

# GENERATIONS

OB + GYN

## MATERNITY FINANCIAL RESPONSIBILITY AGREEMENT

Congratulations on your pregnancy! We welcome you to Generations OB-GYN.

It is very important to have a good understanding of our maternity billing policy. We encourage you to read the following information and inquire about anything you do not understand; we do require your signature for this agreement.

Your insurance contract is between you and your insurance company. It is important to understand your coverage. **You** will need to call your insurance company to inquire about your maternity benefits. It is possible you may not have maternity coverage, or the plan may have limitations on what is covered while you are pregnant. *Our office does not know the details of individual insurance policies.*

Your first appointment is a consultation with our obstetrical nurses. A confirmation of pregnancy is established at this time along with a brief physical exam, a comprehensive medical history assessment along with information on proper diet, exercise and medications. The cost of this visit for a new patient is \$230.00 and for an established patient is \$180.00. This is not considered part of the prenatal care visits. After confirmation of pregnancy is established your first prenatal visit will be scheduled.

Insurance companies require Generations OB-GYN to submit a 'global bill' after the delivery occurs. This billing will include all prenatal visits and the delivery fee.

Exceptions to the 'global bill' are ultrasounds\*, non-stress tests, lab work and one office visit that occurs at 35 weeks gestation. These services are billed as they are rendered. While you are pregnant, we do not send out monthly statements; rather, our front desk staff will collect any amount due at your visits. *\*Some insurance companies do not cover multiple ultrasounds.*

Please be advised Generations OB-GYN does not participate with any form of Medicaid. We will not bill Medicaid for any services, including the baby boy's circumcision.

<b><u>Generations OB-GYN Charges:</u></b>	\$2,000.00	Prenatal Visits
	\$2,000.00	Vaginal Delivery
	\$2,100.00	Cesarean Delivery

Thank you for choosing Generations OB-GYN for your pregnancy care. If you need further information or have any questions, please call the billing department.

This is a copy for your records. The original version of this policy requires your signature that will be filed into your patient chart.

*Providing Excellence In Women's Healthcare*

Rev 2/20

35046 Woodward Ave • Ste 100 • Birmingham MI 48009-0932 • Ph: (248) 647-9860 • Fax: (248) 647-9864 • www.myobgyn.biz

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## GENETIC SCREENING INSURANCE INFORMATION

### \*IMPORTANT\*

If you choose to have any of the following genetic screening tests,  
It is your responsibility to check with your insurance to be sure  
genetic screening is a covered benefit under your plan (*often it is NOT*).

***\* We can only call for pre-authorizations if you have a risk factor\****

### **SEQUENTIAL SCREEN**

**BEAUMONT HEALTH SYSTEM**  
*HAP Insurance only covers ultrasounds  
and blood work from  
William Beaumont Hospital*

~ or ~

#### **QUEST DIAGNOSTIC**

If not covered, patient cost is

**BLOOD TEST \$350.00**

Diagnostic Code: Z34.90

Procedure Code: 82105, 82677,  
84163, 84702,  
86336

**ULTRASOUND \$500.00**

Diagnostic Code: Z36.0

Procedure Code: 76801

Diagnostic Code: Z36.82

Procedure Code: 76813

Ultrasound and  
first blood draw at 12-13½ wks

Second blood draw at 16-18 wks

### **SEQUENOM**

[laboratories.sequenom.com/patients](http://laboratories.sequenom.com/patients)

### **TESTING FOR CHROMOSOMAL ABNORMALITIES**

#### **MaternIT21 PLUS**

This test will only be performed if  
risk factor is present

CPT Code: ..... 81420  
81422

Atena and Blue Cross: .. 81507

By appointment only  
No Friday appointments

**Must be at least 10 wks pregnant**

For cost and billing information  
please contact  
[Integratedgenetics.com/transparency](http://Integratedgenetics.com/transparency)  
or call  
(844) 799-3243

### **COUNSYL**

[counsyl.com](http://counsyl.com)

### **TESTING FOR GENETIC CARRIER**

This can be done on both  
males or females  
(*Pregnant or non-pregnant*)

Patient has no upfront fees and will  
need to call their insurance for  
questions on out of pocket costs  
such as co-pay, deductible and  
co-insurance, if any, as determined  
by their health plan.

Pick up kit and requisition at  
Generations Office

For information contact

**COUNSYL**  
(888) 268-6795

Diagnosis Code:  
Z31.430 female  
Z31.440 male

CPT Codes: 81220  
81223  
81400

### **PANORAMA**

[Natera.com](http://Natera.com)

### **ANEUPLOIDY SCREENING FOR TWINS**

CPT Code: ..... 81420

*CAN NOT use*

Beaumont lab services

Pick up kit and requisition at  
Generations Office

For coverage, cost or questions call

**Giuseppe Cusumano**  
(248) 918-7430

*Natera representative*

Call mobile phlebotomy  
(Free of charge) (888) 476-5661

**Must be at least 10 wks pregnant**

### **AMNIOCENTESIS**

**INOFFICE** \*

~ or ~

#### **BEAUMONT HEALTH SYSTEM**

If not covered, please call

WBH, Royal Oak  
(248) 898-5000

ask for billing to obtain patient cost

Diagnostic Code: Z34

Procedure Code:

*Labs* - 88235, 88267  
88280, 88291

*Ultrasound* - 59000, 76946  
76805

# GENERATIONS

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## FETAL GENETICS AUTHORIZATION

You **MUST** contact your insurance carrier to find out your coverage and financial responsibility **BEFORE** testing is performed.

The tests below are optional during your pregnancy. If you have any questions, please ask your health provider. If you choose to have any genetic testing performed and the results are abnormal, you will be offered genetic counseling and/or further testing.

### **CARRIER SCREENING**

Carrier screening tests involve testing for abnormal genes that can be passed from parent to child. Examples are Cystic Fibrosis and Thalassemia. Most often, babies are not affected by the disease unless both parents test positive. If you test positive, testing of your partner is recommended.

YES, I want carrier testing

NO, I decline carrier testing

### **FETAL GENETIC SCREENING:** Please choose ONE

No Testing

Testing is not required. Some families choose NOT to do genetic screening tests.

Sequential Serum Screening

o This test involves an ultrasound and two blood draws. Results are given after the second blood draw at 16-18 weeks. It screens for risk factors associated with Down Syndrome, Trisomy 18, Trisomy 13, and open neural tube defects such as Spina Bifida. After the second blood draw, it is about 96% accurate in predicting Down Syndrome. It does not give any gender information.

o The test results are reported as a risk ratio, like 1 in 100 or 1 in 1000. It is not a diagnostic or 'yes' or 'no' test.

Cell Free DNA Testing (i.e. MaterniT 21 Plus or Panorama)

o This test analyzes genetic information that enters your bloodstream from the placenta. It is a screening test for chromosomal abnormalities such as Down Syndrome and other abnormalities associated with the X and Y chromosomes (sex chromosomes). It can also detect if you are having a boy or girl.

o It is 99% accurate in patients who are high risk for abnormalities. Accuracy is lower for low risk patients.

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### **THIS SECTION ONLY FOR PATIENTS WHO DO NOT HAVE SEQUENTIAL SERUM SCREENING**

**MATERNAL SERUM ALPHA-FETOPROTEIN (MSAFP)** – Alpha-fetoprotein is produced by the fetus's liver and can be measured in the mother's blood. Unusually high levels of MSAFP are associated with an increased risk of spinal cord defects and unusually low levels are associated with an increased risk of Down Syndrome. Test results are usually reported in 1-2 days. This test is part of the Sequential Serum Screening but is NOT part of the Cell Free DNA testing.

YES, I want to have the MSAFP tested between 16 and 18 weeks

NO, I do not want the MSAFP testing performed.

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I am aware of the limitations of this testing. I understand that it is my responsibility to check my insurance coverage and that I may have out-of-pocket expenses.

Patient Name \_\_\_\_\_

Patient Signature \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

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# Pregnancy and Vaccination



Information for pregnant women

Vaccines help protect you and your baby against serious diseases.



*You probably know that when you are pregnant, you share everything with your baby. That means when you get vaccines, you aren't just protecting yourself—you are giving your baby some early protection too. You should get a flu shot and whooping cough vaccine (also called Tdap) during each pregnancy to help protect yourself and your baby.*

## **Whooping Cough Vaccine**

Whooping cough (or pertussis) can be serious for anyone, but for your newborn, it can be life-threatening. Up to 20 babies die each year in the United States due to whooping cough. About half of babies younger than 1 year old who get whooping cough need treatment in the hospital. The younger the baby is when he or she gets whooping cough, the more likely he or she will need to be treated in a hospital. It may be hard for you to know if your baby has whooping cough because many babies with this disease don't cough at all. Instead, it can cause them to stop breathing and turn blue.

*When you get the whooping cough vaccine during your pregnancy, your body will create protective antibodies and pass some of them to your baby before birth. These antibodies will provide your baby some short-term, early protection against whooping cough.*

Learn more at [www.cdc.gov/pertussis/pregnant/](http://www.cdc.gov/pertussis/pregnant/).

## **Flu Vaccine**

Changes in your immune, heart, and lung functions during pregnancy make you more likely to get seriously ill from the flu. Catching the flu also increases your chances for serious problems for your developing baby, including premature labor and delivery. *Get the flu shot if you are pregnant during flu season—it's the best way to protect yourself and your baby for several months after birth from flu-related complications.*

Flu seasons vary in their timing from season to season, but CDC recommends getting vaccinated by the end of October, if possible. This timing helps protect you before flu activity begins to increase.

Find more on how to prevent the flu by visiting [www.cdc.gov/flu/](http://www.cdc.gov/flu/).

# Pregnancy and Vaccination

## *Keep Protecting Your Baby after Pregnancy*

Your ob-gyn or midwife may recommend you receive some vaccines right after giving birth. Postpartum vaccination will help protect you from getting sick and you will pass some antibodies to your baby through your breastmilk. Vaccination after pregnancy is especially important if you did not receive certain vaccines before or during your pregnancy.

Your baby will also start to get his or her own vaccines to protect against serious childhood diseases. You can learn more about CDC's recommended immunization schedule for children and the diseases vaccines can prevent at [www.cdc.gov/vaccines/parents/](http://www.cdc.gov/vaccines/parents/).

Even before becoming pregnant, make sure you are up to date on all your vaccines. This will help protect you and your child from serious diseases. For example, rubella is a contagious disease that can be very dangerous if you get it while you are pregnant. In fact, it can cause a miscarriage or serious birth defects. The best protection against rubella is MMR (measles-mumps-rubella) vaccine, but if you aren't up to date, you'll need it before you get pregnant.

***Talk to your ob-gyn or midwife  
about maternal vaccines and visit:  
[www.cdc.gov/vaccines/pregnancy/](http://www.cdc.gov/vaccines/pregnancy/)***

Keep in mind that many diseases rarely seen in the United States are still common in other parts of the world. Talk to your ob-gyn or midwife about vaccines if you are planning international travel during your pregnancy. More information is available at [www.cdc.gov/travel/](http://www.cdc.gov/travel/).



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention



# You can start protecting your baby from whooping cough before birth



Information for pregnant woman



**W**hooping cough (sometimes called pertussis) is a serious disease that can cause babies to stop breathing. Unfortunately, babies must be 2 months old before they can start getting their whooping cough vaccine. The good news is you can avoid this gap in protection by getting a whooping cough vaccine called Tdap during your pregnancy. The recommended time to get the shot is your 27<sup>th</sup> through 36<sup>th</sup> week of pregnancy, preferably during the earlier part of this time period. By getting vaccinated, you will pass antibodies to your baby so she is born with protection against whooping cough.

*When you get Tdap vaccine during your 3<sup>rd</sup> trimester, your baby will be born with protection against whooping cough.*

## Why do I need to get Tdap vaccine while I am pregnant?

CDC recommends Tdap vaccine during your third trimester so that your body can create antibodies and pass them to your baby before birth. These antibodies will help protect your newborn right after birth and until your baby gets his own first whooping cough vaccine at 2 months of age. During the first few months of life, your baby is most vulnerable to serious complications from this disease.

## Is this vaccine safe for me and my baby?

Yes, Tdap vaccine is very safe for you and your baby. The most common side effects are mild, like redness, swelling or pain where the shot is given in the arm. This should go away within a few days. You cannot get whooping cough from the vaccine. The vaccine does not contain any live bacteria.

Doctors and midwives who specialize in caring for pregnant women agree that Tdap vaccine is safe and important to get during the third trimester of each pregnancy. Getting the vaccine during pregnancy does not put you at increased risk for pregnancy complications like low birth weight or preterm delivery.

## If I recently got this vaccine, why do I need to get it again?

The amount of antibodies in your body is highest about 2 weeks after getting the vaccine, but then starts to decrease over time. That is why the vaccine is recommended during every pregnancy—so that each of your babies gets the greatest number of protective antibodies from you and the best protection possible against this disease.

## Are babies even getting whooping cough anymore in the United States?

Yes. In fact, babies are at greatest risk for getting whooping cough. We used to think of this as a disease of the past, but it's still common in the United States. Recently, we saw the most cases we had seen in 60 years. Cases, which include people of all ages, are reported in every state. Typically more than 1,000 babies younger than 2 months old are diagnosed with whooping cough each year in the United States.



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

[www.cdc.gov/whoopingcough](http://www.cdc.gov/whoopingcough)



American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™



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



## **Mom, only you can provide your newborn baby with the best protection possible against whooping cough.**

*You may have heard that your baby's father, grandparents, and others who will be in contact with your baby will need to get their whooping cough vaccine as well. This strategy of surrounding babies with protection against whooping cough is called "cocooning." However, cocooning might not be enough to prevent whooping cough illness and death. This is because cocooning does not provide any direct protection (antibodies) to your baby, and it can be difficult to make sure everyone who is around your baby has gotten their whooping cough vaccine. Since cocooning does not completely protect babies from whooping cough, it is even more important that you get the vaccine while you are pregnant.*

### **How dangerous is whooping cough for babies?**

Whooping cough is very serious for babies. Many babies with whooping cough don't cough at all. Instead it can cause them to stop breathing. In the United States, about half of babies younger than 1 year old who get whooping cough are hospitalized. About 7 in 10 deaths from whooping cough are among babies younger than 2 months old. These babies are too young to be protected by their own vaccination.

### **How could my baby be exposed to whooping cough?**

Whooping cough spreads from person to person when coughing or sneezing. It also spreads when people spend a lot of time together or share breathing space, like when you hold your newborn on your chest. Some people with whooping cough may just have a mild cough or what seems like a common cold. Since symptoms can vary, children and adults may not know they have whooping cough and can end up spreading it to babies they are in close contact with.

### **Why is the vaccine recommended during pregnancy instead of in the hospital after my baby is born?**

When you get Tdap vaccine during pregnancy, you will pass protective antibodies to your baby before birth, so both you and your baby have protection. Tdap vaccine used to be recommended for women to get in the hospital after giving birth. This helped protect moms from getting whooping cough, but did not directly protect babies.

### **Is it safe to breastfeed after getting Tdap vaccine?**

Yes, in fact you can pass some whooping cough protection to your baby by breastfeeding. When you get Tdap vaccine during pregnancy, you will have protective antibodies in your breast milk that you can share with your baby as soon as your milk comes in. However, your baby will not get protective antibodies immediately if you wait to get Tdap until after you give birth. This is because it takes about 2 weeks after getting vaccinated before your body develops antibodies.

### **Where can I go for more information?**

Pregnancy and Whooping Cough website:  
[www.cdc.gov/pertussis/pregnant](http://www.cdc.gov/pertussis/pregnant)

Immunization for Women website:  
[www.immunizationforwomen.org/patients/diseases-vaccines/tetanus-diphtheria-pertussis/faqs.php](http://www.immunizationforwomen.org/patients/diseases-vaccines/tetanus-diphtheria-pertussis/faqs.php)

Vaccines and Pregnancy Quiz:  
[www.cdc.gov/vaccines/pregnancy/vaccine-quiz.html](http://www.cdc.gov/vaccines/pregnancy/vaccine-quiz.html)

American Academy of Family Physicians website:  
[www.aafp.org/patient-care/immunizations/disease-population.html](http://www.aafp.org/patient-care/immunizations/disease-population.html)

Tdap Vaccine Information Statement (VIS):  
[www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.html](http://www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.html)

**Ask your doctor or midwife about getting Tdap vaccine during your 3<sup>rd</sup> trimester.**

To learn more about vaccines recommended during pregnancy, visit  
[www.cdc.gov/vaccines/pregnancy](http://www.cdc.gov/vaccines/pregnancy)

- What if I have more questions?
- Feel free to ask the health professional who gave you this booklet any questions that you might have.
  - Call the Michigan statewide HIV/AIDS information hotline  
English 1-800-672-4455;  
Español 1-800-862-5100;  
TDD 1-800-392-0449
  - Visit the CDC's HIV/AIDS website for extra information: <http://www.cdc.gov/hiv/>

## What You Need to Know About HIV Testing



MDRF-6 is an equal opportunity employer. We have  
an HIV program provider.

14000 Avenue of Hope, Suite 200  
Westland, MI 48186

(734)

**MD**  
**DHHS**

### What is HIV and how is it spread?

HIV (human immunodeficiency virus) attacks the body's immune system, or the ability to fight off disease. HIV enters through blood, semen, vaginal fluids, and breast milk. You can get or give HIV infection by:

- Having vaginal, anal, or oral sex without a condom.
- Sharing needles or syringes when injecting drugs.
- HIV can be passed from mother to child during pregnancy, birth or breastfeeding.
- You cannot get HIV by donating blood or through casual contact such as hugging or shaking hands.

### What is AIDS?

AIDS (Acquired Immunodeficiency Syndrome) is the stage of HIV infection when the body is weakened and less able to fight off germs.

### What is an HIV test?

It is a simple test, done by taking blood or fluid from a vein in the mouth, that finds if you have been infected with HIV (human immunodeficiency virus), the virus that causes AIDS.

### When should have an HIV test?

- The CDC (Center for Disease Control and Prevention) recommends that everyone between the age of 13 and 64 get tested for HIV.
- Whether your age, you should have an HIV test if you are sexually active or have shared needles or syringes for injecting drugs.
- Women who are pregnant or considering pregnancy should also get an HIV test.

### Can anyone make me take an HIV test?

*Health Michigan has a video you can watch!*  
For a video on your rights as a pregnant woman  
into a state with mandatory testing, getting an  
HIV test is your decision. See our case law  
page without doctor's consent!

### Can I change my mind after I consent to the test?

- Yes, you can change your mind at any time before the lab runs the test.
- If you change your mind, you must give your health care provider a written request saying that you do not want your test to be run.

### Can someone under age 18 take the test without their parents' consent?

- Yes, Minors, age 13 and older, have the right to take the test for HIV without their parents' knowledge or consent.





What is the difference between anonymous and confidential testing?

- Anonymous HIV testing means your name is not used and will not be on the test results. To get your test results, you will be given a code number.
- Confidential HIV testing means that your name will be used on your test results.
- If you get an anonymous HIV test, you will not receive a piece of paper with your name and your test results. If you need a copy of your HIV test results, you should take a confidential test.

*In Michigan, you have the right to request an anonymous HIV test.*

How is HIV testing done?

**Typical HIV tests** are done on blood or oral fluids. Specimens are sent to a lab and you get your results in about one week. When testing blood, a needle will be used to draw blood from a vein in your arm. When testing oral fluids, they are collected on a swab from your mouth.

**Rapid test:** Some clinics or testing sites offer rapid testing. This is a test done on a small amount of blood from the tip of your finger or from fluid in your mouth. You will get results in that same visit. If your result is negative (shows possible signs of infection), you will need more testing.

How will this test help me?

- The test will let you whether or not you have HIV. People can have HIV for years and not know it unless they get tested.
- If you are infected, it can help you get proper treatment and learn how to avoid spreading HIV to other people.
- If you are not infected, it can help you learn how to reduce your risk of getting HIV.

What does a negative (or "non-reactive") result mean?

- A negative result means you are not infected with HIV.
- If you have been infected too recently for it to show up on the test.
- If you recently had sex without a condom or shared needles, you should get another test in about six weeks. This is because sometimes HIV tests cannot detect recent infection.

What does a positive result mean?

- A positive result means that you are living with HIV.
- You should see a doctor as soon as possible. The person who gave you your test results can help you find a doctor if you don't have one.
- If you have HIV, you can pass your infection to other people through sex, sharing needles, or through birth or breastfeeding if you are or will be a mother.
- You should use condoms every time you have sex, to prevent passing the infection to others. The person who gave you your test results can help you plan ways to keep from passing your infection on to others.

Who will know the results of my test?

*In Michigan, all HIV test information is confidential, by law.*

- The person that gave an HIV test result will not know who is allowed to see their information.
- Health care workers that are involved in your care may see your test results.
- Health insurance companies, Medicare and Medicaid, if they are paying all or part of the cost of your health care, will also see your test results.
- All positive HIV tests are reported to the health department.
- All labs involved in HIV infection will be reported to the state health department.
- If you have HIV, Michigan law requires that your doctor or counselor from the local health department notify all of your known sexual and/or needle-sharing partners that they may have been exposed to HIV. They do this without using your name or sharing any information about you.
- It is illegal to discriminate against people with HIV.

If I have HIV, will I definitely develop AIDS or get sick?

No. Today there are many treatments for HIV. These treatments can prevent serious illness, including AIDS. If you get care quickly, you have a good chance for a long and healthy life.

Whom should I tell if I have HIV?

- Current, past and future sexual and/or needle-sharing partners should be notified.
- Your local health department can also help to notify partners. They will do this without using your name or sharing any information about you. Your doctor, health care provider or counselor that performed the test can connect you with the local health department.

*Michigan law requires you to let your current or future sexual partner that you have HIV before having any kind of sex with them.*

- The law also requires that your doctor or counselor from the local health department tell you about this.



# PREGNANT?

## READ THIS BEFORE YOU TRAVEL

### What we know about Zika

- Zika can be passed from a pregnant woman to her fetus.
- Zika infection during pregnancy can cause certain birth defects.
- Zika is spread mostly by the bite of an infected *Aedes aegypti* or *Aedes albopictus* mosquito.
  - » These mosquitoes bite during the day and night.
- There is no vaccine to prevent or medicine to treat Zika.
- Zika can be passed through sex from a person who has Zika to his or her sex partners.



### What we don't know about Zika

- If there's a safe time during your pregnancy to travel to an area with risk of Zika.
- If you do travel and are infected, how likely it is that the virus will infect your fetus and if your baby will have birth defects from the infection.

### Travel Notice

CDC has issued a travel notice (Level 2-Practice Enhanced Precautions) for people traveling to areas with a Zika outbreak (red areas on the Zika map).

- For a current list of places with Zika outbreaks, see CDC's Travel Health website: <http://wwwnc.cdc.gov/travel/page/zika-travel-information>

### Symptoms of Zika

Most people with Zika won't even know they have it. The illness is usually mild with symptoms lasting for several days to a week.

The most common symptoms of Zika are

- Fever
- Joint pain
- Rash
- Red eyes
- Headache
- Muscle pain



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

## CDC recommends special precautions for pregnant women and women trying to become pregnant

### Pregnant?

Pregnant women should not travel to areas with a Zika outbreak (red areas on Zika map).

Before travel to other areas with risk of Zika (purple areas on the Zika map), pregnant women should talk with their doctors and carefully consider risks and possible consequences of travel.

Pregnant women and their sex partners should strictly follow steps to prevent mosquito bites.

If you have a sex partner who lives in or travels to an area with Zika, you should use condoms from start to finish every time you have sex, or do not have sex during the pregnancy.

If you develop the symptoms of Zika, see a healthcare provider right away for testing.

### Trying to become pregnant?

Before travel to areas with a Zika outbreak (red areas on the Zika map) or other areas with risk of Zika (purple areas on the Zika map), couples trying to become pregnant should talk with their doctors and carefully consider risks and possible consequences of travel.

Strictly follow steps to prevent mosquito bites and sexual transmission during your trip.

Talk to your healthcare provider about plans to become pregnant.



### Your Best Protection: Prevent Mosquito Bites

#### Clothing

- Wear long-sleeved shirts and long pants.
- Treat clothing and gear with permethrin or purchase permethrin-treated items.
  - » Treated clothing remains protective after multiple washings. See product information to learn how long the protection will last.
  - » If treating items yourself, follow the product instructions carefully.
- Do NOT use permethrin products directly on skin. They are intended to treat clothing.



#### Indoor Protection

- Stay in places with air conditioning or that use window and door screens to keep mosquitoes outside.
- Sleep under a mosquito bed net if air conditioned or screened rooms are not available or if sleeping outdoors.



#### Repellent

Use Environmental Protection Agency (EPA)-registered insect repellents. When used as directed, these insect repellents are safe and effective for pregnant and breastfeeding women.

- Always follow the product label instructions.
- Reapply as directed.
- Do not spray repellent on the skin under clothing.
- If you are also using sunscreen, apply sunscreen before applying insect repellent.
- Use a repellent with one of the following active ingredients: DEET, picaridin, IR3535, oil of lemon eucalyptus or para-menthane-diol, or 2-undecanone.



[www.cdc.gov/pregnancy/zika](http://www.cdc.gov/pregnancy/zika)



## This chart can help you choose which fish to eat, and how often to eat them, based on their mercury levels.

What is a serving? As a guide, use the palm of your hand.



**For an adult 1 serving = 4 ounces**

Eat 2 to 3 servings a week from the "Best Choices" list  
(OR 1 serving from the "Good Choices" list).



**For children, a serving is 1 ounce at age 2 and increases with age to 4 ounces by age 11.**

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.\*

### 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	Tilapia (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

EPA  
United States Environmental Protection Agency

FDA  
U.S. FOOD & DRUG ADMINISTRATION

This advice supports the recommendations of the 2015-2020 Dietary Guidelines for Americans, developed for people 2 years and older, which reflects current science on nutrition to improve public health. The Dietary Guidelines for Americans focuses on dietary patterns and the effects of food and nutrient characteristics on health. For advice about feeding children under 2 years of age, you can consult the American Academy of Pediatrics.

† THIS ADVICE REFERS TO FISH AND SHELLFISH COLLECTIVELY AS "FISH." ADVICE REVISED JULY 2018