



# Memorial Hospital Miramar

June 8, 2018

**Re: Pregnancy Checklist**

Dear Members of the Department of Ob/Gyn:

Currently Memorial Healthcare System's OB self-pay pricing is as follows:

- Vaginal Deliveries = \$3,500
- Cesarean Section = \$5,000 (except Miramar which is at \$4,500)

Due to reimbursements decreasing, and high complication rates, Memorial Healthcare System is proposing to increase self-pay rates (for international patients only) as follows:

- Vaginal Deliveries = \$6,000
- Cesarean Section = \$10,000

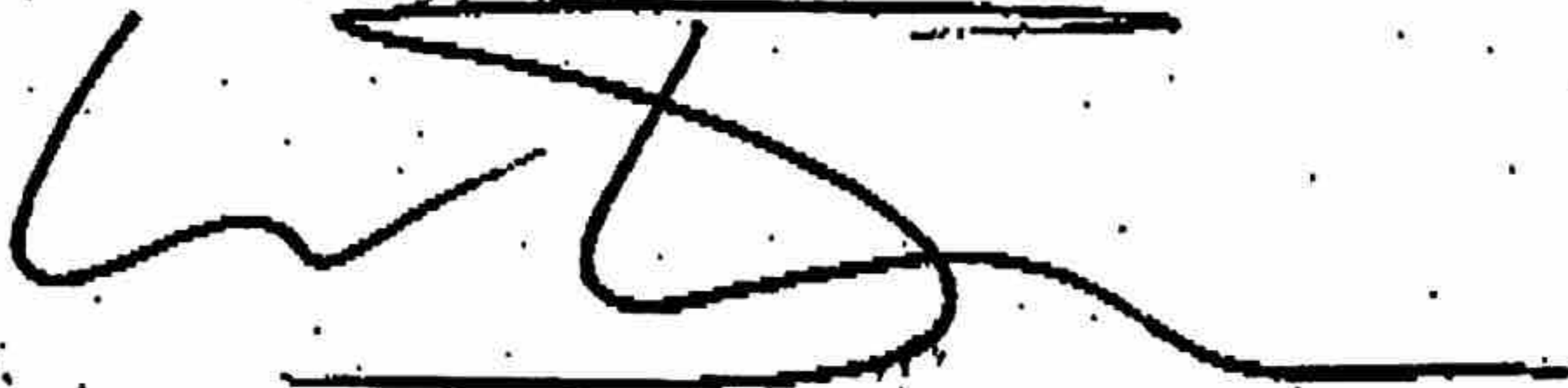
In order to maintain our current OB self-pay pricing, Memorial Hospital Miramar developed a Pregnancy Risk Assessment Checklist based on evidence-based literature and input from Ob/Gyn physicians. This form will assist us to determine if your patient may be at higher risk for complications, and if so, will be charged the higher self-pay rate.

The form has been formally approved by Memorial Healthcare System's Legal Department, as well as Memorial Hospital Miramar's Department of Ob/Gyn and will take effect on **Monday, June 18, 2018.**

Please complete the **Pregnancy Risk Assessment Checklist** no later than 32 weeks in your patient's pregnancy, and have the patient bring the form when pre-registering to the Admitting/Registration Department. Please be aware that the form **will not** be accepted after 34 weeks or the patient will be charged the higher self-pay rate.

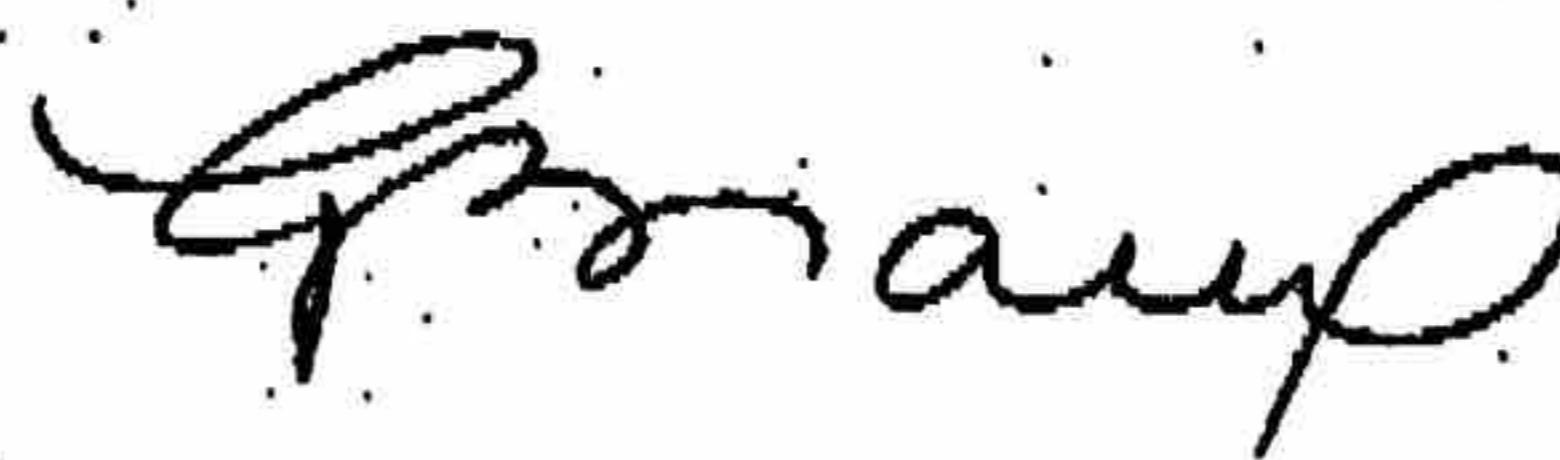
We would like to thank you for your dedicated service to Memorial Hospital Miramar and please contact us if you have any questions at (954) 538-4810. Thank you again for your valued commitment to Memorial Hospital Miramar.

Sincerely,



Simon Weiss, M.D., FACOG  
Chief, Obstetrics & Gynecology

Sincerely,



Grisel Fernandez-Bravo, ARNP, MBA, DNP  
Chief Executive Officer



## Pregnancy Risk Assessment Checklist

(One or more checked boxes may indicate potential for high risk pregnancy)

- **Age**
  - Teenager under age 17
  - Over 40 years old (with or without MFM consult)
  
- **Pre-Existing Health Conditions**

<ul style="list-style-type: none"> <li><input type="checkbox"/> Anemia (Hgb less than 8 g/dl)</li> <li><input type="checkbox"/> Asthma or other pulmonary disease suboptimally controlled</li> <li><input type="checkbox"/> Autoimmune Disease</li> <li><input type="checkbox"/> Diabetes</li> <li><input type="checkbox"/> HIV/AIDS</li> <li><input type="checkbox"/> Hypercoagulable States; Coagulopathy &amp;/or Bleeding Disorders</li> <li><input type="checkbox"/> Hypertension</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Intrauterine Infection (TORCH, Zika, etc.)</li> <li><input type="checkbox"/> Kidney Disease (excluding UTI)</li> <li><input type="checkbox"/> Maternal Congenital Defects (i.e. Cardiac corrected or uncorrected) or Genetic Disorders (i.e. CF)</li> <li><input type="checkbox"/> Obesity-pre-pregnancy or 1<sup>st</sup> trimester BMI &gt;35</li> <li><input type="checkbox"/> Psychiatric Disorder(s) –ongoing or h/o peripartum depression</li> <li><input type="checkbox"/> Thyroid Disease-all hyperthyroid or suboptimally controlled hypothyroid</li> <li><input type="checkbox"/> Other _____</li> </ul>
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- **Conditions of Pregnancy**
  - Abnormal Placenta (Placenta Previa in 3<sup>rd</sup> trimester, Placenta Accreta, etc.)
  - Alloimmunization (Rh, Kell, etc)
  - Fetal Anomalies (Congenital, Intrauterine growth restriction, etc.)
  - Gestational Diabetes
  - History of Myomectomy/Uterine Surgery
  - History of Preeclampsia prior to 32 weeks or any h/o Eclampsia or HELLP Syndrome (any gestational age)
  - Multiple Gestation
  - Preterm Labor and/or history of spontaneous Preterm Delivery (PTD)
  - Prior C-Sections 3 or more
  
- **Lifestyle Factors**
  - Alcohol Use – in first trimester or ongoing
  - Cigarette Smoking – during pregnancy
  - Substance Use including Opioid Dependency – during pregnancy (Drug: \_\_\_\_\_)
  
- **Medications - ongoing with potential for maternal or fetal implications**
  - \_\_\_\_\_
  
- **First local Consultation Prior to 32 weeks of Gestation**    Yes    No    (circle response)

Patient IS / IS NOT deemed a higher risk for complication(s) as of the date below (circle response)

Physician/Extender Signature: \_\_\_\_\_ Date: \_\_\_\_\_

National Institute of Child Health and Human Development (NICHD). (2017). What are the factors that put a pregnancy at risk? Retrieved from: <https://www.nichd.nih.gov/health/topics/high-risk/conditioninfo/pages/factors.aspx>

Society for Maternal Fetal Medicine (SMFM). (2017). Maternal fetal medicine: High-risk pregnancy care, research, and education for over 35 years. Retrieved from: <https://provider.intotalhealth.org/uploads/files/anti-research%20high%20risk%20pregnancy.pdf>