

June 8, 2018

Re: High Risk Pregnancy Checklist.

Dear Doctor,

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

- Vaginal Deliveries = \$3500
- Cesarean Section = \$5000 (except Miramar which is at \$4500).

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

- Vaginal Deliveries = \$6000
- 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 Health System's legal department, as well as Memorial Miramar's OB-Gyn Medical Staff Committee and will take effect on **Monday, June 18th, 2018.**

Please complete the **Pregnancy Risk Assessment Checklist** (on your self-pay patients only) 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 of OB/Gyn

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**

- | | |
|---|---|
| <input type="checkbox"/> Anemia (Hgb less than 8 g/dl) | <input type="checkbox"/> Intrauterine Infection (TORCH, Zika, etc.) |
| <input type="checkbox"/> Asthma or other pulmonary disease suboptimally controlled | <input type="checkbox"/> Kidney Disease (excluding UTI) |
| <input type="checkbox"/> Autoimmune Disease | <input type="checkbox"/> Maternal Congenital Defects (i.e. Cardiac corrected or uncorrected) or Genetic Disorders (i.e. CF) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Obesity-pre-pregnancy or 1 st trimester BMI >35 |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Psychiatric Disorder(s) –ongoing or h/o peripartum depression |
| <input type="checkbox"/> Hypercoagulable States; Coagulopathy &/or Bleeding Disorders | <input type="checkbox"/> Thyroid Disease-all hyperthyroid or suboptimally controlled hypothyroid |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Other _____ |

■ **Conditions of Pregnancy**

- Abnormal Placenta (Placenta Previa in 3rd 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: _____