



CALIFORNIA MEDICAL ASSISTANT

Published Bi-Monthly by the California Medical Assistants Association, Inc. for Medical Office Professionals

PRESIDENT'S MESSAGE

"Cruising to Success"

I am so proud to be a member of CMAA. It is very exciting to witness the mission of CMAA being promoted by all our members.

My goals this year are simple; communication and increasing membership. There are so many medical assistants who do not know who we are. Let us all work to change that. Let's promote the benefits of being a member of CMAA. Not only for the educational opportunities but also the networking and support we can offer all Medical Assistants. There are many working medical assistants that we can reach out to.

February 19-21, we gathered for our Annual Meeting in Anaheim. There was a great line up of speakers. We learned everything, from Administrative Internet Resources to behind the scenes in a coroner's office.

I want to personally thank all the students who attended the 2010 Annual Meeting. Students are the next generation of leaders in CMAA and we support them 100%.

I would like to thank the members of the Executive Committee, the Regional Representatives and the Committee Chairman for their willingness to serve this 2010-2011 year. Thank you all for your commitment, passion and dedication to CMAA.



"My goals this year are simple; communication and increasing membership."

Theresa Henderson, CCMA-AC
CMAA President



Let us begin our journey as we start **"Cruising to Success"**!

The East Bay Region and San Joaquin Region will be hosting CMAA's 2010 Fall Conference in Livermore - September 9 - 12, 2010.

Details to follow in future editions of this publication and to all regions via email. For more information, please contact Laurie Erceg, CCMA-A (510) 305-5111.



**MARCH/APRIL
2010**

WHAT'S INSIDE

- **PRESIDENT'S MESSAGE**1
- **2010 FALL CONFERENCE ANNOUNCEMENT**1
- **TOP SECRET: PRESIDENT-ELECT'S MESSAGE**2
- **2010 ANNUAL MEETING PHOTO HIGHLIGHTS**.....3
- **CMAA OFFICE COORDINATOR JOB LISTING**.....4
- **CERTIFYING BOARD UPDATE: Newly Certified California Medical Assistants**5
- **IMPORTANT NOTICE REGARDING TIMELY CLAIMS FILING**6
- **EAST BAY EDUCATIONAL SEMINAR: Your Key to Medical Education**7
Seminar Registration Form8
- **CONTINUING MEDICAL EDUCATION: The Medical Assistant and the Pregnant Patient**9
Self-Assessment Test.....12
Article Order Form13
- **CMAA HUGGY BEAR UPDATE**.....14
- **GET WELL WISHES TO FRAN MANSFIELD, CCMA**14

**CALIFORNIA
MEDICAL ASSISTANTS
ASSOCIATION, INC.**

P.O. Box 11715
Santa Rosa, CA 95406
Toll Free 1.888.464.2622
Fax 208.730.3763

www.cmaa-ca.org
Email address: cmaahq@aol.com

California Medical Assistant

EDITOR

VICKEY MARTINEZ, CCMA-C
Riverside Region
P.O. Box 2931
Riverside, CA 92516

Email: Vmartin1519@charter.net

PUBLICATION COMMITTEE

HARRIETT TOSE, CCMA-A
Sacramento Region

KRISTINE ONSTINE, CCMA-A
Redwood Region

KATE LOGAN, CCMA-AC
Sacramento Region
Certifying Board Administrator

COORDINATOR

JANICE SAMS, CCMA-C
Redwood Region

CMAA PRESIDENT

THERESA HENDERSON, CCMA-AC
Riverside Region
P.O. Box 2931
Riverside, CA 92516

Email: Henda@fused.net

For Advertising contact:

**CALIFORNIA MEDICAL ASSISTANTS
ASSOCIATION, INC.**

at

CMAA, INC.

P.O. Box 11715
Santa Rosa, CA 95406

Toll Free: 1.888.464.2622

Fax: 208.730.3763

Email: cmaahq@aol.com
www.cmaa-ca.org

Material contained herein may **NOT**
be used without the permission of the
California Medical Assistants Association, Inc.

**ALL ITEMS FOR PUBLICATION
SHOULD BE SENT
DIRECTLY TO THE EDITOR.**

**California Medical Assistant
— NEXT ISSUE —
MAY/JUNE 2010**

To submit items to be published in this
newsletter, please **mail** or **email**:

Vickey Martinez, CCMA-A
P.O. Box 2931
Riverside, CA 92516

Email: vmartin1519@charter.net











DEADLINE: April 1, 2010

*All materials must be submitted by the
deadline date to be included in the next issue!*

President-Elect's Message



DID YOU KNOW?

-  A "jiffy" is an actual unit of time for 1/100th of a second.
-  A typical lightning bolt is two to four inches wide and two miles long.
-  If the sun stopped shining suddenly, it would take eight minutes for people on earth to be aware of the fact.
-  If you add up the numbers 1 – 100 consecutively (1+2+3+4+5 etc) the total is 5050.
-  The linen bandages that were used to wrap Egyptian mummies averaged 1,000 yards in length.
-  The metal instrument used in shoe stores to measure feet is called the Brannock device.
-  A goldfish has a memory span of three seconds.
-  Sweat glands can produce up to three gallons of sweat each day.
-  Peanuts are one of the ingredients in dynamite.
-  A rat can last longer without water than a camel.



Submitted by
Kate Logan, CCMA-AC – President-Elect



CALIFORNIA MEDICAL ASSISTANTS ASSOCIATION, INC.

MISSION STATEMENT

The purpose of the California Medical Assistants Association, Incorporated, is to promote the professional and educational growth of medical assistants.

Annual Meeting 2010



President 2009-2010
Vickey Martinez, CCMA-C



President 2010-2011
Theresa Henderson, CCMA-AC



President-Elect 2011-2012
Kate Logan, CCMA-AC



Newly installed 2010-2011 President Theresa Henderson and her Executive Board ready to start "Cruising to Success."



President Vickey Martinez with Riverside CMAA Student Members
at Annual Meeting – Clarion Anaheim Hotel.



2010-2011 President
Theresa Henderson, CCMA-AC



**CALIFORNIA MEDICAL ASSISTANTS
ASSOCIATION, INC.**

ANNOUNCEMENT OF JOB OPENING

JOB POSTING: CMAA OFFICE COORDINATOR

We are currently accepting resumes for the CMAA Headquarters position (part-time/contracted). Both members and non-members are welcome to apply. Applicant must be bondable. Submit cover letter, resume, equipment list and references to cmaahq@aol.com or mail to:

Theresa Henderson, CCMA-AC
CMAA
PO BOX 11715
SANTA ROSA CA 95406

The Coordinator of the CMAA, Inc. will operate our Headquarters office with the utmost level of professionalism, courtesy and respect. The ultimate goal for this position is to promote membership while providing the foundational support to members, students, component regions and organizational leaders. Our Coordinator will represent CMAA, Inc. in a friendly manner at all times and will act within the confines of the CMAA Mission Statement.

Job Description:

Duties include but are not limited to:

Process membership inquiries and applications
Process dues renewal notices/payments
Prepare mailing labels for Publication
Answer telephones and e-mail
Accounts payable
Prepare and distribute President's Newsletter
Headquarters procedures
Reconcile bank statements
Financial reporting

Required/Preferred Skills:

Computer and Internet Literate
Proficient in QuickBooks
Proficient in Microsoft Access
Microsoft Windows
Microsoft Word
Excel

Equipment:

The ideal candidate will already have his/her own office equipment, etc. Please be sure to submit an equipment list along with your resume. The list should contain all computer equipment, computer software, copier/fax and any other office equipment you have available.

RESUME DEADLINE IS APRIL 15, 2010.

C E R T I F Y I N G B O A R D U P D A T E

Congratulations to the newly California Certified Medical Assistants

Certification Codes: A = Administrative C = Clinical AC = Administrative and Clinical

NAME	SPECIALTY	HOMETOWN	NAME	SPECIALTY	HOMETOWN
ABDUL, BRENDA	C	VACAVILLE	GHAHRAMANI, FARSHAD	AC	SAN JOSE
AGUIRRE, BELEN*	C	WATSONVILLE	GONZALEZ, VALRIE	AC	FAIRFIELD
ALEKSICH, MONICA	AC	FONTANA	GRANT, MICHELLE	AC	FOLSOM
ALFRED, THERESA	A	SUNNYVALE	GRESS, JESSICA	C	FAIRFIELD
ALVAREZ-CALDERON, ALMA*	C	FAIRFIELD	GUDINO, LISA	C	EL CENTRO
ARRIAGA, LORENA	C	FRESNO	GUILES, REBECCA	C	MEADOW VISTA
ATWELL, BRITTNEY	C	ATASCADERO	HAINES, DEIDRE	C	FAIRFIELD
BARTHOLOMEW, ANETA	AC	SANTA CRUZ	HALE, BETH	AC	UKIAH
BAUTISTA, MARIA	C	VALLEJO	HAMMOND, SHAINA	AC	ROSEVILLE
BEASLEY, CHERYL	AC	RIVERSIDE	HEILMANN, RYNTHIA	AC	SANTA ROSA
BENNETT, NATASHA	C	FREEDOM	HENRY, MELISSA	C	MODESTO
BERRY, MICHELE	AC	LOS OSOS	HIMMEL, MEREDITH	AC	SANTA CLARA
BRADFORD, MIA	AC	LANCASTER	HORNER, KATRENA	C	SAN DIEGO
BREWINGTON, LESLIE	C	VACAVILLE	HORTON, JAMIE	AC	BAKERSFIELD
BROONER, JOY*	C	SANTA ROSA	HUBNER, BRITTANY	C	LOS OSOS
CABUANG, STEFFIE	C	PITTSBURG	HUERTA, ANGELINA	C	STOCKTON
CALDERON, ELSY*	AC	HERCULES	HUTCHINSON, DANIELLE	C	TRACY
CAMARENA, JOELLE	A	SAN FRANCISCO	JENNER, DREW	C	FRESNO
CARR, BARBARA	C	ROSEVILLE	JIN, JAMIE	AC	WALNUT CREEK
CARROLL, KISANA	C	MANTECA	JOHNSON, SYLVIA	C	OAKLAND
CASTELLANOS, GILBERT	C	FRESNO	JONES, AMANDA	AC	RESCUE
COLE, TINA	C	TALMAGE	KASONGO, MARGUERITE	C	SAN JOSE
CONTRERAS, MARITZA	C	PATTERSON	KASONGO, MARGUERITE**	AC	SAN JOSE
COOK, REBECCA	C	PARADISE	KEENAN, HEATHER	AC	SANTA ROSA
CORNEJO, ANGELICA	A	WATSONVILLE	KOSCH, ALLISON	C	PALMDALE
CROFT, CHERYL	C	AUBURN	LEE, AMIEE	AC	PLACERVILLE
CUDNEY, MELISSA	AC	ROCKLIN	LEWIS, JOANNA	C	PETALUMA
DYE, CHRISTINA	C	SAN LUIS OBISPO	LOSCHIAVO, TRACEY	C	ATASCADERO
EDWARDS, ROMEIKA	C	OAKLAND	LOZANO, LESLIE	C	BRENTWOOD
ELLIS, KATHLEEN*	C	LUCERNE	LY, FATOUMATA	AC	OAKLAND
ELLISON, CHERYL	AC	GALT	MARCUCCI, VANESSA	C	BAKERSFIELD
FARR, ELIZABETH	AC	SANTA ROSA	MAROF, EDRIS*	C	PALO ALTO
FOREMAN, KARLA	C	BAKERSFIELD	MATOS, MARIA	AC	SAN JOSE
GARDNER, KENNITA	AC	LANCASTER	MBADU, ELYSEE	C	SAN MARCOS

* RECERT BY EXAM

** ADDING 2ND SPECIALTY

continued on Page 8

CERTIFYING BOARD UPDATE

Congratulations to the newly California Certified Medical Assistants

Certification Codes: A = Administrative C = Clinical AC = Administrative and Clinical

NAME	SPECIALTY	HOMETOWN	NAME	SPECIALTY	HOMETOWN
<i>continued from Page 7</i>			SAWYER, SOPHIA	AC	SACRAMENTO
McABEE, LASHANEA	C	MAGALIA	SCRUTON, LISA	C	WATERFORD
McDONOUGH, PAMELA	C	COTATI	SEGUN, OMOWUMI	AC	DUBLIN
MIRANDA, GALDINA	C	REDWOOD CITY	SINGLETON, RUSH	C	SAN LUIS OBISPO
MONNINGER, CELINE	AC	RIVERSIDE	SIPE, ELIZABETH	A	WATERFORD
MOSHIER, ALICIA	C	ROSAMOND	SO, FANNY	A	SAN JOSE
MOTSENBOCKER, BRIAN	AC	CLOVIS	SOLANO, MARTHA	C	WINDSOR
MUNOZ, SARAH	C	MONTEBELLO	TRACEY, DEENA	A	ACTON
NAVA, CELIA*	C	HAYWARD	TRUONG, TUONGQUY	A	SAN JOSE
NEWTON, DIANA	C	HIGHLAND	VERA, CECILIA	C	COLTON
NGUYEN, KATHY**	AC	SAN JOSE	VILCHE, ANGELA	AC	BOULDER CREEK
PACE, STEPHANIE	C	PARADISE	VOLOKITINA, VALENTINA	C	RANCHO CORDOVA
PHAM, HOA	C	SAN JOSE	WALKER, LUCY*	C	WOODLAND
PHAM, HOA**	AC	SAN JOSE	WALKER-DAVIS, CAROLYN	C	MANTECA
PIERCY, DAVID	A	CLOVIS	WESTHAVER, MARIJANE	AC	SAN MATEO
REYNOLDS, YOLANDA	C	GRAND TERRACE	WEYGANDT, JENNETTA	C	PASO ROBLES
RIFE, KELLY	C	PASO ROBLES	WOODS, GREG	C	SACRAMENTO
RIFFEL, MICHELLE	AC	SAN LUIS OBISPO	YAEGER, AMY	C	LOS OSOS
SANCHEZ, MANUEL	C	REDWOOD CITY	YASONI, GINGER	AC	LANCASTER
SANDBERG, JENNA*	C	SUNNYVALE			

* RECERT BY EXAM ** ADDING 2ND SPECIALTY

TriWest Provider Services

Important Notice Regarding Timely Claims Filing for Network and Non-Network Providers

TRICARE requires that all claims must be received by the TRICARE West Region claims processor, Wisconsin Physicians Services (WPS), within timely filing requirements. Claims must be submitted:

- Within one year from the date the services were provided.
- Inpatient facility charges must be received within one year from the date of discharge.
- Professional services billed by the facility must be received within one year from the date the services were rendered.

Please submit any outstanding TRICARE claims prior to the one-year deadline. Claims will only be processed according to the timely filing guidelines as defined by the TRICARE Operations Manual Chapter 8, Section 3.

For more information, please refer to the TRICARE Operations Manual at <http://manuals.tricare.osd.mil/>.



TriWest Healthcare Alliance provides access to quality health care for 2.7 million members of America's military family in the 21-state TRICARE West Region.

***“YOUR **KEY** TO MEDICAL EDUCATION –
CMAA” YOUR CHANCE TO EARN CME
CREDITS !!!***



**California Medical Assistants Association
East Bay Region
Educational Seminar
Saturday ~ April 17th, 2010 ~ 8:15 to 4:00**

Speaker Topics Planned:

Hope Hospice

Women’s Heart Health – M.I. Symptoms

Disaster Preparedness for the Medical Office

Stabilization of Injuries

Improving Business Relationships – Building your Team

~~~~~  
**Prize Drawings, breakfast and lunch included. There will be  
information tables on CMAA membership and certification.**

**Please bring in** new or clean, gently used teddy bears or stuffed animals for the “Good News Bears” program. This program provides teddy bears and other comforting “friends” to victims of trauma and hospital patients. These are distributed to area health care facilities, police/fire departments and convalescent homes.

**California Medical Assistants Association – East Bay Region  
Educational Seminar ~ Saturday 4/17/10 8:15 to 4:00**

**REGISTRATION FORM – *Your Key to Medical Education – CMAA***

**Continuing Education Unit Certificates Awarded to all Participants**

**Location: Las Positas College, Livermore  
Map and Parking Pass will be provided via email  
to all registrants**

*Please write clearly...*

Name \_\_\_\_\_ Region \_\_\_\_\_  
(Not sure? Check our site – [www.cmaa-ca.org](http://www.cmaa-ca.org))  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # ( ) \_\_\_\_\_ Email address \_\_\_\_\_

**Mail: Laurie Erceg- 18810 Buren Place, Castro Valley, CA 94552  
TO REGISTER AT SEMINAR: EMAIL – [laurieerceg@yahoo.com](mailto:laurieerceg@yahoo.com) or  
call Laurie at (510) 305-5111 **Deadline Registration: 4/7/10****

Seminar fee is **\$30.00** **\$20.00 for students** (**Breakfast/Lunch included!**)

*Please make checks payable to* **“CMAA East Bay Region”**

**Educational Speakers and Topics Planned:**

- Hope Hospice
- Women’s Heart Health – M.I. Symptoms
- Disaster Preparedness for the Medical Office
- Stabilization of Injuries
- Improving Business Relationships – Building your Team



*Please bring new or gently used teddy bears and stuffed animals for the  
“Good News Bears” program.*

**Please arrive at **8:15 a.m.** to register – We’ll see you there!**





## The Medical Assistant and the Pregnant Patient

By: Chelsea Adams RN-BSN, PHN, CCMA-C

The Medical Assistant who works in women's health is often required to perform specialized tasks that are not always expected of one in general practice. It is important for the Medical Assistant to be knowledgeable of these tasks, whether she is new to this specialized field or has been working in it for some time.

### Pregnancy Testing

Many women seek medical care when they suspect they might be pregnant. Although urine testing is popular for home testing, blood serum tests are most common in the medical setting since results may be received earlier. Most manufacturers of urine pregnancy tests suggest waiting until the day of a missed period. The presence of human chorionic gonadotropin (HCG) is measurable in serum as early as 7-9 days after conception.

Whether the woman comes in seeking care after a positive home pregnancy test, or after suspecting pregnancy from presumptive signs, such as amenorrhea, tender breasts, or nausea and vomiting, the health care provider will often ask the medical assistant to draw a blood sample. The medical assistant should select either a red- or tiger-top 1ml tube for sample collection. Although a blood test is often used when pregnancy is suspected, it is not a true positive sign of pregnancy.

Other medical conditions such as choriocarcinoma, ectopic HCG-producing tumors, and hydatidiform mole, can cause HCG levels to rise. There are only three true positive signs of pregnancy: demonstration of a fetal heart beat separate from the mother's, fetal movements felt by the examiner, and visualization of the fetus by ultrasound.

### Ultrasonography

Assisting the practitioner with ultrasound examination is the responsibility of the medical assistant. There are two routes of ultrasound, transvaginal and transabdominal. Typically, transvaginal is done during the first trimester while transabdominal is done during the second and third. It is important to confirm with the practitioner which method will be used since preparation and set up is different for each method. For the transvaginal method, a vaginal probe covered with a condom-like sack is used. Since latex is often used, it is important for the medical assistant to confirm any latex allergies so that a latex-free probe can be ready for the provider. Be sure to explain to the patient that a probe will be placed vaginally. Prior to an abdominal ultrasound, the medical assistant should instruct the patient to drink 5-6 glasses of fluid 90 minutes before the procedure, and to not void until after the procedure. Conductive gel, which is placed on the skin before a transducer is moved over the abdomen, should be placed out for the



Transducer (probe) on the abdomen.

practitioner. Some offices have gel warming machines; if your office does not, warn your patient that a cold gel will be placed on her abdomen. For both procedures the medical assistant should assist the patient into a supine position on the



examination table. Always remember to respect the patient's privacy. Make sure the patient has a gown and drape. The medical assistant should stay in the room throughout the procedure to provide psychological support.

### Gestational Diabetes Mellitus

During pregnancy, the woman is closely monitored to detect any complications early on. One such complication that practitioners are concerned about is Gestational Diabetes Mellitus (GDM). The mother is at risk for preeclampsia and hypertensive disorders, polyhydramnios, cesarean section delivery due to large for gestational age infant (LGA), and excessive weight gain. The infant of the GDM mother has increased risks for LGA, birth trauma, shoulder dystocia, hypoglycemia, hypocalcemia, respiratory distress syndrome, and polycythemia. Continuous uncontrolled GDM results in an increased risk of intrauterine fetal death.

*continued on page 10*



## The Medical Assistant and the Pregnant Patient – continued from page 9

There are several risk factors that may lead a practitioner to test the pregnant patient for GDM. These risk factors consist of: severe obesity, prior history of GDM or LGA infant (10lbs or more), strong family history of type two diabetes, diagnosis of polycystic ovarian syndrome, age over 25, history of unexplained fetal or perinatal loss, history of congenital abnormalities, and glycosuria.

### Urine Dip Stick Testing for Gestational Diabetes Mellitus

An easy, objective way to monitor for GDM is with a urine dip stick. The medical assistant should ask the patient to void in a cup at each prenatal visit. The medical assistant then tests the urine with a urine dipstick which usually tests for glucose and protein. All results of a urine dip stick should be recorded on the patient's chart.

### Glucose Challenge Test and Glucose Tolerance Test

In addition to the above risk factors, if a woman tests positive for glycosuria the practitioner may ask the medical assistant to perform a glucose challenge test (GCT). For the GCT, the medical assistant has the woman drink a 50 gram glucose solution. The woman does not need to be fasting prior to the test. The medical assistant should instruct the patient to remain seated for one hour and inform her that she must not smoke. After one hour the medical assistant draws a venous sample. Test results greater than 140mg/dl to 199mg/dl requires further testing with a three hour glucose tolerance test (GTT). A result over 200 mg/dl results in a diagnosis of GDM. If the GTT is required, the patient must return after consuming a 3 day unrestricted diet followed by an 8-14 hour fasting diet. During the visit the medical assistant has the woman drink a 100 gram glucose solution. The medical assistant then does a venous blood draw at 1, 2, and 3 hours.

| GLUCOSE REFERENCE RANGE |                                      |                               |
|-------------------------|--------------------------------------|-------------------------------|
| Time                    | National Diabetes Data Group (mg/dL) | Carpenter and Coustan (mg/dL) |
| Fast                    | 105                                  | 95                            |
| 1 hour                  | 190                                  | 180                           |
| 2 hour                  | 165                                  | 155                           |
| 3 hour                  | 145                                  | 140                           |

\* In 2000, the American Diabetes Association proposed the adoption of the Carpenter and Coustan criteria for diagnosis of gestational diabetes mellitus (GDM). The Carpenter and Coustan cutoffs are lower than the recommended National Diabetes Data Group (NDDG) values and would result in higher prevalence of GDM.

The medical assistant should select either a red- or tiger top tube for serum or a gray- or green top tube (1 ml) for plasma. The lab requisition should specify which is wanted. The medical assistant should be careful to label each test tube in order if a lab is not on the premises for immediate diagnostics. If two or more values are met or exceeded, the patient is diagnosed with GDM.

If a woman tests positive for GDM, it is likely that the medical assistant will be asked to refer her to a diabetic and/or nutritional counselor.

### Pregnancy Induced Hypertension

As with the intake vitals with all patients, the blood pressure is taken on the pregnant woman. Closely monitoring the woman's blood pressure with each visit is particularly important due to the risk of pregnancy-induced hypertension (PIH). A woman is considered to have PIH when she develops a systolic B/P greater than 30mm Hg and a diagnostic B/P greater than 14 mm Hg above prepregnancy values.

### Testing for Proteinuria with Urine Dip Stick and 24-hr Collection Urine Specimen

As mentioned earlier, the medical assistant should dip the patient's urine at each visit. One of the things she will be testing for is proteinuria. Protein in the urine in the presence of PIH is a diagnostic way to indicate preeclampsia. When protein is

| PROTEIN REFERENCE RANGE |          |
|-------------------------|----------|
| Trace                   | 0.1 g/L  |
| 1+                      | 0.3 g/L  |
| 2+                      | 1.0 g/L  |
| 3+                      | 3.0 g/L  |
| 4+                      | 10.0 g/L |

2+ or greater, the perinatal mortality increases significantly. Any protein in the urine should be brought to the attention of the practitioner.

Because testing for proteinuria by way of a dip stick is not the most accurate, the practitioner may order a 24-hr urine specimen. It is the responsibility of the medical assistant to give precise and accurate patient education on how to collect a 24-hr urine specimen. The medical assistant should give the patient a special 24-hr urine collection container. The medical assistant instructs the patient not to void directly into the collection container but into a collection device. The collection container must be kept in the refrigerator. It is suggested for collection to begin between 6 and 8am. The medical assistant should be sure to explain to the patient that all urine must be collected during the 24-hr collection period. The first void of the day is discarded. The start time of the collection period starts at the time the first void is discarded. The time as well as the date needs to be written on the collection container. The patient needs to void at the same time the following morning and include this with all other urine collected. For example, if the patient starts the collection at 8am on Monday, he/she should end the collec-



tion by voiding at 8am on Tuesday. The last void of the 24-hr collection is included in the entire collection. The time and date of the end of the collection should be written on the container. The sample should remain refrigerated until it is brought in to the lab for testing.

|                     |                    |
|---------------------|--------------------|
| Mild preeclampsia   | 300mg 2g/L         |
| Severe preeclampsia | 2.0 g/L or greater |

## Group B Streptococcus

Another important test performed on the pregnant woman is a Group B Streptococcus (GBS) culture. GBS is a naturally occurring Gram positive bacterium that resides in the gastrointestinal tract without causing any complications. Due to the close proximity to the vaginal opening, colonization in the vagina is possible. GBS can cause serious side effects in the newborn of a GBS positive mother. Such side effects include septicemia, pneumonia, and meningitis. Because a GBS infection in the newborn can lead to permanent disabilities and even death in the newborn, prenatal screening is of utmost importance for all pregnant women. Although treatment of a GBS mother takes place at the onset of labor, it is the responsibility of the medical assistant to participate in the specimen collection for testing at 35 to 37 weeks gestation.

A general specimen collection container containing a culture swab with growth medium is generally used. The collection container, as well as gloves, should be



Specimen collection container.

ready for the practitioner seeing the patient. The medical assistant should explain to the patient that her vagina then anus will be swabbed. Depending on the practitioner's preference, the patient

needs to be asked to undress from the waist down and be given a drape. Some practitioners allow the patient to collect the specimen themselves. If this is the case, the patient does not need to be asked to undress but does need specific directions on how to collect the specimen. The patient should be instructed to place the culture swab just inside the vaginal opening, followed by placing the same specimen swab just inside the anus. It is important to take the specimen from the vagina before the anus to prevent spreading any gastrointestinal bacteria to the vaginal area. The medical assistant needs to be sure to label the specimen with the patient's name, date, and time that the specimen was collected. Any amount of GBS found in the sample, even trace amounts, is considered Group B positive and requires antibiotics during active labor.

## Summing Things Up

In conclusion, the medical assistant working in women's health often has specialized tasks that are expected of her. Some of these tasks require direct patient care, while others require specific instructions. In either situation, the medical assistant needs to be knowledgeable about the process of pregnancy as well as the examinations and tests that will be provided through the prenatal period. ❧

## References

- Cobertt, J. V. (2000). Tests Performed in Pregnancy and the Newborn Period. In *Laboratory Tests and Diagnostic Procedures with Nursing Diagnoses* (pp. 490-508). Upper Saddle River, New Jersey: Prentice Hall Health.
- Gattullo, B. A., & Olubummo, C. A. (2009). Sizing up Gestational Diabetes. *Nursing2009: the Peer-Reviewed Journal of Clinical Excellence*, 39(12), 54-59.
- Pillitteri, A. (2007). High-Risk Pregnancy: A Woman With a Preexisting or Newly Acquired Illness. In *Maternal & Child Health Nursing: Care of the Childbearing & Childrearing Family* (pp. 345-439). Philadelphia: Lippincott Williams & Wilkins.
- Van Leeuwen, A. M., Kranpitz, T. R., & Smith, L. (2006). *Laboratory and Diagnostic Tests with Nursing Implications* (2nd ed.). (pp 699-703, 772-775, 1100-1103, 1414) Philadelphia: F.A. Davis Company.



Read the Continuing Medical Education  
Article on pages 9 - 11

## The Medical Assistant and the Pregnant Patient

then complete the Self-Assessment Test  
on page 12 for CME credit.

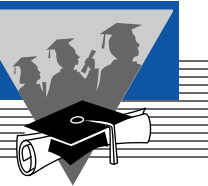


**SELF-ASSESSMENT TEST**

**AVAILABLE FOR DOWNLOAD**

**SEPARATELY.**

# CONTINUING EDUCATION



## CONTINUING EDUCATION CREDIT ARTICLES

Please indicate the articles you wish to order. One credit articles are \$5 each or five articles for \$20. Three credit articles are \$15 each.

### **BASIC CATEGORY**

- |                                                                          |                                                                        |                                                                          |
|--------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> B-01 Patient Confidentiality-Everybody's Job    | <input type="checkbox"/> B-24 Digestive Health-Inside Tract            | <input type="checkbox"/> B-47 Good Communication                         |
| <input type="checkbox"/> B-02 Patient Rights-Keep them in Focus          | <input type="checkbox"/> B-25 Elder Abuse                              | <input type="checkbox"/> B-48 The Respiratory System                     |
| <input type="checkbox"/> B-03 Conflict Resolution-A Win/Win Approach     | <input type="checkbox"/> B-26 Fibromyalgia-What is it?                 | <input type="checkbox"/> B-49 The Skeletal System                        |
| <input type="checkbox"/> B-04 Tuberculosis Awareness                     | <input type="checkbox"/> B-27 Fire Emergency                           | <input type="checkbox"/> B-50 Tuberculosis-Great White Plague            |
| <input type="checkbox"/> B-05 Charting                                   | <input type="checkbox"/> B-28 Glaucoma – Early Detection               | <input type="checkbox"/> B-51 The Urinary System                         |
| <input type="checkbox"/> B-06 Americans with Disabilities Act/ADA        | <input type="checkbox"/> B-29 Hepatitis A                              | <input type="checkbox"/> B-52 Vision - A Special Sense                   |
| <input type="checkbox"/> B-07 Age-Specific Care                          | <input type="checkbox"/> B-30 Lead Poisoning                           | <input type="checkbox"/> B-53 AIDS - Why Mosquitos Cannot Transmit       |
| <input type="checkbox"/> B-08 Service Excellence-A Time to Care          | <input type="checkbox"/> B-31 Lyme Disease                             | <input type="checkbox"/> B-54 Winter Blues – Seasonal Affective Disorder |
| <input type="checkbox"/> B-09 Customer Service-Difficult Customer Alert  | <input type="checkbox"/> B-32 Meningitis                               | <input type="checkbox"/> B-55 The Endocrine System                       |
| <input type="checkbox"/> B-10 Customer Service-The Royal Treatment       | <input type="checkbox"/> B-33 Menopause & Osteoporosis                 | <input type="checkbox"/> B-56 Managing Healthcare Stress                 |
| <input type="checkbox"/> B-11 Hand Hygiene                               | <input type="checkbox"/> B-34 Middle Ear Infections                    | <input type="checkbox"/> B-57 Sexual Harassment: New Perspectives        |
| <input type="checkbox"/> B-12 Healthcare Service Excellence Glaucoma     | <input type="checkbox"/> B-35 Making A Difference for Our Patients     | <input type="checkbox"/> B-58 Ending Sexual Harassment                   |
| <input type="checkbox"/> B-13 Legal Peril-8 Management Pitfalls to Avoid | <input type="checkbox"/> B-36 Anatomy of a Migraine                    | <input type="checkbox"/> B-59 Recognizing Harassment                     |
| <input type="checkbox"/> B-14 Dealing with Stress                        | <input type="checkbox"/> B-37 MRI – What's New                         | <input type="checkbox"/> B-60 Mold Awareness                             |
| <input type="checkbox"/> B-15 Hepatitis C: Facts not Fear                | <input type="checkbox"/> B-38 Chronic Pain Control                     | <input type="checkbox"/> B-61 Biological Threats-Identify & Respond      |
| <input type="checkbox"/> B-16 Domestic Abuse: Recognizing & Reporting    | <input type="checkbox"/> B-39 Preventing Heart Disease                 | <input type="checkbox"/> B-62 Diversity - Food for Thought               |
| <input type="checkbox"/> B-17 Alzheimers Disease                         | <input type="checkbox"/> B-40 Psoriasis                                | <input type="checkbox"/> B-63 Drug Free Workplace                        |
| <input type="checkbox"/> B-18 Asthma                                     | <input type="checkbox"/> B-41 Raynaud's Phenomenon                     | <input type="checkbox"/> B-64 Emergency Action Plan                      |
| <input type="checkbox"/> B-19 Cataracts: Recent Innovations              | <input type="checkbox"/> B-42 Risk Management for Medical Office Staff | <input type="checkbox"/> B-65 Fire Extinguishers                         |
| <input type="checkbox"/> B-20 Chickenpox & Shingles                      | <input type="checkbox"/> B-43 Sexually Transmitted Diseases            | <input type="checkbox"/> B-66 Protecting Your Back                       |
| <input type="checkbox"/> B-21 Constipation                               | <input type="checkbox"/> B-44 Stress & Nutrition                       | <input type="checkbox"/> B-67 Obstetrics                                 |
| <input type="checkbox"/> B-22 Depression                                 | <input type="checkbox"/> B-45 The Good Samaritan Law                   | <input type="checkbox"/> B-68 SARS                                       |
| <input type="checkbox"/> B-23 Diabetes                                   | <input type="checkbox"/> B-46 The Immune System                        |                                                                          |

### **The Following may be used in either Administrative or Basic Categories:**

- |                                                         |                                                          |                                                           |
|---------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> AB-01 HIPAA-Privacy Compliance | <input type="checkbox"/> AB-02 HIPAA-Security Compliance | <input type="checkbox"/> AB-03 HIPAA-Compliance Scenarios |
|---------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------|

### **ADMINISTRATIVE CATEGORY**

- |                                                                         |                                                                    |                                                                            |
|-------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> A-01 Office Ergonomics-It's Your Move          | <input type="checkbox"/> A-06 Check Your Knowledge of Checking     | <input type="checkbox"/> A-11 Medical Office Management-Personnel Policies |
| <input type="checkbox"/> A-02 Diagnosis Coding (3 credits) \$15         | <input type="checkbox"/> A-07 Correct Spelling                     | <input type="checkbox"/> A-12 Legal & Effective Interviewing               |
| <input type="checkbox"/> A-03 Patient Confidentiality/Privacy High Tech | <input type="checkbox"/> A-08 Diagnosis Coding #2 (3 credits) \$15 | <input type="checkbox"/> A-13 Legal & Effective Performance Appraisals     |
| <input type="checkbox"/> A-04 Telephone Courtesy/Royal Connection       | <input type="checkbox"/> A-09 Medical Records-Legal Documents      | <input type="checkbox"/> A-14 Writing Business Letters                     |
| <input type="checkbox"/> A-05 Medigap Insurance                         | <input type="checkbox"/> A-10 Patient Access to Medical Records    |                                                                            |

### **CLINICAL CATEGORY**

- |                                                                 |                                                                     |                                                                |
|-----------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> C-01 Bloodborne Pathogens              | <input type="checkbox"/> C-08 Needlestick Prevention                | <input type="checkbox"/> C-15 Flawless Phlebotomy              |
| <input type="checkbox"/> C-02 Drug Resistant Organisms          | <input type="checkbox"/> C-09 Clinical Pharmacology                 | <input type="checkbox"/> C-16 Fecal Occult Blood Testing       |
| <input type="checkbox"/> C-03 Latex Allergy: Stop the Reaction  | <input type="checkbox"/> C-10 Cardiac Arrhythmia                    | <input type="checkbox"/> C-17 Universal Precautions            |
| <input type="checkbox"/> C-04 Handwashing-It's in Your Hands    | <input type="checkbox"/> C-11 Drug Administration: Factors          | <input type="checkbox"/> C-18 Understanding Urinalysis         |
| <input type="checkbox"/> C-05 Infection Control- Chain Reaction | <input type="checkbox"/> C-12 Drug Classifications (3 credits) \$15 | <input type="checkbox"/> C-19 Material Safety Data Sheets/MSDS |
| <input type="checkbox"/> C-06 Infection Control-Orientation     | <input type="checkbox"/> C-13 Evoked Potential Testing              | <input type="checkbox"/> C-20 HIV/AIDS                         |
| <input type="checkbox"/> C-07 PPE-For Your Protection           | <input type="checkbox"/> C-14 First Aid                             |                                                                |

Mail this order form to: **California Certifying Board for Medical Assistants, P.O. Box 462, Placerville, CA 95667-0462**

Name \_\_\_\_\_ Credential \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Number of Articles Requested \_\_\_\_\_

My check (payable to CCBMA) for \$\_\_\_\_\_ is attached. Visa and MasterCard are now accepted. Call (866) 622-2262 with credit card information.



★ DATED MATERIALS

# 8 CMAA Huggy Bears Find A Home!

During the 2009 Christmas holiday season, eight of our CMAA Huggy Bears were donated to the Parkview Community Hospital in Riverside, California.



*Parkview Community Hospital,  
Riverside, CA*

We would like to extend a special “thank you” to all CMAA members who have sponsored a CMAA Huggy Bear. We have donated 22 bears to date!

Keep up the good work!

*Get Well Wishes!*  
*To our special Past-President*  
*Fran Mansfield, CCMA*

