major organ systems, anatomical features of the baby, and measurements.

- You May be asked to complete additional ultrasounds on a case by case basis. Some examples of reasons for additional ultrasounds are to monitor the growth of the baby, decreased fetal movements, or if you are of advanced maternal age. We will let you know if these are indicated and you will be given a prescription at that time
- Please check with your insurance company to determine which routine ultrasounds are covered and if prior authorization is required. We are not responsible for bills you incur if you go for an Ultrasound that is not covered under your plan.

Bloodwork and other Lab tests that might be ordered during your pregnancy:

1. **First Visit** -Hcg level, progesterone level, and blood type and screen
2. Complete Blood Count, Hepatitis B, Syphilis, HIV, and screening for genetic carrier status of Cystic Fibrosis, Fragile X, and Spinal Muscular Atrophy.
3. **15-18 weeks:** your AFP is drawn. This is a blood test that checks for neural tube defects such as spina bifida.
4. **24-28 Weeks:** 1 hour glucose tolerance test, 2nd trimester HIV, and repeat Complete Blood Count.
5. **35- 37 Weeks:** PT/PTT/INR to check for bleeding risk, 3rd trimester HIV, and Group B Strep Swab.
6. If you have a history of thyroid disease, we will recheck your thyroid function every 4 weeks. If your thyroid levels are not balanced, we will send you back to you Primary Care Physician or your endocrinologist for an adjustment in the dosage of your thyroid medication.

Additional Information:

- If your blood type is NEGATIVE, you will need to get a shot called Rhogam from the hospital. This shot prevents sensitization that may occur if your baby's blood mixes with your blood. This is done at 28 weeks for everyone who has a negative blood type, but may be given earlier if you experience trauma or bleeding during your pregnancy.
- 28-36 weeks the mother can receive the tdap vaccine. This should be administered by your Primary Care Physician.
- Flu shots are SAFE and RECOMMENDED at any stage of pregnancy. The injectable form of the vaccine is safe. Do not take the nasal spray vaccine.

Medications

- See separate handout for information on common over-the-counter medications that are considered safe in pregnancy

Office Information:

- Phone number: [973-831-2777](tel:973-831-2777) – you can reach the staff during normal business hours which is generally from 9 am to 5 pm. If the phone call goes to voicemail, you can leave a message with your name, phone number, and date of birth, and we will get back to you as soon as possible.

- If you have an important matter and need to reach the doctor outside of business hours, you can call the service directly if you are not immediately transferred by the office line. The service number is 973-867-0938. You will need to inform them of the nature of your problem
- If you are experiencing a true medical emergency, call 911 or go directly to the ER
- Fax number: [973-831-2780](tel:973-831-2780)

Disability:

- In most cases, disability begins the day of your delivery. Disability paperwork needs to be obtained from your employer's human resources department and given to our office to fill out. We make every effort to get the paperwork filled out as soon as possible. We will notify you when the paperwork is completed and available for pick up. There is a \$10 charge, payable by cash or check, for completion of these forms.
- If you have a medical condition during your pregnancy that precludes you from working up until your due date, you may be eligible for disability prior to your delivery. This is different than deciding to "take time off for 2 weeks before your due date". If you do not have a medical condition that precludes you from working, this time off is granted by your employer and is not necessarily reimbursable with disability pay.

On-Call doctors:

- Dr. Shah, Dr. Haskel, and Dr. Shafiq will always have coverage by another doctor if they are unavailable. This coverage group includes both male and female physicians. It is very difficult to grant requests for exclusively female covering physicians.
- Dr. Shah, Dr. Haskel, and Dr. Shafiq have privileges at St. Clare's in Denville, Morristown Medical Center, and St. Barnabas Medical Center in Livingston.
 - If you have chosen to deliver at one hospital, but your doctor is on call at a different hospital, you will have 2 options. You can either be delivered by your doctor at the hospital which she is on call at, or you can deliver at your original hospital of choice by a covering physician.
 - Morristown Medical Center and St. Barnabas Medical Center are both teaching hospitals. By choosing to deliver there you are consenting to a resident being involved in your care.
 - St. Clare's does not have residents. If you choose to deliver at St. Clare's because of this reason, but your doctor is on call at a different hospital when you are in labor, you can choose to a) deliver at St. Clare's by a covering physician OR b) switch to be delivered by your doctor at a teaching hospital. In this instance ONLY, you have the right to request that a resident not be involved in your care. It will be your responsibility to make this request known when you arrive at the hospital.

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Yashica Shah MD, FACOG
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COMMON DISCOMFORTS OF PREGNANCY

Pregnancy brings about many changes in the body. These changes are mostly attributable to hormonal fluctuation and your changing anatomy. Below is a list of some common complaints that women experience in pregnancy, and some remedies to help cope with them. Don't hesitate to call us if you are unsure whether or not something is "normal".

Nausea:

Remember- nausea is not uncommon in pregnancy, but excessive vomiting is not normal! If you are unable to keep food and liquids down, you must tell the office right away. Sometimes frequent vomiting is caused by a different underlying problem. Regardless of the cause, adequate hydration and nutrition is very important for you and your growing baby. Here are some tips to help you combat nausea.

- Eat small, frequent meals instead of 2 or 3 large ones. Avoid leaving your stomach completely empty.
- Avoid spicy and fatty foods
- Keep some saltine crackers at your bedside and eat a few in the morning before you get out of bed.
- Consume high protein meals and snacks
- Keep a water bottle with you at all times and take frequent sips throughout the entire day. Avoid drinking large quantities at one time which could make nausea worse.
- Try ginger ale, ginger tea, or three 250mg ginger capsules during the day plus one at bedtime.
- Try vitamin B6 (pyridoxine) 25 mg every 6 to 8 hours. If this alone doesn't help, try adding doxylamine 12.5 mg to each dose of vitamin B6. These can be purchased over-the-counter at any pharmacy.
- If these things don't help, tell us! You may need a stronger medication and/or IV fluids to keep you hydrated.

Back Pain:

Back pain can be caused by a number of things, but is often exacerbated during pregnancy. As your baby grows, your body accommodates your new center of gravity by adjusting your posture. This makes your back muscles work harder than they did before. Hormonal changes also cause your ligaments to become more relaxed, which can also lead to back pain. Try some of these remedies if you are experiencing back pain:

- Heating pads and ice packs in combination with massage can help soothe sore muscles
- Tylenol can be taken as directed for pain relief
- Exercises to strengthen your back muscles and promote better posture can help alleviate the problem. We may recommend a Physical Therapist who specializes in these exercises to help get you started.
- When lifting objects, squat down, bend your knees, keep your back straight, and push up with your legs. Avoid any heavy lifting.
- Avoid high heels- this changes your center of gravity even more.

- Sleep on your side with a pillow between your legs for support
- Use a small pillow behind your back for support when sitting for long periods of time.
- When standing for long periods of time, place one foot on a stool or box
- Prenatal massage can help alleviate sore muscles and sciatic nerve pain associated with pregnancy
- Tell us right away if you have back pain that gets worse and doesn't go away with Tylenol or positional changes- especially if this is coming and going at regular intervals. This could be a sign of labor.

Constipation:

Constipation can be blamed on a number of things in pregnancy including hormonal changes that affect the GI system and iron supplementation. Some important points to remember:

- Stay well hydrated!! Adequate hydration keeps stools soft and makes them easier to pass.
- Stay active! Your bowels respond to lack of activity by slowing down. The less you move, the less they move. Exercising regularly will help you move your bowels more regularly.
- Get plenty of fiber in your diet. Dietary sources of fiber include whole grains, fruits, vegetables, beans and legumes.
- Try Metamucil as a fiber supplement if your dietary sources of fiber are lacking. If these things aren't sufficient, you can add a stool softener to your regimen like Colace. If this doesn't help, let us know.

Indigestion/heartburn:

Heartburn is common in pregnancy, but its symptoms can often be confused with other conditions. If you have persistent epigastric pain that does not go away, tell your doctor.:

- Eat small, frequent meals
- Avoid spicy and fatty foods
- Avoid laying down completely flat- keep the head of the bed elevated at least 30 degrees.
- Avoid eating late at night or right before bed.
- If non-medical therapies fail, you can try TUMS as directed. Stronger medications may be required if symptoms do not improve.

Swelling:

Swelling is not uncommon in pregnancy but may be a sign of a potentially serious problem such as preeclampsia or a blood clot.

- Reducing salt intake, wearing knee-high or thigh-high compression stockings, and keeping the legs elevated when at rest are good ways to reduce swelling.
- Prenatal massage can help improve circulation and reduce swelling, especially from the lower legs where blood does not flow as easily back to the heart.
- It is very important to alert your doctor if:
 - 1) The swelling does not go down despite these measures
 - 2) The swelling is worse in one leg than the other
 - 3) The swelling is accompanied by an area of pain and redness, particularly over the calf.
 - 4) Generalized swelling increases suddenly and rapidly.

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OVER THE COUNTER MEDICATIONS IN PREGNANCY

Medications- Unfortunately when it comes to the use of many common over-the-counter medications in pregnancy, the research is still quite lacking. Our best advice is to limit the use of any medication unless it is really needed, and stick to the medications that are well studied and suggest the lowest risk. Here is a list of common ailments and over-the-counter meds that would be appropriate for that condition. These medications are all considered generally safe to take in pregnancy or there is no evidence to suggest an increased risk of birth defects.

- Fever: Acetaminophen (Tylenol) as directed
- Pain: Acetaminophen (Tylenol) as directed
- Do not take Advil, Motrin, Aspirin, or other NSAIDs
- Nasal Congestion: If increasing fluid intake does not help with mucus expectoration, you can try a saline nasal spray or Diphenhydramine (Benadryl) as directed. Advise your doctor if symptoms of nasal congestion worsen or persist beyond several days. Sinus infections can develop and may need to be treated with antibiotics.
- Constipation: Metamucil fiber supplement if dietary sources of fiber and increased water intake are insufficient. If Metamucil doesn't help, you may try a stool softener like docusate sodium, as directed.
- Cough suppressant- Dextromethorphan is commonly used. You may add guaifenesin if necessary (Robitussin DM) as directed. Avoid cold products that contain pseudoephedrine.
- Nausea: if non medical therapies fail, try Doxylamine with Vitamin B6 as directed
- Itching: oatmeal baths, Diphenhydramine (Benadryl) as directed
- Heartburn: If non-medical therapies fail, you can try TUMS as directed. Stronger medications may be required if symptoms do not improve. Heartburn is common in pregnancy, but its symptoms can often be confused with other conditions. If you have persistent epigastric pain that does not go away, tell us as soon as possible.
- Remember- take these medications in the dosages recommended on the package. Do not exceed the recommended dosage. Sometimes you will need a stronger medication to manage a condition- call us if you have tried these over the counter meds but did not get any relief. In some cases, the risks of not treating an illness can be worse than the risks of treating it with a stronger medication.



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Consent for Screening for Fetal Chromosomal Abnormalities during Pregnancy

Patients Name _____ Patients D.O.B _____

Based on multiple recent medical studies, screening for chromosomal abnormalities such as Down 's syndrome (Trisomy 21) and Trisomy 18 are not solely recommended for women over the age of 35. All women regardless of their age are not offered screening. There are several screening options available. These options can be divided into invasive and non invasive screening.

I. Non Invasive Screening:

These tests include blood tests and obstetric ultrasound exams that are offered in the first and second trimester of pregnancy.

First Trimester Screening:

- This consists of an ultrasound and blood testing that need to be done between 10 and 12 12 weeks of gestations. The blood test, commonly referred to as the ultrascreen, includes testing for 2 unique proteins produced during pregnancy, free beta hCG and PAPP A.
- The ultrasound, called the Nuchal Translucency, measures the "fat pad" behind the baby's neck. This blood test needs to be sent to a specialty lab, and there may be an out of pocket expense. This testing will detect 82-87% of all fetuses with Down Syndrome with a 5% false rate.

Second Trimester Screening:

The type of blood testing depends on whether the first trimester screening was done.

- A) If the first trimester testing was done then there are three options.
1. No testing for chromosomal abnormalities, testing only for neural tube defects commonly referred to as NTD's. This test is the AFP test. There is no out of pocket expense for this testing.

2. Stepwise Sequential Testing: the standard second trimester quad screen of pregnancy proteins with hormones is sent to the same specialty lab as the first trimester screen and the risk for chromosomal abnormalities is recalculated incorporating the information from all these tests. This testing will detect 95% of all fetuses with Down 's syndrome with a 5% false positive rate.

Patients Name _____ Patients D.O.B _____

3. Contingent Sequential Testing: the same testing described above is only offered to patients when the first trimester screening suggests there is an "intermediate" risk that the fetus may have Down syndrome. Patients that screen positive during the first trimester are immediately offered invasive testing. Patients that screen negative only get the AFP test during the second trimester. This testing will detect 88-94% of all fetuses with Down 's syndrome with a 5% false rate.
- B) If first trimester screening was *not* done then the standard Quad Test can be offered. The quad test will detect 81% of all fetuses with Down's Syndrome with a 5% false positive rate. This testing is reserved for those patients that start their prenatal care after 13 weeks gestation, and are too late for first trimester screening.

Cell Free Fetal DNA Testing (Harmony Prenatal Test, maternal 21, Panorama, or Verifi Prenatal Test). This is a blood test that analyzes cell- free fetal DNA in maternal blood. The test measure the proportion of fetal chromosomes to determine if the fetus is at risk for trisomy 21, 18, Or 13. The Cell- Free DNA Test will detect >97% with a 0.1 false positive rate. This testing is currently recommended for women at higher risk for fetal chromosomal abnormalities. The criteria for "high risk" women are:

1. Maternal age of 35 or older at the time of delivery
2. Abnormal anatomy on a fetal ultrasound indicating an increased risk of chromosomal abnormality
3. History of a prior pregnancy with chromosomal abnormality
4. Positive test results for chromosomal abnormality, including first trimester screening, sequential screening, or quad test
5. Chromosomal abnormality in either parent

II. Invasive Screening

These tests are a direct analysis of the fetal chromosomes. There are 2 invasive tests. The accuracy in diagnosing fetal chromosomal abnormalities is above 99%.

A) CVS:

This test removes a portion of the growing placental tissue to analyze the fetal chromosomes. The test can be done during the first trimester after 9 weeks gestation. The risk of miscarriage is slightly greater than with amniocentesis.

B) Amniocentesis:

This test removes some of the amniotic fluid around the fetus to analyze the fetal chromosomes. The Amniocentesis also screens for neural tube defects.

Both invasive screening tests have a risk of miscarriage associated with them. The risk is slightly greater for CVS is 1%. The main advantage of CVS is the ability to obtain the results a month or more earlier.

Patients Name _____ Patients D.O.B _____

I have read the explanation above. These tests have been discussed with my provider in a language that I understand. My questions have been addressed and answered I consent to the following tests:

_____ First Trimester Screening

_____ Second Trimester Screening

_____ Second Trimester- Sequential Screening- Either stepwise or contingent based on the first trimester screening results.

_____ I meet the criteria for the Cell Free Fetal DNA Test (Harmony Prenatal Test, Materna 21, Panorama, or Verifi Prenatal Test) and would like to have this testing, I understand that if I have this testing I will still need to have the AFP test.

_____ Invasive screening- CVS

_____ Invasive Screening- Amniocentesis

_____ I Decline any testing for fetal chromosomal abnormalities.

Patient Signature _____ Today's Date _____

Providers Signature _____

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INFORMED CONSENT FOR GENETIC CARRIER SCREENING

Name of Patient _____

The standard carrier tests recommended by the American College of Medical Genetic (ACMG) for pregnant patients are Cystic Fibrosis, Spinal Muscular Atrophy (SMA) and Fragile X. All of these conditions are recessive carrier traits. This means that even if you do not have the disease but simply carry the genetic mutation your baby may develop the disease if the father of the baby is also a carrier, or in the case of Fragile X, if you have a male child.

The outline below will explain the steps involved in carrier screening:

1. The purpose of the genetic testing is to determine whether you are a carrier of mutations known to be associated with Cystic Fibrosis, SMA or Fragile X.
2. The testing is done with a small sample of blood.
3. Mutations are often different in different populations. The laboratory needs accurate information about you and the father of your baby's family history and ethnic background for the accurate interpretation of the test results.
4. If the genetic test identifies a mutation indicating that you are a carrier for the genetic condition, the following additional recommendations will be made:
 - a. The father of the baby will need to be tested to see if he is also a genetic carrier.
 - b. Consultation with a genetic counselor is encouraged to be better understand the full meaning of the results.
 - c. Based on "a" and "b" additional testing may be recommended for the baby to see if he/she has the genetic condition.

5. When genetic carrier testing does not show a known mutation, the chance that you are a carrier is reduced. There is still a chance that you or your spouse could be a carrier of something else because current testing cannot find all the possible changes with a gene. Also, there are other genetic abnormalities that are not being tested for that may affect your baby.

_____ Patient Initials

My signature below indicates that I have read, or have had this form read to me. I have had the opportunity to discuss the purpose and possible risks of this testing with my doctor or someone designated by my doctor.

I know genetic counseling is available to me before and after testing.
I choose the following:

Genetic Carrier testing for:

- | | | |
|--------------------|-----------|----------|
| a) Cystic Fibrosis | _____ Yes | _____ No |
| b) SMA | _____ Yes | _____ No |
| c) Fragile X | _____ Yes | _____ No |

I had genetic carrier testing done previously and will provide a copy of the laboratory report. If no copy of the report is available and I wish to be tested, I realize that if I do not make these reports available in a timely manner, the opportunity to do the testing may be lost.

Print Name _____ Date of Birth _____

Patient Signature _____ Provider Signature _____

Witness _____

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Human Immunodeficiency Virus (HIV) Antibody Test Consent Form (Serology)

This is not a test for AIDS. This is a test for antibodies to the virus named HIV. A counselor has told me what a negative or positive test results means. On my return visit, a counselor will explain my test results to me.

I understand that knowing my HIV result is important to my health. I understand that if I test confidentially at this clinic, I will sign my name, address and phone number on this form. This is the best way for someone to reach me if I cannot return for my results.

An anonymous test means that I do not use my real name or address, but it also means that no one will be able to reach me if I cannot return for my results. In addition, no one can reach me if I am in need of other services.

However I choose to test, I will get a code number. This number will be on the consent form, lab slip and specimen tube. The lab slip and specimen tube will be sent to the State Laboratory where the test will be done. My code number, not my name will be on the lab slip and the specimen tube. All records are kept under lock and key.

Should I test positive the information will be reported to the New Jersey Department of Health as required by law. Any other release of this information will require my written consent or a court order by subpoena. I have read or someone has read this form to me. All of my questions have been answered. If I want to test confidentially, I will sign my name, address and phone number. If I want to test anonymously I will sign John/Jane Doe.

(Signature of Witness)

(Signature of Client/Patient)

(Code Number)

(Street Address)

(Date)

(City and State)

(Phone Number)



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DELIVERY CONSENT

I _____ understand that although Dr. Yashica Shah, Dr. Steven Haskel, and Dr. Samra Shafiq make every effort to be present at every delivery, there may be occasions when they are not available and there may be a covering physician who will deliver my baby. I understand that the covering physician may be a male or female doctor and I will respect his/her opinions as I would for Dr. Shah, Dr. Haskel, and Dr. Shafiq. I also understand that the physicians' primary hospital is Saint Clare's Hospital in Denville, NJ. Should I choose to deliver at Morristown Memorial Hospital I understand Dr. Shah, Dr. Haskel, and Dr. Shafiq may not always be available. Although Dr. Shah, Dr. Haskel, and Dr. Shafiq make every effort to be at Morristown Memorial Hospital for all of their patients there may be rare occasions when a covering doctors or resident may have to attend to their patients. I understand and agree that another physician may deliver my baby if Dr. Shah, Dr. Haskel, and Dr. Shafiq are unavailable.

Patient Signature

Today's Date

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CORD BLOOD EDUCATION

Patients Name: _____ Patients Date of Birth _____

Lifeline providers recognize the importance of educating our patients about cord blood collection. The blood in your newborns umbilical cord is a rich source of stem cells. These cord blood stem cells are being used today to treat more than 75 diseases including leukemia, other cancers, blood and immune system disorders, and some genetic diseases. In addition, researchers are studying ways to use cord blood stem cells to treat conditions such as heart disease, juvenile diabetes, brain injury and much more. The collection procedure occurs immediately following the birth of your baby.

During your initial OB visit you were given brochures about cord blood collection. Now that you are further along in your pregnancy it is time to make a decision about collection. Please take some time to visit these web sites. At the bottom of this form are check boxes to inform us of your decision about cord blood collection.

Please return this form at your next OB visit.

Websites:

Save the cord foundation: www.savethecordfoundation.org

Parents guide the cord blood: www.parentsguidethecordblood.org

Cord blood registry: www.cordbloodawareness.org

LifebankUSA: www.cordblood.org/learn.html

Decision about cord blood collection (Please only check one off):

- Family banking (private)
- Public Donation- Will not cost you anything. However, like blood donation, you cannot control or own the cord blood.
- I do not want to bank cord stem cells- No Collection.

Patient Signature

Todays Date