

“Who Will Deliver My Baby?”

We're so happy that you've decided to have your baby with Exceptional Care for Women. During the course of your pregnancy we'll get to know one another pretty well, and I hope I'll be able to be the one who has the honor of delivering your baby. I want to let you know what arrangements I've made for you to receive the best delivery care possible, whether it's with me or with one of the other members of my “on-call” team. I can't pretend that we all do everything *exactly* the same way, but we do all share a common practice philosophy. Our goals are to respect your autonomy as a patient, to partner with you to give you the information you need to make the best decisions for you and your baby during the process of labor, to avoid unnecessary interventions (e.g. “routine episiotomy”); and to make this the best birth experience possible, that culminates in a healthy baby being placed in the arms of his or her healthy mother.

We're fortunate to have our office directly adjacent to the hospital. What this means is that even if I'm not “on call,” if you come in on a day when I'm in the office, I'll be able to take care of you during labor and be there to deliver your baby. During the night and on the weekends, we take turns doing the deliveries for our practice. This keeps us from getting too sleep-deprived, something that is important for safe medical care.

Here is our “on call” team:

Dr. Jody Boydston completed residency in one of the country's finest OB/GYN programs in 2009. She has been with Exceptional Care for Women since that time, starting just a year after the practice was founded. She brings a great energy to our practice.

Dr. Abigail Brubaker completed her residency training in OB/GYN through the University of Kansas in Wichita, Kansas in 2017. Following residency, she returned to her home state of Nebraska to practice in a rural setting for two years. After spending most of their weekends playing in Colorado, she and her husband, Todd, a pediatric hospitalist with the University of Colorado Children's Hospital, are excited to call Colorado home now.

Dr. Delia Duncan is our newest member to the Exceptional Care for Women family, joining in September 2025. She was born and raised in Colorado and then attended Florida State University (Go Noles!) where she graduated with a Bachelor of Science with minors in Chemistry, Biology, and Psychology. She traveled back to Colorado for medical school and was a student under Dr. Wagers during her 3rd year of medical school. She then completed her residency in OB/GYN in Phoenix, Arizona and is excited to return to her home state of Colorado to practice and be closer to her friends and family.

Dr. Diedre Wagers joined the practice in 2013. After completing her OB/GYN residency, she stayed on at the University of Illinois to teach residents and medical students for a bit. While she enjoyed teaching, she was excited to return to her home state and has enjoyed caring for the patients of Colorado Springs since.

We're very proud of the team we've assembled. Everyone in our call group is skilled, well-trained, and loves to deliver babies! We recognize that the birth of a child is one of the most significant events in a family's life, and we want to make that experience as special as we can. If you want to meet the other providers in our on-call team, just let me know, and we'll make sure to schedule visits with each of them throughout your pregnancy.

What is a Doula and do I need to have one?

A doula is a person trained and experienced in childbirth, who provides physical and emotional support to the mother before, during, and just after childbirth. The word doula comes from ancient Greek, and means “woman’s servant.”

Doulas are hired by the expectant mother, and typically come to the hospital to help her during labor by giving emotional support and providing coping techniques to deal with the pain of labor. Some women hire a doula because they hope to have an unmedicated delivery, and feel that they will need extra support to achieve that goal.

Doulas are not trained medical professionals, and are not licensed to make any decisions regarding the actual care of mom or baby during labor. They don’t have hospital privileges, and are considered a guest of the patient.

We are happy to work with doulas, but whether you have a doula or not is completely your decision. Usually our Labor and Delivery nurses are assigned only one patient to care for at a time, so you will have one-on-one nursing care during labor. Many women feel this is all the support they need in labor.

If you do choose to have a doula, we list below some of the doulas in our community that we have worked with in the past and that we think provide excellent care to our laboring moms. *If you are thinking of hiring a doula that is not on our list, we ask that you OK it with your provider first.* We want to make sure that you choose a doula that will enhance your birth experience and work well with the rest of the team caring for you at this most important time!

- Colorado Springs Doula
 - www.coloradosprings.doulas.com
- The Doula Circle
 - www.doulacircle.com
 - 720-288-0610
- Doula Baby
 - www.doulababyonline.com
 - 720-987-9226

MEDICATIONS IN PREGNANCY

Pregnant women are susceptible to the same types of colds and viral infections as other women, although the symptoms may be a little more severe. Fortunately, most viruses do not cause any adverse effects on the baby. Medications do not make the illness resolve faster, but can help to keep you more comfortable. It is best to first try comfort measures such as rest, fluids, warm baths and showers, and pain relievers like acetaminophen (Tylenol). No medication can be guaranteed as “absolutely safe” during pregnancy, but there has now been extensive experience with certain over-the-counter medications that are felt to be safe if your symptoms are severe. In general, herbal supplements have not been studied in pregnancy and should be avoided. Most protein shakes/supplements are safe, but avoid consumption of BCAAs.

The following medications may be taken according to directions on the product labeling:

- **Allergies** – see meds for congestion. Also, loratadine (Claritin, Claritin-D), cetirizine (Zyrtec) fexofenadine (Allegra), or Benadryl (diphenhydramine)
- **Congestion** – Sudafed (phenylephrine or pseudoephedrine), Actifed, Chlortrimeton, Tylenol Cold, Afrin Nasal Spray, Flonase Nasal Spray, saline nasal spray, cool mist humidifier, Netti Pot/Nasal Saline Rinse
- **Constipation** – docusate stool softener (Colace), any fiber product (Metamucil or Benefiber), polyethylene glycol (MiraLax), milk of magnesia. Increase fluids, exercise and natural fiber in your diet
- **Cough** – any cough syrup with guaifenesin (Mucinex) or dextromethorphan (Robitussin or Delsym)
- **Fever** – acetaminophen (Tylenol) regular or extra strength. Max daily dose: 3000mg/24 hours. Be sure to keep your temperature below 101°F and drink plenty of fluids. Call the office if you are unable to do this.
- **Headaches** – acetaminophen (Tylenol) regular or extra strength. **No ibuprofen (Advil, Motrin), naproxen sodium, (Aleve) or aspirin unless you’ve checked with your doctor.**
- **Heartburn** – any antacid tablet or liquid such as Tums, Rolaids, Maalox, Mylanta. Pepcid twice daily is okay if severe symptoms persist.
- **Hemorrhoids** – Anusol, Preparation-H, Tucks, Corticaine, Sitz Baths, Daily fiber supplement and increased fluids
- **Nausea from pregnancy** – Unisom, vitamin B6 (25-50mg three times a day), call office for prescription if ineffective
- **Nausea, vomiting and diarrhea from stomach flu** – Kaopectate, Imodium AD
Drink small, frequent amounts of clear liquids such as water, soda, tea, clear broth and dilute clear fruit juices. Avoid dairy products for several days. Also, **avoid Pepto Bismol**. Generally self-limiting within ~24 hours. Reintroduce fluids and food (BRAT diet) slowly as tolerated. Call office for symptoms of dehydration such as dark or little urine output, dizziness, weakness, lethargy, or persistent symptoms for >48 hours w/ or w/o fever.
- **Pain (general):** Tylenol, warm bath, Biofreeze, topical lidocaine, and topical magnesium (not directly to abdomen/pelvis). Massage and chiropractic after cleared with your physician
- **Rash/itching** – Benadryl (25-50mg every 4-6 hours), Calamine or Aveeno products, 1% hydrocortisone cream
- **Sore throat** – warm salt water gargles, throat lozenges, zinc lozenges, Chloraseptic spray/lozenges
- **Vaginal yeast infection** – any over the counter product, preferred is Monistat 7 day
- **Vitamins** – In general, any over-the-counter prenatal vitamin is fine. We encourage you to take a prenatal vitamin that includes DHA and folic acid. Check with our office before using any other vitamin, herbal products or nutritional supplements.

It is important to continue treatment for certain illnesses like asthma, diabetes, high blood pressure, thyroid disease, mental illness and seizures while you are pregnant. However, sometimes it is best to change your prescription medications and it may not be safe to abruptly stop a medication. Therefore, it is important that your doctor know about any medications you are taking as soon as you know you are pregnant.

Commonly prescribed medications by other physicians that are safe to take during pregnancy include antibiotics such as amoxicillin, penicillin, erythromycin, macrolid, Zithromax and Keflex. Dental x-rays should be done only if necessary and the abdomen is covered with a lead apron.

Do not use nitrous oxide or take tetracycline.

Nausea & occasional vomiting during pregnancy

Nutrition, foods and fluids

- ✓ Food suggestions
 - Eat small, frequent meals throughout the day
 - Keep foods and fluids separate when eating and drinking (either eat some food or drink some fluids)
 - Do not allow your stomach to get empty or the nausea and/or vomiting may get worse
 - Dry crackers, toast, pretzels, dry cereal, or other simple carbohydrates
 - Protein and other nutrient sources: eggs, cheese, peanut butter, nuts, dried fruits, trail mix
 - Some women find that lemon hard candies or lemon-flavored chewy candies (Starburst for example) may help reduce nausea levels
- ✓ Liquid suggestions
 - Small sips of fluids throughout the day to stay hydrated
 - Add lemon or lime wedges to your water for flavor
 - Dilute juices may also settle better than water
 - Other liquid sources: broth based soups like chicken noodle soup, vegetable beef soup or vegetable barley soup, fruit juice slushies, fruit smoothies, popsicles, tea, sports drinks, ginger ale (room temperature, slightly flat)

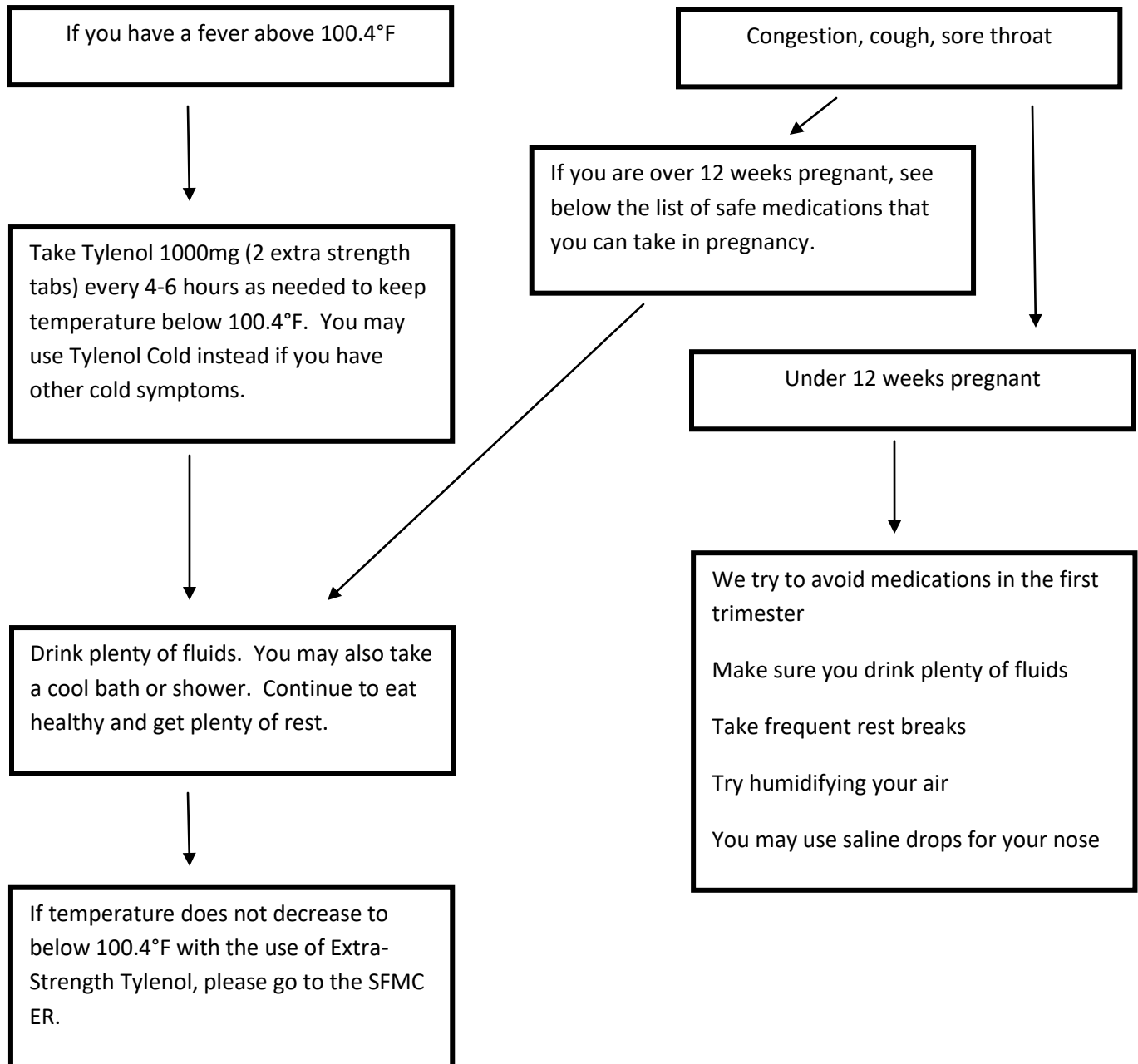
Over-the-counter assistance

- ✓ Vitamin B-6 (pyridoxine)—Pregnancy Category A
 - 25mg, 4 times per day or 50mg twice a day
- ✓ Unisom (doxylamine)—Pregnancy Category B
 - 12.5 to 25mg (½ to 1 tablet) at bedtime, this might make you drowsy or sleepy
 - You can take ½ tablet every 8 hours during the daytime
 - You can take this with Vitamin B-6 for improved results
- ✓ Dramamine, Bonine (meclizine)—Pregnancy Category B
 - 12.5mg, every 6-8 hours as needed

Alternative therapies

- ✓ Ginger
 - 500-1500mg every day, divided into 3 to 4 doses per day
 - Ginger gum, cookies, candies, tea, root powder supplement, capsules
- ✓ Acupressure
 - Sea-Bands (available at your local drug store or pharmacy)
 - ReliefBand (electrical current at the P6 acupuncture point on wrist)
- ✓ Aromatherapy (essential oils or scented candles)
 - Essential oils may help with nausea: peppermint, lavender, chamomile, ginger, lemon, grapefruit, coriander
- ✓ Preggie pops and Preggie pop drops/candies (found at drug stores, Walmart, Target, GNC)

What to do for Cold/Flu Symptoms



Safe cold/flu medications in pregnancy:

Sore throat: Lozenges, hard candy, herbal lozenges, chloraseptic spray, salt water gargle

Congestion: Actifed, Sudafed, Chlortrimeton, Tylenol Cold, Dimetapp, saline drops, TheraFlu, Afrin, Benadryl

Cough: Robitussin or any over-the-counter cough medicine without aspirin, ibuprofen or alcohol

If symptoms continue beyond one week or you have a persistent fever, call your primary care provider for an appointment

COVID-19 Vaccines and Pregnancy



1

KNOW THE FACTS

- The American College of Obstetricians and Gynecologists recommends that pregnant individuals be vaccinated against COVID-19.
- Pregnant people across the country have chosen to get vaccinated. The evidence shows that the vaccines are safe during pregnancy.
- Vaccination can help prevent severe illness from COVID-19, which can be dangerous for you and your fetus.
- If you are vaccinated and breastfeeding, the antibodies made by your body may be passed through breast milk and may help protect your newborn from the virus.

2

SLOW THE SPREAD

- Encourage your loved ones to get a COVID-19 vaccine so that they can help protect your family and community from infection.
- If you are not yet fully vaccinated, wear a face mask in public, limit contact with people who might have COVID-19, and follow other recommendations from health officials to prevent infection. Find CDC guidance at: bit.ly/PregnantPeople
- Cover your mouth when you cough or sneeze.
- Clean your hands often for 20 seconds with soap and water or hand sanitizer that contains at least 60% alcohol.

3

TALK WITH YOUR OBSTETRICIAN-GYNECOLOGIST

- If you have questions about COVID-19 vaccination, talk with your obstetrician-gynecologist.
- Before an in-person visit for prenatal and postpartum care, tell your obstetrician-gynecologist if you think you may have COVID-19 or have been in contact with someone who has it.

Learn more: acog.org/COVID-Pregnancy



Food Safety At-A-Glance

H A N D O U T

How to Protect Yourself and Your Baby

- What is foodborne illness?**
- It's a sickness that occurs when people eat or drink harmful microorganisms (bacteria, parasites, viruses) or chemical contaminants found in some foods or drinking water.
 - Symptoms vary, but in general can include: stomach cramps, vomiting, diarrhea, fever, headache, or body aches. Sometimes you may not feel sick, but whether you feel sick or not, you can still pass the illness to your unborn child without even knowing it.

- Why are pregnant women at high risk?**
- You *and* your growing fetus are at high risk from some foodborne illnesses because during pregnancy your immune system is weakened, which makes it harder for your body to fight off harmful foodborne microorganisms.
 - Your unborn baby's immune system is not developed enough to fight off harmful foodborne microorganisms.
 - For both mother and baby, foodborne illness can cause serious health problems — or even death.



Tips for a Lifetime

There are many bacteria that can cause foodborne illness, such as *E. coli* O157:H7 and *Salmonella*. Here are **4 Simple Steps** you should follow to keep yourself and your baby healthy during pregnancy and beyond!



1. CLEAN

- Wash hands thoroughly with warm water and soap.
- Wash hands *before* and *after* handling food, and *after* using the bathroom, changing diapers, or handling pets.
- Wash cutting boards, dishes, utensils, and countertops with hot water and soap.
- Rinse raw fruits and vegetables thoroughly under running water.



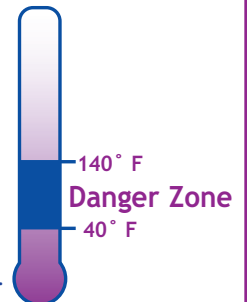
2. SEPARATE

- Separate raw meat, poultry, and seafood from ready-to-eat foods.
- If possible, use one cutting board for raw meat, poultry, and seafood and another one for fresh fruits and vegetables.
- Place cooked food on a clean plate. If cooked food is placed on an unwashed plate that held raw meat, poultry, or seafood, bacteria from the raw food could contaminate the cooked food.



3. COOK

- Cook foods thoroughly. Use a food thermometer to check the temperature. See the “Lifelong Food Safety” section of the Web site for the “Apply the Heat” chart of recommended cooking times for foods. Click on “Cook.”
- Keep foods out of the **Danger Zone**: The range of temperatures at which bacteria can grow — usually between 40° F and 140° F (4° C and 60° C).
- **2-Hour Rule**: Discard foods left out at room temperature for more than two hours.



4. CHILL

- Your refrigerator should register at 40° F (4° C) or below and the freezer at 0° F (-18° C). Place an appliance thermometer in the refrigerator, and check the temperature periodically.
- Refrigerate or freeze perishables (foods that can spoil or become contaminated by bacteria if left unrefrigerated).
- Use ready-to-eat, perishable foods (dairy, meat, poultry, seafood) as soon as possible.

3 Foodborne Risks for Pregnant Women

As a mom-to-be, there are **3 specific foodborne risks** you need to be aware of. These risks can cause serious illness or death to you or your unborn child. Follow these steps to help ensure a healthy pregnancy.

	What it is	Where it's found	How to prevent illness
1 Listeria	A harmful bacterium that can grow at refrigerator temperatures where most other foodborne bacteria do not. It causes an illness called listeriosis.	Refrigerated, ready-to-eat foods and unpasteurized milk and milk products.	- Follow the 4 Simple Steps on previous page. - Do not eat hot dogs and luncheon meats — <i>unless they're reheated until steaming hot.</i> - Do not eat soft cheese, such as Feta, Brie, Camembert, "blue-veined cheeses," "queso blanco," "queso fresco," and Panela — <i>unless they're labeled as made with pasteurized milk. Check the label.</i> - Do not eat refrigerated pâtés or meat spreads. - Do not eat refrigerated smoked seafood — <i>unless it's in a cooked dish, such as a casserole.</i> (Refrigerated smoked seafood, such as salmon, trout, whitefish, cod, tuna, or mackerel, is most often labeled as "nova-style," "lox," "kippered," "smoked," or "jerky." These types of fish are found in the refrigerator section or sold at deli counters of grocery stores and delicatessens.) - Do not drink raw (unpasteurized) milk or eat foods that contain unpasteurized milk.
2 Methylmercury	A metal that can be found in certain fish. At high levels, it can be harmful to an unborn baby's or young child's developing nervous system.	Large, long-lived fish, such as shark, tilefish, king mackerel, and swordfish.	- Don't eat shark, tilefish, king mackerel, and swordfish. These fish can contain high levels of methylmercury. - It's okay to eat other cooked fish/seafood, as long as a variety of other kinds are selected during pregnancy or while a woman is trying to become pregnant. She can eat up to 12 ounces (2 average meals) a week of a variety of fish and shellfish that are lower in mercury. - Five of the most commonly eaten fish that are low in mercury are shrimp, canned light tuna, salmon, pollock, and catfish. - Another commonly eaten fish, albacore ("white") tuna has more mercury than canned light tuna. So, when choosing your two meals of fish and shellfish, you may eat up to 6 ounces (one average meal) of albacore tuna per week.
3 Toxoplasma	A harmful parasite. It causes an illness called toxoplasmosis, which can be difficult to detect.	Raw and under-cooked meat; unwashed fruits and vegetables; soil; dirty cat-litter boxes; and outdoor places where cat feces can be found.	- Follow the 4 Simple Steps on previous page. - If possible, have someone else change the litter box. If you have to clean it, wash your hands with soap and warm water afterwards. - Wear gloves when gardening or handling sand from a sandbox. - Don't get a new cat while pregnant. - Cook meat thoroughly, see the "Apply the Heat" chart for the proper temperatures.

for more information

- See your doctor or health-care provider if you have questions about foodborne illness.
- FDA Food Information line: **1-888-SAFE FOOD**
- FDA Center for Food Safety and Applied Nutrition: **www.cfsan.fda.gov**
- Gateway to Government Food Safety Information: **www.foodsafety.gov**
- U.S. Partnership for Food Safety Education: **www.fightbac.org**

This fact sheet is a condensed guide to food safety. For more in-depth information, be sure to check out:

Food Safety for Moms-to-Be
www.cfsan.fda.gov/pregnancy.html



Advice About Eating Fish

What Pregnant Women & Parents Should Know

Fish and other protein-rich foods have nutrients that can help your child's growth and development.

For women of childbearing age (about 16-49 years old), especially pregnant and breastfeeding women, and for parents and caregivers of young children.

- *Eat 2 to 3 servings of fish a week from the "Best Choices" list OR 1 serving from the "Good Choices" list.*
- *Eat a variety of fish.*
- *Serve 1 to 2 servings of fish a week to children, starting at age 2.*
- *If you eat fish caught by family or friends, check for fish advisories. If there is no advisory, eat only one serving and no other fish that week.**

Use this chart!

You can use this chart to help you choose which fish to eat, and how often to eat them, based on their mercury levels. The "Best Choices" have the lowest levels of mercury.

What is a serving?

To find out, use the palm of your hand!



For an adult
4 ounces



For children,
ages 4 to 7
2 ounces

Best Choices EAT 2 TO 3 SERVINGS A WEEK

Anchovy	Herring	Scallop
Atlantic croaker	Lobster, American and spiny	Shad
Atlantic mackerel	Mullet	Shrimp
Black sea bass	Oyster	Skate
Butterfish	Pacific chub mackerel	Smelt
Catfish	Perch, freshwater and ocean	Sole
Clam	Pickering	Squid
Cod	Plaice	Tilapia
Crab	Pollock	Trout, freshwater
Crawfish	Salmon	Tuna, canned light (includes skipjack)
Flounder	Sardine	Whitefish
Haddock		Whiting
Hake		

OR

Good Choices EAT 1 SERVING A WEEK

Bluefish	Monkfish	Tilefish (Atlantic Ocean)
Buffalofish	Rockfish	Tuna, albacore/white tuna, canned and fresh/frozen
Carp	Sablefish	Tuna, yellowfin
Chilean sea bass/Patagonian toothfish	Sheepshead	Weakfish/seatrout
Grouper	Snapper	White croaker/Pacific croaker
Halibut	Spanish mackerel	
Mahi mahi/dolphinfish	Striped bass (ocean)	

Choices to Avoid HIGHEST MERCURY LEVELS

King mackerel	Shark	Tilefish (Gulf of Mexico)
Marlin	Swordfish	Tuna, bigeye
Orange roughy		

*Some fish caught by family and friends, such as larger carp, catfish, trout and perch, are more likely to have fish advisories due to mercury or other contaminants. State advisories will tell you how often you can safely eat those fish.

www.FDA.gov/fishadvice

www.EPA.gov/fishadvice



MARIJUANA AND YOUR BABY

March 2, 2015

Marijuana is now legal for adults over 21. But this doesn't mean it is safe for pregnant or breastfeeding moms and babies.

There is no known safe amount of marijuana use during pregnancy.

You should not use marijuana while you are pregnant, just like you should

not use alcohol and tobacco.

Tetrahydrocannabinol (THC) is the chemical in marijuana that makes you feel "high."

Using marijuana while you are pregnant passes THC to your baby.

KNOW THE FACTS

MARIJUANA AND PREGNANCY

Using marijuana while pregnant may harm your baby. Marijuana that passes to your baby during pregnancy may make it hard for your child to pay attention and learn, especially as your child grows older. This would make it harder for your child to do well in school.

Some hospitals test babies after birth for drugs. If your baby tests positive for THC at birth, Colorado law says child protective services must be notified. Talk to your doctor early in your pregnancy about any marijuana use.

MARIJUANA AND BREASTFEEDING

The American Academy of Pediatrics says that mothers who are breastfeeding their babies should not use marijuana.

Breastfeeding has many health benefits for both the baby and the mother. But THC in marijuana gets into breast milk and may affect your baby.

Because THC is stored in body fat, it stays in your body for a long time. A baby's brain and body are made with a lot of fat. Since your baby's brain and body may store THC for a long time, you should not use marijuana while you are pregnant or breastfeeding.

Breast milk also contains a lot of fat. This means that "pumping and dumping" your breast milk may not work the same way it does with alcohol. Alcohol is not stored in fat, so it leaves your body faster.

IS SMOKING MARIJUANA BAD FOR MY BABY?

Yes. Breathing marijuana smoke is bad for you and your baby. Marijuana smoke has many of the same chemicals as tobacco smoke. Some of these chemicals can cause cancer. Do not allow anyone to smoke in your home or around your baby.

WHAT IF I USE MARIJUANA WITH- OUT SMOKING IT?

THC in any form of marijuana may be bad for your baby. Some people think that using a vape pen or eating marijuana (like cookies or brownies) is safer than smoking marijuana. Even though these forms do not have harmful smoke, they still contain THC.

**Talk to your doctor if you are pregnant or breastfeeding and need help to stop using marijuana.
Or call 1-800-CHILDREN for help.**

HOW CAN I STORE MARIJUANA SAFELY?

Store all marijuana products in a locked area. Make sure your children cannot see or reach the locked area. Keep marijuana in the child-resistant packaging from the store.

WHAT HAPPENS IF MY CHILD EATS OR DRINKS MARIJUANA BY ACCIDENT?

Marijuana can make children very sick. Look for problems walking or sitting up, starting to be sleepy or having a hard time breathing.



If you are worried, call the poison control hotline as soon as possible. Calling is free and you will be helped quickly: 1-800-222-1222.

If symptoms seem bad, call 911 or go to an emergency room right away.

WHAT ELSE SHOULD I KNOW TO KEEP MY BABY SAFE?

Being high or buzzed while doing some activities can be risky. Being high while caring for a baby is not safe. Do not let anyone who is high take care of your baby.

Some marijuana can make people feel very sleepy when they are high. Marijuana can make you sleep harder. It is not safe for your baby to sleep with you, especially if you are high.

If you plan to use marijuana, make sure there is another person who can safely care for your baby.

It is not safe to drive a car while high. Do not let your baby ride in a car if the driver is high.

RESOURCES

Be sure you know Colorado's marijuana laws: Go to GoodToKnowColorado.com.

Go to Colorado.gov/Marijuana to find more information.

Call 1-800-CHILDREN for free to connect to statewide resources for parents with any concerns, including substance use.

Learn how to talk to your kids about substance use at: SpeakNowColorado.org.

MYTHS ABOUT MARIJUANA

MYTH: Marijuana is safe to use while pregnant or breastfeeding.

FACT: You cannot eat or use many foods and medicines while pregnant or breastfeeding. This is because they might harm the baby. This includes marijuana.

MYTH: Since it is legal, it must be safe.

FACT: Using marijuana during pregnancy may harm your baby, just like alcohol or tobacco. Being legal does not make it safe.

MYTH: Since it is natural, it must be safe.

FACT: Not all natural substances or plants are safe. Tobacco and poisonous berries are great examples. Marijuana contains THC, which may harm a baby.

MYTH: Since some people use marijuana as a medicine, it must be safe.

FACT: Marijuana can be recommended by a doctor in special cases. A doctor decides whether the benefits are greater than the risks. It is unsafe to use any medicines while pregnant or breastfeeding that are not recommended by a doctor. This includes marijuana. Talk to your doctor about safer choices that do not risk harming your baby.

All information on the health effects of marijuana comes from the Monitoring Health Concerns Related to Marijuana in Colorado: 2014 Report.

VISIT: colorado.gov/pacific/cdphe/retail-marijuana-public-health-advisory-committee



COLORADO
Department of Public
Health & Environment

We, at Exceptional Care for Women, are excited about your pregnancy and know you are too. We also know you are anxious to find out all you can about your pregnancy. We realize there is an abundance of information about pregnancy available on the internet; some good and some not so good. Listed below are some reputable websites that we recommend you use to ensure the information you are gathering is accurate and reliable.

- What to Expect When You're Expecting (www.whattoexpect.com)
- Mayo Clinic on Pregnancy (www.mayoclinic.org)
- WebMD (www.webmd.com)
- Up to Date (www.uptodate.com)
- American College of Obstetrics and Gynecology "for patients" (www.acog.com)
- Exceptional Care for Women (www.exceptionalcareforwomen.com)
- Centers for Disease Control (www.cdc.gov)
- March of Dimes (www.marchofdimes.org) there is a wealth of information on this website and they also created an app available through the App store/iTunes called CineMama that helps track your pregnancy

FAQ: Carrier Testing for Cystic Fibrosis

What is cystic fibrosis?

Cystic fibrosis (CF) is one of the most common life threatening genetic diseases, affecting approximately 1 out of 3,300 people. The severity of CF varies, with some children showing symptoms at birth and others not diagnosed until they are teenagers or adults.

In people with CF, a defective gene causes the body to produce abnormally thick, sticky mucus that clogs the lungs and leads to life threatening lung infections. These thick secretions also obstruct the pancreas, preventing digestive enzymes from reaching the intestines to help break down and absorb food.

Cystic fibrosis does not affect intelligence. Most males with the condition are infertile.

Is there treatment for cystic fibrosis?

CF treatment has improved dramatically in the past four decades, although there is no cure. Treatment includes antibiotics, dietary enzyme supplements and physical therapy to help clear the lungs. A lung transplant may be an option for some patients.

In the past, most patients with CF did not reach adulthood. Now most survive into their 30s, with the average life expectancy being about 37 years.

How is cystic fibrosis inherited?

Cystic fibrosis is inherited in an autosomal recessive manner. Our genes come in pairs, with one copy inherited from each parent. Some genes have mutations in them, and do not function properly. A person with one non-functional copy of the gene is a carrier. Carriers for CF have no symptoms, but can pass the non-functioning gene on to their children. An individual must inherit two non-functioning CF genes — one from each parent — to have CF.

If both parents are carriers, there is a 1 in 4 (25 percent) chance that both will pass on the non-functioning gene. This would result in a pregnancy affected with cystic fibrosis.

How do I know if I am a carrier of cystic fibrosis?

Carrier testing is available through a simple blood test. There are over 1,000 mutations that have been found to cause CF. Carrier screening can be done for the most common of these, and will identify about 85 to 90 percent of carriers in the Caucasian population. Carrier testing is also available for other ethnic groups, but the detection rates and carrier frequencies vary.

If no one in your family has CF, your chance of being a carrier depends upon your ancestry:

- European Caucasians and Ashkenazi Jews — 1 in 29
- Hispanic Americans — 1 in 46
- African Americans — 1 in 61
- Asian Americans — 1 in 90

If you have a family history of CF, your risk may be higher regardless of your ancestry.

If my test result is normal, can I still be a carrier?

Yes. If you have the test and no CF mutation is identified, your chance of being a CF carrier is reduced but not eliminated. Some people are carriers of a rare CF mutation that cannot be detected by routine screening. There is still a small chance that someone with a negative test result could be a carrier and have a child with CF.

What does it mean if I am a carrier?

If you are a carrier, there is no impact on your health. However, there is a chance that you could have a child with CF. Your partner should undergo carrier screening if this has not already been performed.

If only one of you is found to be a carrier, the chance that you will have a child with CF is very low, although not completely eliminated. If you are both carriers, each pregnancy will have a 1 in 4, or 25 percent chance of being affected with cystic fibrosis.

Is prenatal testing available?

If both partners are carriers of cystic fibrosis, prenatal testing is available. Chorionic villus sampling (CVS), at 10 to 14 weeks, or amniocentesis, at 16 to 20 weeks, can be performed to determine if the fetus has inherited two copies of the cystic fibrosis gene mutation.

If you and your partner are both carriers and you are thinking of becoming pregnant, there are other options available. You can meet with a genetic counselor to discuss these issues before you try to get pregnant.

Is cystic fibrosis tested on the newborn screen?

Yes. Before your baby leaves the hospital, his or her blood sample will be collected on a piece of filter paper with a simple heel stick. Your baby will be tested for several different conditions, including cystic fibrosis.

Adapted from educational materials provided by UCSF Medical Center.

Checking Insurance Coverage for Optional Prenatal Testing

The American College of Obstetrics and Gynecology recommends that *all* pregnant women be offered Cystic Fibrosis Carrier Screening, SMA (Spinal Muscular Atrophy) Carrier Screening, and screening or diagnostic testing for fetal chromosome abnormalities. Women with certain personal or family risk factors may consider additional genetic testing after a discussion with their doctor.

Sometimes the cost of testing is a consideration when deciding whether or not to have optional testing performed. The information below is provided to help you check with your insurance company to determine whether or not a given test is covered under your insurance plan. *We empower our patients to obtain any necessary prior authorizations for the testing they desire.*

Based on your individual situation (age, risk factors, previous testing) and preferences, your doctor is offering the following tests for prenatal diagnosis. The procedure code (also called CPT code) for each test is given. This is the information your insurer will need to determine coverage for each test. Some tests have more than one procedure code; make sure to mention each code when you call. Remember that if you have a deductible, even if the testing is “covered” under your insurance, you may still have to pay for all or part of the test if you have not yet met your deductible or if you have a cost-share responsibility (e.g. an 80/20 plan where you are responsible for 20% of costs after having met your deductible).

Testing Offered

- ☐ Cell-free fetal DNA testing (also called Non-invasive Prenatal Testing or NIPT): 81420, 81422 and 81479
- ☐ First Trimester Screen: 76813, 84704, 84163 and 82105
- ☐ Quadruple Marker Screening: 82105, 82677, 84702, and 86336

ICD-10 & Pregnancy Codes

- ☐ First normal pregnancy: Z34.00
- ☐ Other normal pregnancy: Z34.90
- ☐ High risk pregnancy: O09.899
- ☐ Elderly multigravida: O09.529
- ☐ Elderly primigravida: O09.519

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- ☐ 2 gene screening (CF & SMA) 81220, 81329
 - ☐ 4 gene screening (CF, SMA, DMD & Fragile X) 81220, 81329, 81161, 81243
 - ☐ 14 gene screening (see handouts/websites) CPT codes vary

-
- ☐ *Genetic testing for procreative management Z31.430*

If you find your out-of-pocket cost is going to be prohibitively expensive, some labs offer a self-pay discount to make the testing more affordable.

Below are the labs that we use for optional screening. You can contact the labs below to see if they are in-network with your insurance and to estimate your potential costs for these tests.

Natera: 877-869-3052 or text “coverage” to 636363

MaterniT21: 844-799-3243, 877-821-7266, or online at www.integratedgenetics.com/transparency

NTD (for First Trimester Screen only): 888-683-5227

If you just want to find out the gender of your fetus, check out www.sneakpeektest.com. This is a reliable DNA based test you can arrange as early as 6 weeks without an order from your doctor.

Prenatal Cell-Free DNA Screening

Screening for genetic conditions and birth defects is offered to all pregnant women. Some screening methods are routine, such as an ultrasound. Other screening tests are optional, such as blood tests for Down syndrome. Decisions about screening are very personal and should be based on your values and needs. You may find it helpful to discuss your thoughts and feelings about prenatal screening with your obstetric provider. You may also want to talk about how you might use the results. To help guide this discussion, we have outlined some questions to consider.

Should I undergo prenatal screening for genetic conditions?

Based on your needs and values, you may choose whether or not you want these screening tests. Some benefits of prenatal screening might include preparing for raising a child with a health issue or disability. Other benefits might include learning more about the condition or making birth plans. Some families might also want to start treatments as soon as possible after birth or, in some cases, prepare for a baby who may not survive. Some might opt to terminate a pregnancy or create an adoption plan for a child with a disability. Some patients might not want any prenatal screening. They may feel it would not be helpful or that it would cause more stress and worry.

What is cell-free DNA screening?

You may be offered cell-free DNA screening (cfDNA) as a way to screen for some genetic conditions. cfDNA screening might also be called: non-invasive prenatal testing (NIPT), non-invasive prenatal screening (NIPS), or other specific brand names. cfDNA screening looks at a blood sample from a pregnant woman and poses no risk of miscarriage. While this blood test is often accurate, it does not give a definite answer. cfDNA screening can miss pregnancies when the baby does actually have the condition (false negatives). On the other hand, these tests can sometimes show that a baby has high chances for a condition and be wrong (false positives). Therefore, diagnostic testing is recommended for those who want to know for sure. In addition, cfDNA screening does not find all genetic conditions or risk factors possible in a pregnancy. The results should be reviewed with you by a medical professional.

Several other blood tests for Down syndrome may also be offered to you, such as a first trimester screen, second trimester screen, sequential screen, or integrated screen. You should not have more than one type of Down syndrome screening test performed at the same time. Your obstetric provider can discuss the benefits and drawbacks of each option. For questions about these screening tests, please contact your obstetric provider.

What is diagnostic testing, and how is it different from screening?

Diagnostic testing is available to any woman who wants the most accurate testing option. Diagnostic testing is over 99% accurate and can be used to confirm cfDNA screening results. These tests can also detect other genetic conditions not found by screening tests. Depending on the timing during your pregnancy, two diagnostic testing options may be available: chorionic villus sampling (CVS) or amniocentesis. These are invasive tests in which a small sample of tissue from the placenta or amniotic fluid is used to study the baby's chromosomes. Because these procedures are invasive, there is a risk, likely less than 1%, for a miscarriage.

What conditions are screened for by cfDNA screening?

cfDNA almost always screens for Down syndrome, trisomy 18, and trisomy 13. Screening for gender, sex chromosome conditions, and other conditions may also be a part of a cfDNA screen. cfDNA screening is most effective at screening for Down syndrome even though the results are still not certain. However, the accuracy of results for the other conditions is still being studied. The screening options are constantly changing to include

more conditions, so you may want to talk to your medical provider about what is included in the different testing options.

People with chromosome conditions can have a broad range of outcomes. For example, babies with trisomy 13 and 18 often have major health and cognitive issues with only about 10% living past the first year. People with Down syndrome commonly have mild to moderate developmental disabilities and some treatable health issues, with a minority having more severe issues. They are usually active members of their communities and live an average of 60 years. An extra or missing sex chromosome can sometimes cause learning delays and health issues, but can also be so mild that it goes undiagnosed.

How long do results take for cfDNA screening?

cfDNA results are typically available in 5-10 days. You can ask your obstetric provider or genetic counselor how and when you will be getting your results.

What do cfDNA screening results mean?

A “negative” cfDNA result means that the chances your baby has the genetic conditions on the screening panel is low. It does not eliminate the chance and cfDNA does not screen for all conditions. A “positive” cfDNA result greatly increases the chances your baby has a specific condition. Your chances after a “positive” screen depends on many factors: the condition itself, your age, timing during pregnancy, family history, and ultrasound results. Sometimes, a cfDNA result cannot be reported for a number of reasons. When a result cannot be given by cfDNA, you can discuss what this could mean with your genetic counselor or obstetric provider.

How do I get information and support if my screening test comes back “positive” or “high risk” for a genetic condition?

While prenatal screening offers more information about the pregnancy, it can also lead to many more questions. What do these screening results or this diagnosis mean? What kind of life does a person with this diagnosis live? Where can I find reliable information?

Sometimes you might find incorrect or out-of-date information when trying to learn about different conditions. The outcomes and attitudes about many disabilities have changed greatly in recent years. This means expectant parents need current updates about genetic conditions so that they can make informed choices about the pregnancy and find any needed services, resources, and support. Your obstetric provider can show you accurate and trusted resources.

If you would like more information, you can ask for a referral to a genetic counselor. Genetic counselors are health care professionals with training in prenatal genetics. Genetic counselors can help you understand your options and discuss your thoughts about testing. They can also give you accurate information about your test results. You can find a genetic counselor through your obstetric provider or by using the “Find a Genetic Counselor” link on the www.nsgc.org website.

Where can I find more information about prenatal screening and testing?

You can find more information about prenatal screening, testing, and chromosome conditions at www.lettercase.org/prenataltesting/. This pamphlet is an introduction to your prenatal testing options, and you can continue the discussion further with your genetic counselor or obstetric provider.



Jody Boydston, M.D. • Abigail Brubaker, D.O. • Delia Duncan, M.D. • Diedre Wagers, M.D.
Jolene Frame, W.H.N.P. Robin Nichols, FNP – C

Dear patient,

We want to inform you that your labs will be available on the portal. If you don't already have a portal account, please stop at the front to get one set up.

Due to the nature of pregnancy, some labs will come back out of normal range. This is expected. Labs are reviewed by your provider and you will be contacted if further review is required.

Respectfully,

Exceptional Care for Women



FAMLI vs FMLA

It's important to note that Colorado's **Paid Family and Medical Leave (FAMLI)** differs from the federal **Family and Medical Leave Act (FMLA)**. The notable differences include:

- **FAMLI** is paid, job-protected leave
- **FMLA** is unpaid, job-protected leave
- Most Colorado employees working for a business of any size are eligible for **FAMLI**
- Employees who work for businesses with less than 50 employees don't qualify for **FMLA**
- Most workers are eligible for **FAMLI** leave from day one of employment
- Employees who have worked for their current employer for less than 1 year do not qualify for **FMLA**
- **FAMLI** offers job protection when employed 180 days before the start of their paid leave
- **FMLA** offers job protection after working 1,250 hours within 12 months
- Self-employed workers are eligible to voluntarily opt into the **FAMLI** program

FAMLI is designed to run concurrently with **FMLA**. If **FAMLI** leave is used for a reason that also qualifies as leave under **FMLA**, then the leave also counts as **FMLA** leave. **FMLA** is managed by the federal government, and all questions should be directed to the US Department of Labor.

Life happens. FAMLI has you covered. Learn more at famli.colorado.gov.



COLORADO
Family and Medical Leave
Insurance Program (FAMLI)
Department of Labor and Employment

About FMLA

- Federal law approved by Congress
- Eligibility determined by employer
- Required at most workplaces with 50+ employees
- The employer must have at least 50 employees within 75 miles of your workplace for you to qualify
- Must work 1,250 hours with the employer during the 12 months prior to leave
- Applies to all public agencies including local, state and federal employers, and local education agencies (schools) regardless of employee count
- Employer can require you to use sick time, paid time off, etc while using FMLA
- Eligibility for leave and job protection after 365 days of employment
- May be available for part-time and seasonal workers, see The Employee's Guide to the Family and Medical Leave Act
- Provides 12 workweeks of unpaid leave



About FAMLI

- Colorado law approved by voters
- Coverage may be through the Colorado FAMLI Division or a private plan approved by the FAMLI Division
- Required at most workplaces with at least one Colorado employee, with the exception of opted-out local governments and federal government employers
- Workers are eligible for FAMLI leave from day one of employment if they have met the wage requirement
- Available for most workers including full-time, part-time, or seasonal employees who have earned \$2,500 in wages in Colorado, within the previous five quarters.
- Eligibility for job protection after 180 days of employment
- Employers can't require employees to use accrued vacation, sick leave, or other paid time off before or while receiving FAMLI. For more information please see the FAMLI & Other Types of Leave webpage
- Provides up to 12 weeks of paid leave and includes partial wage replacement based on average weekly wages
- The application portal is on the FAMLI website



FAMLI Program Notice

Colorado's Family and Medical Leave Insurance (FAMLI)
Paid time for the moments that matter

You may qualify for FAMLI paid leave if you earned \$2,500 over the previous year, and need to:



Care for a new child through birth, adoption, or foster placement



Care for your own serious health condition



Care for a family member with a serious health condition



Support a family member preparing for military deployment



Seek safety or support related to domestic violence, stalking, or sexual assault



Care for a newborn in a Neonatal Intensive Care Unit or higher level of care

What You Pay

For 2026, your employer sends 0.44% of your wages to the FAMLI benefit fund. This shows up on your paystub as "FAMLI premium."

Your Rights

- If you've worked for your employer for 180 days, your job is protected when you return.
- Your employer may not retaliate, interfere, or discriminate against you for using FAMLI benefits.
- If something feels wrong, you can file a complaint by contacting the FAMLI Division.
- If your claim is denied, you can file a reconsideration at myfamliplus.state.co.us.



COLORADO
Family and Medical Leave
Insurance Program (FAMLI)
Department of Labor and Employment

How Much Leave You Can Take

12 Weeks

Up to 12 weeks each year

4 Weeks

Up to 4 extra weeks for pregnancy or childbirth complications

12 Weeks

Up to 12 more weeks for Neonatal Care Leave

You can take leave all at once, intermittently, or on a reduced schedule. FAMLI leave may reduce your available FMLA leave.

What You'll Receive



Weekly payment of up to 90% of your wages (sliding scale, based on income)



Benefits that are not taxed by Colorado. Federal taxes may apply.



You can estimate your weekly benefit at famli.colorado.gov.

How To Apply



Apply at: myfamliplus.state.co.us



Give 30 days' notice when possible, or notify your employer as soon as you can.

Learn more: famli.colorado.gov
For assistance, call: 1-866-263-2654
Visit: 707 17th Street, Suite 150, Denver, CO.



Serious Health Conditions Related to Pregnancy Complications or Childbirth Complications

Pursuant to C.R.S. 8-13.3-505(1), covered individuals may use up to 12 weeks of FAMLI leave in an application year, “except that benefits are payable up to an additional four weeks to a covered individual with a serious health condition related to pregnancy complications or childbirth complications.”

The existence of a pregnancy or childbirth complication does not alone give rise to an additional 4 weeks of leave. There must be a serious health condition related to the pregnancy or childbirth complication, and treatment for that serious health condition may not necessarily require 4 full additional weeks of leave.

The FAMLI Division will generally determine that serious health conditions arising more than 6 months after the end of the pregnancy are not related to pregnancy or childbirth complications, and as such do not give rise to any additional weeks of FAMLI leave beyond the standard 12 weeks per application year. If the FAMLI Division denies such a claim, the claimant may appeal the denial.