



women's health

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UMHS Women's Health Program—A National Center of Excellence in Women's Health

PERINATAL ASSESSMENT CENTER

Comprehensive, Leading-Edge Care Soon Available to Even More Women

The Perinatal Assessment Center (PAC), located on the fourth floor in the Maternal and Child Health Center, provides two things that every woman wants in her medical care: easy access to comprehensive medical information and leading-edge technology. The PAC includes three main areas: perinatal and obstetrics imaging (ultrasound), genetic counseling, and antenatal testing, which involves monitoring the fetal behavior to help determine when a baby should be delivered.

Close Proximity of Services

Kathleen Hanlon-Lundberg, M.D., Medical Director, PAC, says, "The unique thing about the University of Michigan is that we're set up with all these related services in very close proximity. We think it's the ideal setup to make it as easy as possible for patients to receive services and to get them to the experts who can answer their questions in as timely a manner as possible."

Those experts include perinatologists, doctors who specialize in perinatal care; nurse coordinators; genetic counselors; and sonographers, specialists in the use of ultrasound. Hanlon-Lundberg adds, "When pregnancy-related questions and concerns arise, people tend to get anxious or worried. We want to be able to assess and realistically discuss the condition of the mom and the baby and to know what is going on. Our commitment to making this experience as informative as possible and easing what sometimes is a very difficult process for patients is unparalleled."

Enhanced Communication

The co-location of services results in excellent communication between the staff and better patient care overall. Another benefit the PAC offers is the close relationship with related pediatric services including: radiology, surgery, cardiology, nephrology, and urology. Hanlon-Lundberg says, "We are fortunate to have a pediatric surgeon with a specialty in fetal intervention and surgery."

By the end of the summer, the PAC will double its clinical space. The expanded space will include more ultrasound rooms and an additional room for genetic counseling. One of the biggest benefits of the expansion will be the ability to provide services to more women.

For more information about the Perinatal Assessment Center, call (734) 763-4264 or visit www.med.umich.edu/obgyn/pac.



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Part Teacher, Part Counselor Approach to Sorting Through Complex Factors

Women are referred to genetic counselors for a variety of reasons including family history of a genetic disease, abnormal maternal serum screening (tests for chromosome abnormalities and open spine defects), and advanced maternal age (35 and older). The genetic counselors at the University of Michigan Perinatal

Assessment Center (PAC) are part teacher, part counselor. In addition to providing women with all the available

information about testing and options, the genetic counselors also help women sort through complex factors like religious and family beliefs in the decision-making process.

Helping Women Make Their Own Decisions

Patients are often surprised that the counselors don't give women specific instructions. "Some people expect us to make recommendations regarding testing options or management of the pregnancy, when our real objective is to educate patients so they can make those decisions for themselves," says Carrie Couyoumjian, Genetic Counselor, PAC.

Kathleen Hanlon-Lundberg, M.D., Director of the PAC, says the genetic counselors are an "integral part" of the PAC. "The genetic counselors are excellent and dedicated," she says. "They are very adept at researching clinical problems." The genetic counselors research the diseases, the testing, where the testing is available,

and the likely outcomes and options, so they can present all the available information to patients.

The genetic counselors explain all of the benefits and risks associated with the testing. They also help patients understand information they have received from doctors, friends, family members, and/or books. Sometimes they have to correct misconceptions about genetic testing. For instance, some people incorrectly believe that there is one test that can test for all diseases.

Hoping for the Best, Dealing with Reality

Another important part of their job is helping women and their families deal with bad news. "Whenever someone gets pregnant, she often hopes and expects for the best," says Beth Dugan, Genetic Counselor, Clinical Coordinator, PAC. "When any kind of glitch comes up, it can be very nerve-wracking." Both Dugan and Couyoumjian agree that one of the pluses





Q&A

Down Syndrome

Q. What is Down syndrome?

A. Down syndrome is the most common disorder of human chromosomes. It is a genetic disorder that is usually diagnosed shortly after birth, but it can be detected through prenatal testing.

Q. Who is at greatest risk for Down syndrome?

A. The following groups of parents are at greatest risk for having a child with this genetic disorder: parents who have already had a baby with Down syndrome, mothers or fathers who have an anomaly involving chromosome 21, and mothers over 35 years old.

For more information about Down syndrome, call the U-M Women's Health Resource Center at (734) 936-8886.



Can prenatal diagnosis guarantee a baby free of birth defects?

Many birth defects can't be detected by any known prenatal diagnostic technique, and no prenatal test can guarantee a baby free of birth defects. However, genetic counseling and prenatal diagnosis may help reassure parents that their child will be free of the more common birth defects.

of their job is being able to spend extra time answering women's questions. Dugan says, "It is nice to be able to take time to help them with those emotional issues and not just their medical questions."

For more information about genetic counseling, call (734) 763-4264 or visit www.med.umich.edu/obgyn/pac/consult.htm#counsel.

Genetic Carriers

What does it mean to be a carrier?

Most of our genes are inherited in pairs with one copy coming from each parent. We all carry 5 to 7 non-working (altered) genes. For many genetic diseases, one working copy of a gene is enough to prevent disease. If an individual carries one working copy and one non-working copy of a gene, he or she is called a "carrier" for that genetic disease. If both partners carry one copy of the same non-working gene, and they both pass on this non-working copy to their baby, the baby will not have a working copy and will be affected with the disease.

How can I be screened?

Screening involves giving a blood sample.

What if both parents are carriers?

If each parent has the same non-working gene, there is a 25% chance with each pregnancy of having a baby born with the disease. It is possible to test the unborn child to see if he or she has both non-working copies.

For more information about genetic carrier screening, visit www.med.umich.edu/obgyn/pac/carrierscreen.htm.



Reading List

The DNA Mystique: The Gene as a Cultural Icon (Conversations in Medicine and Society), by Dorothy Nelkin and M. Susan Lindee

Expecting Adam: A True Story of Birth, Rebirth, and Everyday Magic, by Martha Beck

Human Genetics: Concepts and Applications, by Ricki Lewis

Mutants: On Genetic Variety and the Human Body, by Armand Marie Leroi

Genetics and Ethnicity

Some genetic diseases are more common in certain ethnic groups. Here are some examples:

African-Americans	Sickle Cell Anemia, Thalassemia
Ashkenazi-Jews	Tay-Sachs disease, Canavan disease, Cystic Fibrosis, Familial Dysautonomia
Caribbean	Sickle Cell Anemia, Thalassemia
Caucasian (non-Jewish)	Cystic Fibrosis
Hispanic	Sickle Cell Anemia, Thalassemia
Indian/Pakistani	Thalassemia

For more information about genetic screening and these diseases, visit www.med.umich.edu/obgyn/pac/carrierscreen.htm.

For More Information: Information about women's health issues is available on-line. Please visit the U-M website at www.med.umich.edu/1libr/1libr.htm or the Women's Health Program website at www.med.umich.edu/whp.

To Receive Future Issues: To be placed on the *Women's Health* mailing list, or for more information on the Women's Health Program, call the Women's Health Resource Center at (734) 936-8886. If you no longer wish to receive *Women's Health*, please E-mail womenshealth@glcomm.com and ask to have your name removed from the mailing list.

Mission: To provide the highest-quality health care to women through coordinated service, collaborative research, extensive education, and outreach.

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