



PRENATAL CARE: WHAT TO EXPECT

Prenatal Checkups

During pregnancy, regular check-ups are very important. This consistent care can help keep you and your baby healthy, identify problems if they occur, and prevent complications during delivery. Typically, routine check-ups occur once a month until 28 weeks, twice a month until 36 weeks, and then weekly until delivery. Women with high-risk pregnancies may need to see their doctors more often.

At your first visit your doctor will perform a physical exam, take your blood for lab tests, and calculate your due date. Your doctor might also do a breast exam, a pelvic exam to check your uterus (womb), and a cervical exam, including a Pap test. During this first visit, your doctor will ask you lots of questions about your lifestyle, relationships, and health habits. It's important to be honest with your doctor. You also will have some routine tests throughout your pregnancy, such as tests to look for anemia, measure risk of gestational diabetes, and tests to look for harmful infections. It is extremely important that you come to all of your appointments — every one is important!

After the first visit, most prenatal visits will include:

- blood pressure and weight
- urine test for glucose and protein (indicators of gestational diabetes and preeclampsia)
- checking the baby's heart rate
- measuring your abdomen to check your baby's growth (after 20 weeks)

Prenatal Testing: Initial Lab Tests at First Prenatal Visit

- **Pap Smear:** Detects changes in the cervical cells that could lead to cancer.
- **Cultures:** A swab from your cervix will be done to check for Sexually Transmitted Diseases such as Gonorrhea and Chlamydia.
- **Ultrasound:** Determines the estimated gestational age, confirms due date, # of babies, and viability.
- **Blood Work:** You will be given an order to go to the lab to have the following blood tests:
 - **CBC (complete blood count):** To identify anemia as well as any possible infection or clotting problems.
 - **Blood Type and Antibody Screen:** Your blood type could be A, B, AB, or O ... It can be Rh positive or Rh negative. Problems can arise when the mother's Rh factor is negative and the baby's is positive. To prevent these problems, the Rh negative mother will be given a Rhogam injection at 28 weeks.
 - **Syphilis:** Syphilis is a Sexually Transmitted Disease. Syphilis can be treated. If you have syphilis and are not treated, you can pass it to your baby.
 - **Urinalysis:** A urine sample will be collected to test for a urinary tract infection. If you have a UTI, you will be treated with antibiotics.
 - **Rubella:** Your blood will be checked for antibodies against German measles (either from past infection or prior vaccination). If you are non-immune, while you are pregnant you should avoid anyone who has the disease. Vaccines for this disease are available, but you should not get them during pregnancy. If you are not immune to rubella, you will be given the vaccine after delivery.
 - **Hepatitis B:** Hepatitis B is a virus that infects the liver. If you have this infection, you can pass it to your baby. A drug called Hepatitis B Immune-Globulin may be given to help treat the illness. Your baby will be given the same medication and the vaccine after birth.
 - **HIV:** HIV is the virus that causes AIDS. Pregnant women are tested even if they don't have special risk factors. Your doctor will tell you that you are being tested for HIV. If you have HIV, there is a chance that you can pass it to your baby. You can be given medication during pregnancy to reduce this risk.



PRENATAL CARE: WHAT TO EXPECT

- o **Sickle Cell Screening:** This is performed on pregnant women to determine if they are positive for or carry the trait for sickle cell anemia.
- o **Cystic Fibrosis Carrier Testing:** This is performed on pregnant women from certain high risk ethnic backgrounds to determine if they are positive for or carry the gene mutation for cystic fibrosis, an inherited disease that can severely affect breathing and digestion.
- o **Spinal Muscular Atrophy Carrier Testing:** This is performed on pregnant women to determine how many copies of the SMN1 gene they have inherited.

11-14 Weeks

- **First Trimester Screen:** First trimester screening tests include blood tests and an ultrasound exam. The First Trimester screen is used to determine the risk of Down syndrome, trisomy 18, and open neural tube defects. The timing of genetic screening tests is important because levels of the substances measured change throughout the pregnancy.
- **Nuchal Translucency (NT):** An ultrasound exam used to measure the skin thickness at the back of the neck of the fetus. An increase in this space may be a sign of Down syndrome, trisomy 18, or other problems. The results of the nuchal translucency screening are then combined with those of the blood tests and the mother's age to assess the risk for the fetus. When the nuchal translucency thickness is increased, the fetus may have a heart defect or other genetic condition. In this case, your doctor may suggest a more detailed ultrasound exam at around 20 weeks of pregnancy.

15-20 Weeks

- **AFP Testing:** The second part of the First Trimester Screen.
- **Multiple Marker Screening and Quad screen:** If you were unable to complete the sequential screening tests at the appropriate time, you may have alternative genetic screening performed, such as the quad screen.
- **Ultrasound:** Used to screen for malformations and appropriate fetal growth. This is usually performed at around 20 weeks gestation.

Please remember that these are screening tests and are not used to diagnose any conditions. If your test is positive, additional testing will be ordered to diagnose any abnormalities. Additional testing includes ultrasound and amniocentesis.

24-28 Weeks

- **Hemoglobin and Hematocrit:** This is a blood test to identify anemia. If your levels are decreased, you will be instructed to take an iron supplement.
- **1 hour GTT/Glucola/50 gram:** This is a blood test to screen you for gestational diabetes. If this test is positive, you will need the more comprehensive 3 hour glucose tolerance test.

28 Weeks (If Rh Negative)

- Antibody screen and Rhogam injection

35-37 Weeks

- **Group B Strep Culture:** A swab is taken from the vagina and rectum to determine if the mother is a carrier of the bacteria. This is a type of bacteria that is normally found in the vagina and/or rectum of some women. It is not a sexually transmitted disease. It usually causes no symptoms or problems in adults. However,



PRENATAL CARE: WHAT TO EXPECT

sometimes it can cause a serious infection in the newborn. If your test is positive, IV antibiotics will be given to you while in labor to prevent this infection in the newborn.

- **Repeat HIV and RPR:** It is a requirement of the hospital to have repeat HIV and RPR testing completed in the third trimester.
- **Ultrasound:** This ultrasound is performed in order to make sure that the baby is growing appropriately and to confirm that the baby's head is facing down.

Other

If any problems or complications arise in your pregnancy, additional testing may be ordered, such as: Ultrasound and/or Biophysical Profile, Amniocentesis, Non-Stress Test, Blood tests.