



There's nothing like the joy of a newborn baby. It's an exciting time no matter if it's your first, or 5th. But leading up to the birth, you might have some questions.

At WHS Women's Health, we're here to help. Included in this letter, you'll get an introduction to what you can expect, as well as frequently asked questions and a list of hospital resources.

If you have any questions during your prenatal visits, or if problems arise, call our office at any time (724) 225-3640. Even if the office isn't open, the on-call physician can be contacted to answer your questions.

Again, congratulations on your baby, and welcome to the Washington Health System family!

About the OB/GYN Care at WHS

Our OB/GYNs and Certified Registered Nurse Practitioners (CRNPs) provide a full range of obstetric and gynecological care. We offer prenatal care in all 4 of our convenient locations so there is always an office close to you.

Family Centered Care at WHS OB/GYN Care

We encourage a family centered concept of obstetrical care. We also operate using a group-care model, which means you won't just see one or two doctors during your journey— depending on the office location, you may be seen by a number of our providers during your pregnancy.

This is a considerable advantage for you and your team of physicians. When it comes time for delivery, you will have built a relationship with many of the providers. A physician familiar with your pregnancy is on call 24 hours a day for continuity of care to provide you with quality care.

Our providers are:

Marianne Wizda, MD

Monica A. Smith, DO

Carly Werner Zuwiala, MD

Anne Roslonski, DO

Shareen McNinch, CRNP

Emily Bender, PA-C

Washington Health System OB/GYN Care

has a longstanding commitment to provide care to the women of Washington, Greene, and Allegheny counties and has been serving the tri-county area for more than 50 years. Our board-certified and board-eligible obstetrician/gynecologists (OB/GYNs) and our Certified Registered Nurse Practitioners (CRNPs) provide all aspects of obstetric and gynecological care. In addition, our OB/GYNs provide the comprehensive care of an academic medical center while providing personalized attention to each patient.

OB/GYN Care Services

- Preventative Medicine
- Routine Gynecologic Exams
- Family Planning
- PMS
- Infertility
- Gynecologic Surgery
- Hormonal and Non-Hormonal Treatment of Menopause
- Immunizations
- Robotic - Assisted Surgery
- Laparoscopic/Laser Surgery Sterilization
- Osteoporosis Diagnosis/Treatment
- Gynecologic Cancer Screening
- Medical and Surgical Management of Urinary Incontinence
- Bone Density Scanning
- Normal and High Risk Prenatal Care
- Sexual Dysfunction
- Endometriosis

Four Convenient Locations

Washington

104 Wellness Way, Building 2
Washington, PA 15301

McMurray

4198 Washington Road
Waterdam Plaza
McMurray, PA 15317

Waynesburg

343 East Roy Furman Highway
Waynesburg, PA 15370

California

300 Technology Drive
Coal Center, PA 15423

Washington Health System OB/GYN Care Team



Marianne Wizda, MD

Medical School: Temple University School of Medicine
Residency: University of Pittsburgh, Magee-Womens Hospital
Board Certified: Obstetrics and Gynecology Fellow of the American College of OB/GYN



Monica A. Smith, DO

Medical School: WV School of Osteopathic Medicine
Residency: WVU/CAMC in Charleston WV
Board Certified: Obstetrics and Gynecology



Anne Roslonski, DO

Medical School: Edward Via Virginia College of Osteopathic Medicine
Residency: Charleston Area Medical Center/West Virginia University



Carly Werner Zuwiala, MD

Medical School: University of Pittsburgh School of Medicine
Residency: University of Pittsburgh, Magee-Womens Hospital
Board Certified: Obstetrics and Gynecology Fellow of the American College of OB/GYN



Shareen McNinch, CRNP

Education: Master of Science in Nursing from MCP Hahnemann University, Philadelphia, PA
Bachelor of Science in Nursing from Waynesburg College
Certifications: Certified Registered Nurse Practitioner - OB/GYN, NCC Board Certified in Women's Health (National Certification Corporation)



Emily Bender, PA-C

Education: Bachelor of Science in Human Biology and Master's Physician Assistant Studies, both from West Liberty University
Certifications: Certified Physician Assistant (PA-C)
Special Interests: Women's Health and Lactation.

Over the counter medications

Many patients have questions about which over the counter medications are safe during pregnancy. We consider the following medications or their equivalent, safe to take during pregnancy.

Tylenol	Benadryl
Tylenol Sinus	Robitussin (plain not DM)
Maalox	Pepcid
Mylanta	Tagamet HB
Sudafed	TUMS
Any stool softener	

NO IBUPROFEN DURING PREGNANCY

Aspirin products may be prescribed to certain patients.
Please do not take aspirin unless instructed by your provider.

If you are experiencing nausea or vomiting with pregnancy we recommend:

Pyridoxine (Vitamin B6) 25 mg every 6 hours
with **Doxylamine 12.5 mg twice daily (1/2 of the over the counter Unisom)**

If no relief with this combination, please contact the office at (724) 225-3640.

Laboratory Services

Please use one of our Washington Health System labs. By using a WHS Lab it allows our office to obtain the results in a timely manner and helps avoid any delay. For a full list of lab draw sites and hours, see next page.

Please use one of the following Washington Health System Labs.

By using a Washington Health System lab it allows our office to obtain the results in a timely manner and helps to avoid a possible delay in surgery dates.

Neighbor Health Center

95 Leonard Avenue, Building 1

Washington, PA 15301

Monday – Friday 6:30 a.m. – 5:00 p.m.

(724) 223-3720

Outpatient Center – Greene County

343 East Roy Furman Highway,

Waynesburg, PA 15370

Monday – Friday 8:00 a.m. – 4:00 p.m.

(724) 852-7559

Medical Plaza – Peters Township

4198 Washington Road, Waterdam Plaza

McMurray, PA 15317

Monday-Friday 7:00 a.m. – 8:00 p.m.

Saturday 7:00 a.m. – 3:00 p.m.

(724) 942-6460

Outpatient Center – California

This location is by appointment only.

300 Technology Drive, Coal Center, PA 15423

Monday – Friday 7:00 a.m. – 9:00 a.m.

(724) 938-7466

Outpatient Center – Cecil

3415 Millers Run Road

Cecil, PA 15321

Monday – Friday 7:00 a.m. – 4:00 p.m.

(724) 579-1420

Claysville (Located inside Curtis Pharmacy)

305 Main Street, Claysville, PA 15323

Monday – Friday 8:00 a.m. – 4:00 p.m.

(724) 663-5156

Washington Hospital Lab

155 Wilson Avenue, Washington, PA 15301

Monday – Friday 6:30 a.m. – 5:00 p.m.

Saturday 6:30 a.m. – 12:00 p.m.

(724) 223-3120

Outpatient Center – Meadows Landing

80 Meadows Landing, Suite 207

Washington, PA 15301

Monday – Friday 7:00 a.m. – 3:30 p.m.

(724) 250-6204

Outpatient Center – Canonsburg

100 South Central Avenue

Canonsburg, PA 15317

Monday – Friday 7:00 a.m. – 1:00 p.m.

(724) 745-3796

WHS Greene

350 Bonar Avenue, Floor 2

Waynesburg, PA 15370

Monday – Friday 7:00 a.m. – 6:00 p.m.

Saturday 7:00 a.m. – 12:00 p.m.

(724) 627-2608

*Due to COVID, Lab hours and location availability may vary.
Please call the phone number provided to confirm hours.*

Photography and audio/video recording in obstetrics and newborn nursery

The Washington Health System understands and supports the wishes of some families to record the experience of welcoming their new baby into the world. In order to balance such wishes with the paramount concerns for safety of mothers and infants, as well as to comply with federal privacy regulations, photography and audio/video recording are permitted on a limited basis in accordance with the following guidelines.

- Physicians, Hospital Staff, other patients and their infants, and visitors may not be photographed without their explicit permission
- Once an infant has been delivered and is stable, physicians may permit photography and audio/video recording in the Delivery Room or Operating Room
- Photography and audio/video recording is permitted within the mother's room after delivery
- No photography or audio/video recording is permitted during the actual delivery, including caesarean delivery.
- No photography or audio/video recording is permitted during emergency procedures, including infant resuscitation.

To ensure everyone's safety, security and privacy, the Hospital strictly enforces this policy. Failure to comply with the above guidelines will result in individuals being instructed to leave the hospital property.

What is umbilical cord blood?

Cord blood is the blood left in the umbilical cord after birth and is a rich source of stem cells, which have an amazing ability to grow into many different kinds of cells. Stem cells can grow into bone marrow cells, blood cells or brain cells which can be used to treat certain diseases of the blood and immune system. Diseases that can be treated with stem cell transplants include leukemia, Hodgkin's disease and some types of anemia. When healthy stem cells are transplanted into a child who is ill, those cells can grow new bone marrow cells to replace the one destroyed by the disease or its treatment. Stem cells from the child's own cord blood often cannot be used, because they may have led to the disease in the first place. Much research is being done to see if stem cells can be used to treat more problems. For now, the treatment is limited to diseases that affect blood cells.

What is cord blood banking?

The umbilical cord is usually thrown away after birth; the blood inside the cord can be saved or banked for later use. Cord blood is collected from the umbilical cord vein attached to the placenta after the umbilical cord has been detached from the baby. Umbilical cord blood is the blood left over in the placenta and in the umbilical cord after the birth of the baby. There are several methods for collecting cord blood. Collected cord blood is cryopreserved and then stored in a cord blood bank for future transplantation. A cord blood bank may be private (i.e. the blood is stored for and the costs paid by donor families) or public (i.e. stored and made available for use by unrelated donors).

For more information visit the following websites

parentsguidecordblood.org
cordbloodbankingguide.com

Carrier screening

What is carrier screening?

Carrier screening is genetic testing for asymptomatic patients to determine whether or not that person carries a genetic mutation that is associated with particular diseases.

What diseases can be screened for?

The American College of Obstetrics and Gynecology (ACOG) recommends all pregnant patients be offered carrier screening for cystic fibrosis, spinal muscular atrophy and hemoglobinopathies. Based on family and personal history, additional carrier screens may be offered.

Cystic fibrosis (CF) is a disease that can affect the lungs, digestive tract and reproductive organs. CF manifests in affected individuals differently but most patients have both breathing and digestive problems. Intelligence is not affected. Most patients are diagnosed in childhood but some patients with mild symptoms are not diagnosed until later in life. People with CF tend to have shorter lifespans. Based on your ethnicity the chance of being a CF carrier is 1 in 24 if you are Ashkenazi Jewish, 1 in 25 if you are Caucasian, 1 in 46 if you are Hispanic, 1 in 65 if you are African American and 1 in 90 if you are Asian.

Spinal muscular atrophy (SMA) is a disease affecting the nervous system that controls voluntary muscle movement leaving muscles weakened and wasted (atrophied). There are a few different types of the disease with varying degrees of symptoms. In its most extreme form the muscle weakness can cause respiratory failure and death in early childhood. Based on your ethnicity the chance of being an SMA carrier is 1 in 35 if you are Caucasian, 1 in 41 if you are Ashkenazi Jewish, 1 in 53 if you are Asian, 1 in 66 if you are African American and 1 in 117 if you are Hispanic.

Hemoglobinopathies describes a group of blood disorders that result in varying levels of anemia and other conditions resulting from abnormally functioning red blood cells. These are identified through your complete blood count and a hemoglobin electrophoresis. *Sickle cell disease* is one example of a hemoglobinopathy that can result in anemia, pain crises and more serious episodes called acute chest syndrome. Approximately 1 in 12 African Americans carry the sickle cell trait. Other at risk populations for hemoglobinopathies include those of Mediterranean and Southeast Asian descent

What if I screen positive?

All of these diseases require both parents to be carriers for an offspring to be at risk. If the mother is found to test positive, the father will be offered screening and if both partners are positive, referral to a genetic counselor is recommended.

Do I have to get screening?

No. Screening is optional and the decision is personal.

Screening for fetal aneuploidy

What is aneuploidy?

Aneuploidy is having one or more extra or missing chromosomes (which contain genetic material) leading to an unbalanced chromosome number in cells. *Down syndrome* (trisomy 21) is the most common autosomal aneuploidy and the most common form of inherited intellectual disability. It can also be associated with growth problems, heart defects, intestinal problems, seizures, childhood leukemia and early-onset Alzheimer's. Other less common aneuploidies that can be screened for include trisomy 18, trisomy 13 and sex chromosome aneuploidies.

The incidence of fetal aneuploidy increases as a woman ages, for example the chance of a woman having a baby with Down syndrome is 1 in 1,340 for a 25yo woman, 1 in 353 for a 35yo woman, and 1 in 85 for a 40yo woman.

What are the screening options to detect fetal aneuploidy?

First trimester screening (FTS) is performed between 11 and 14 weeks. Includes an ultrasound that measures the amount of fluid at the back of the baby's neck and a blood test from mom. Because of the specialized ultrasound this test is completed at a Magee or West Penn facility. Combined these will provide an estimated risk for Down syndrome and trisomy 18.

Multiple Marker Screening (MMS, Quad Screen) is performed between 15 and 21 weeks. This test involves a blood draw from mom. This test detects Down syndrome, trisomy 13, trisomy 18 and open neural tube defects (defects where the skull or spine does not close correctly—this includes disorders like anencephaly and spina bifida). Babies with spina bifida can have a range of physical or intellectual disabilities.

Cell-free DNA/Non-invasive prenatal testing (NIPT) is performed anytime after 10 weeks and involves a blood draw from mom. The test looks for genetic material from the pregnancy that is present in maternal blood. This test detects Down syndrome (Trisomy 21), trisomy 18, trisomy 13 and fetal sex aneuploidies. This test was validated in women felt to be high-risk for aneuploidy like those over age 35.

What is the next step if I screen positive?

Screening tests show if the chance of a specific disease is high or low. If your chance is found to be high with the screening test then you would be referred to a genetic counselor and offered diagnostic testing to see if the pregnancy is affected by a particular aneuploidy.

Do I have to get screening?

No. Screening is optional and the decision is personal.