

SONOGRAM SERVICES

AN OVERVIEW FOR SHIFT LEADERS

July 11, 2021

What does God have to say about life?

Psalms 139:13-16

For you formed my inward parts;

you knitted me together in my mother's womb.

¹⁴ I praise you, for I am fearfully and wonderfully made.

Wonderful are your works;

my soul knows it very well.

¹⁵ My frame was not hidden from you,

when I was being made in secret,

intricately woven in the depths of the earth.

¹⁶ Your eyes saw my unformed substance;

in your book were written, every one of them,

the days that were formed for me,

when as yet there was none of them.

Same Mission New Tool

Since patient #1 we've been engaged in **affirming the value of pre-born lives** and **supporting moms/families overwhelmed by their circumstances**.

We care about babies, mamas, fathers, and families and seek to support everyone involved.

We are not caring about something new; we are just adding a **new tool** to our ministry.

How did we get here?

The Need

Traditionally, we referred to Pregnancy Resource Centers (PRCs) but we knew that our patients were not consistently making it there, especially some that we were most concerned about.

The Opportunity

Over the last 12-18 months Watermark's Life Initiative has developed a **robust and growing mentor program** that connects women and men with 1:1 mentors to walk through appts, encouragement, and support with resource needs.

~80% of abortion-minded women who see a sonogram will choose life. Sonogram is tangible tool to complement a pastoral conversation.

Medical support

Who are we
serving with
sonograms?

MEDICAL opportunity

Not established with an OB

**O
R**

MINISTRY opportunity

Under-resourced

Under-supported

Abortion-minded or
determined

LMP < 6 weeks	LMP > 6 weeks or unsure	Scenarios
<p>No sonogram (too early to see)</p> <p><u>Initial Visit</u></p> <ul style="list-style-type: none"> ❑ Lab draw – hCG quant & progesterone* ❑ Schedule follow-up visit @ 48 hours for results with on-call PC “Life Team” <p><u>Follow-up Visit</u></p> <ul style="list-style-type: none"> ❑ Visit with on-call PC ❑ Based on lab results, schedule sono when hCG > 6,000 ❑ Secondary lab draw based on provider discretion <p>*For any referrals from one clinic to another, <u>please draw labs at initial clinic.</u></p>	<p><u>Initial Visit</u></p> <ul style="list-style-type: none"> ❑ SONOGRAM ❑ Lab draw – hCG quant & progesterone* ❑ Schedule follow-up visit @ 24-48 hours for results with on-call PC “Life Team” (provider determined based on sono) ❑ Referral for Prenatal Care ❑ Discharge packet & patient education <p><u>Follow-up Visit</u></p> <ul style="list-style-type: none"> ❑ Visit with on-call PC ❑ Secondary lab draw based on provider discretion ❑ Optional for abortion-minded: another sonogram (PC) 	<p>Sonogram showed no definitely IUP and no symptoms presenting for ectopic or miscarriage:</p> <ul style="list-style-type: none"> • Possibly too early or incorrect LMP • Repeat sonogram in one week and when hCG > 6,000 <p>Threatened miscarriage (identified via sono or labs +/- mild symptoms)</p> <ul style="list-style-type: none"> • Refer to Healing Hands • Draw additional labs – CBC, ABO, & antibody screen <p>Active miscarriage or ectopic (severe symptoms)</p> <ul style="list-style-type: none"> • Refer to Parkland ER <p>Progesterone 5-15: Start progesterone vaginal suppository (200mg) until 12 weeks gestation or until seen by OB. Must be filled at compounding pharmacy.</p>

Connection to Life Initiative Mentors

Connection via WUC's Life Team (On Call PC)

- Charge RN/Provider/Director has access to an “on call” group of volunteers that will show up to intentionally engage with vulnerable patients at their follow-up appointment
- Those volunteers will walk with them until they are ready for a mentor.
- If you are interested in being a part of this on call team, please reach out to Samantha Parsons
sparsons@watermarkurgentcare.com
- Mentors walk with women & families through child's first birthday! (So cool!)

FORMS & HANDOUTS

Patient Intake

Sonogram patients need to fill out an additional intake & consent.

Located in Provider Binder in Sono Room.

This is to be completed in addition to the Watermark Urgent Care intake form.

Full Name: _____	Date of Birth: _____
Menstrual History Date of last menstrual period (first day): _____ <input type="checkbox"/> Unsure My period usually occurs every (#) _____ days and lasts for (#) _____ days. <input type="checkbox"/> Unsure Gynecologic History Last Pap smear (date/year): _____ Abnormal Pap smears? <input type="checkbox"/> No <input type="checkbox"/> Yes (Year & Treatment: _____) Have you ever had any of the following infections? (Please check all that apply). <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Chlamydia <input type="checkbox"/> Herpes <input type="checkbox"/> Trichomonas <input type="checkbox"/> Genital warts/HPV <input type="checkbox"/> Syphilis <input type="checkbox"/> HIV/AIDS If so, what year and how was it treated? _____ Who is your usual women's health or OBGYN provider? _____ <input type="checkbox"/> none Are you interested in STD testing today? (Please check all that apply). <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Chlamydia	Contraception/Pregnancy History Current method of preventing pregnancy (if applicable): _____ Are you currently undergoing treatment for infertility? <input type="checkbox"/> No <input type="checkbox"/> Yes Total number of pregnancies: ____ Vaginal deliveries: ____ C-sections: ____ Miscarriages: ____ Abortions: ____ Ectopic: ____ Pregnancy complications: _____ _____ Are you currently experiencing any of the following symptoms? <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Painful urination <input type="checkbox"/> Vaginal bleeding or spotting <input type="checkbox"/> Vaginal discharge <input type="checkbox"/> Dizziness or feeling like you're going to pass out

Reserve side of form is a consent acknowledging our sono is for purpose of pregnancy confirmation and we are not looking beyond that.

Note: we have option to do these 2 tests on site and it would be advantageous to identify and treat early in pregnancy if patient is interested.

Prenatal Care Referral to Healing Hands

*Located in Provider
Binder in Sono Room.*

Send this form via fax to
469-637-2760 and
PROVIDER/CHARGE RN
will send email to
womenshealthcentervick
ery@hhmtx.org stating
“referral faxed” (not
including patient PHI).

Healing Hands scope:

- Prenatal care
- Delivery (Presby)
- Postpartum & home
visits
- Pediatrician

No geographic or
incoming limitations

Will enroll in Pregnancy
Medicaid or cash pay



SONOGRAM SERVICES
Prenatal Care Referral

CONSENT FOR REFERRAL

Patient Name	Patient Date of Birth
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I affirm that I (patient above) consent to sharing the information below about my visit at Watermark Urgent Care with Healing Hands Ministries Inc (HHM) for the purposes of a referral for prenatal care.

I would like to be contacted by (check one) _____ phone _____ email

Patient Phone Number (if checked above)	Patient Email Address (if checked above)
Patient Signature	Today's Date

WATERMARK URGENT CARE VISIT SUMMARY

LMP _____

G ____ P ____ A ____

Summary of Lab Results

Summary of Sonogram Findings

Watermark Urgent Care Staff Referring

WUC Staff Name	Today's Date
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WUC Staff – Send this form via fax to 469-637-2760 and send email to womenshealthcentervickery@hhmtx.org stating “referral faxed” (not including patient PHI).

Pastoral Care & Patient Education

Tools & Resources

Discharge Folders

Fetal Models

Crocheted Fruits (correlates with Stages of Development handout)

Prenatal Vitamins

As needed:

Plan B booklet

Before She Decides

Discharge Folders

Discharge Instructions

Decision Making Tool

Stages of Development

Medications during pregnancy

Safe eating during pregnancy

Morning Sickness

Weeks 6-10 & Weeks 10-14

TLI Hotline Card

Before you Decide Magazine

TXHHS Booklet

Discharge Folder:

DISCHARGE INSTRUCTIONS



SONOGRAM SERVICES

My Next Steps

9780 LBJ Freeway Suite 124 | Dallas TX 75243
(469) 317-0028

Thank you for visiting our clinic today!
Below is a brief reminder of what we talked about today. If you have any questions, please call us.

Discharge Instructions:

Visit summary

- ☐ Your sonogram showed: _____
- ☐ Your estimated due date is: _____
- ☐ Today you are this far along in your pregnancy: _____

You were given the following handouts today. Please review them and call us if you have any questions.

Before You Decide Magazine
A Woman's Right to Know Booklet
Stages of Development
Safe Eating During Pregnancy
Medications During Pregnancy
Morning Sickness FAQ

You were instructed to take the following medications:

- ☐ Prenatal vitamin once a day
- ☐ Prescription medicine: _____
- ☐ Over the counter medicine: _____

Other instructions:

Follow-up:

Return to our clinic for the following services:

- ☐ Blood work on _____
- ☐ Repeat sonogram on _____
- ☐ To see our midwife on _____
- ☐ Follow-up for lab results on _____

Go to the following clinic for prenatal care:

- ☐ Parkland Women's Center: _____
- ☐ Vickery Health Center (Healing Hands)
- ☐ Other: _____

Vickery Health Center (Healing Hands)
Women's Health Center
5750 Pineland, Suite 240
Dallas, TX 75231
469-637-2777 ext. 500

Parkland Memorial Hospital
5200 Harry Hines Blvd.
Dallas, Texas 75235
214-590-8000

Provider's Name: _____

Date: _____

Please call 911 or go to the closest emergency room if you experience any of the following:

- Vaginal bleeding
- Severe abdominal pain
- Vomiting and unable to keep anything down
- Feeling faint or like you are going to pass out

Discharge Folder:

DECISION MAKING TOOL

- 1. Have them fill out while you chart; OR
- 2. Have them fill out and bring back for follow-up visit



WatermarkUrgentCare
A Partnership with QuestCare Medical
9780 LBJ Freeway Suite 405 | Dallas TX
(469) 317-0028

SONOGRAM SERVICES
My Decision Making Tool



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SONOGRAM SERVICES
My Decision Making Tool

Step 1: What decision do I feel that I need to make?

What am I considering for my pregnancy and child? (check all that apply)
☐ Parent ☐ Adoption ☐ Abortion ☐ Undecided

Why does that decision feel like the right one for me? _____

When do I need to make my decision?
☐ Unsure ☐ Today ☐ This Week ☐ This Month

Who have I told about my pregnancy? _____

How did they respond? _____

Who else would I like to tell? _____

How do I think they will respond? _____

What is my head saying? _____

What is my heart saying? _____

How are you feeling about your pregnancy? (circle below, or write any feelings you're experiencing)

Anger	Sadness	Fear	Joy
Surprise	Disgust	Shame	Interest

Why do I feel this way? _____

Step 2: Pros & Cons

Fill in the blanks based on what you think the pros & cons are of the options below

	Cons	Pros	Questions I have
Parent			
Adoption			
Abortion			
Wait a week			

Step 3: My Next Steps

What do I want to learn more about before making my decision? (check all that apply)
☐ Parent ☐ Adoption ☐ Abortion ☐ Undecided
Call our clinic at (469) 317-0028 to ask any question you have!
Or bring this worksheet to your next appointment & we would love to discuss.

My next appointment is on (date) _____ at (location) _____.

I will reach out to (person's name) _____ for support and encouragement in my decision-making process.

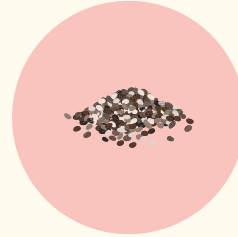
When I am ready for a mentor (a friend to walk with me through this pregnancy), I will call (972)454-9869 or email pregnant@watermark.org. They will help me in whatever way I want and need.

- TOGETHER** we will consider the questions.
- TOGETHER** we will navigate the appointments.
- TOGETHER** we will remind each other God is with us.
- TOGETHER** we will face what is next.
- TOGETHER** we will see every life if worth more.
- TOGETHER** we've got this.

Discharge Folder:

STAGES OF DEVELOPMENT

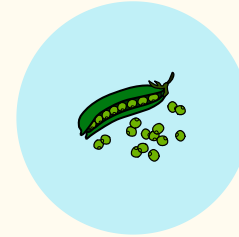
STAGES OF DEVELOPMENT



4 WEEKS

Baby is about the size of a poppy seed!

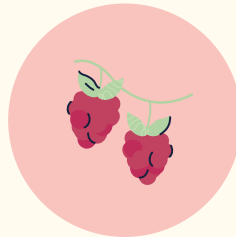
Heart is beating. Head, chest, and abdominal cavities have formed.



6 WEEKS

Baby is about the size of a pea!

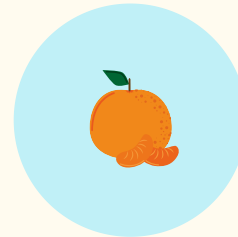
Ears, arms, and legs are beginning to form.



8 WEEKS

Baby is about the size of a raspberry!

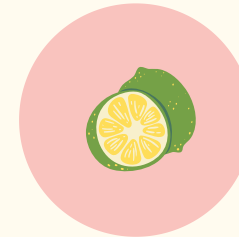
Fingers, toes and knees are forming along with the respiratory system.



10 WEEKS

Baby is about the size of a tiny tangerine!

Teeth and eyelids are completely formed.



12 WEEKS

Baby is about the size of a lime!

Fingers and toes are beginning to wiggle. Hair and nails are growing.

Discharge Folder:

MEDICATIONS DURING PREGNANCY



Medications During Pregnancy

All medications and symptoms listed below are meant to be used as a guideline during pregnancy. The medications are over-the-counter and available at your local drugstore. Follow the dosage directions on the label, unless you have been told otherwise.

Symptoms 	Over the Counter Medications 
Fever, Headache, Pain	Tylenol (call the office for fever over 100.4 degrees Fahrenheit)
Cold, Stuffy Head, Runny Nose	Actifed, Mucinex, Robitussin, Tylenol products
Allergies, Itching	Benadryl, Zyrtec, Claritin, Alavert, Tavist ND
Sore Throat	Throat Lozenges, Cepacol, Chloroseptic, Warm Salt-Water Gargles
Cough	Robitussin Liquid Products, Vicks 44 *DO NOT TAKE ANY COUGH SUPPRESSANT CONTAINING ALCOHOL
Indigestion	Riopan, Maalox Plus, Mylanta, Tums, Zantac, Pepcid AC
Constipation	Colace, Surfak, Milk of Magnesia, Metamucil, Doxidan, Miralax, Senokot, Dulcolax (increase water/fruit juice intake)
Diarrhea	Donnagel, Imodium AD, Kaopectate (call doctor if no improvement after 3 doses)
Leg Cramps	Tums, Citracal, Oscal, Calcet
Hemorrhoids	Anusol HC, Preparation H
Yeast Infection	Monistat, Lotrimin, Vagistat

Discharge Folder:

SAFE EATING DURING PREGNANCY



Safe Eating During Pregnancy

Good	Bad
 Vegetables carrots, sweet potatoes, pumpkin, spinach, kale, cooked greens, tomatoes and red sweet peppers	 Smoking
 Fruits cantaloupe, honeydew, mangoes, prunes, bananas, apricots, oranges, and red or pink grapefruit	 Alcohol
 Dairy fat-free or low-fat yogurt, skim or 1% milk, soymilk	 Raw or undercooked seafood, eggs and meat.
 Grains ready-to-eat cereals/cooked cereals	 Unpasteurized milk and foods that contain it. soft cheeses - unless labeled "made with pasteurized milk"
 Proteins beans and peas; nuts and seeds; lean beef, lamb and pork; salmon, trout, herring, sardines and pollock	 Hot dogs and luncheon meats unless they are heated until steaming hot before serving
	 Caffeine do not consume more than 150mg-300mg per day

Discharge Folder:

TXHHS BOOKLET – A Woman's Right to Know



- English & Spanish available
- Stages of development (pg 2)
- Abortion risks (pg 8)

Discharge Folder:

Before you Decide Magazine



- English & Spanish available
- Q&A (pg 3)
- Fetal development (pg 7)
- Abortion story (pg 13)
- Abortion types (pg 15)
- Adoptions types & stories (pg 33)