Editorial

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Tests, scans and checks - Pregnancy

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A range of tests is out there if you're pregnant. These tests can confirm your pregnancy and also monitor your baby's development within the womb. No medical test is ever 100 per cent accurate, but most pregnancy tests are very reliable.

Regular check-ups together with your doctor or midwife are a crucial a part of pregnancy care, including information and advice about what tests you and your baby will need.

Prenatal tests

As well checking the overall health of the mother and baby, the various sorts of tests available to pregnant women include:

tests to verify pregnancy

maternal health screening

routine screening tests (these tell you ways likely it's that your baby features a certain health condition)

diagnostic tests – for pregnancies at increased risk (these tell you more accurately if your baby features a certain health condition).

For more information see the Pregnancy – prenatal tests fact sheet.

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Testing to verify pregnancy

If you think that you'll be pregnant, you'll see your GP (or birth control clinic) for a bioassay . The doctor may perform a bioassay on your blood or urine. Alternatively, you'll buy a home bioassay kit, which are available from pharmacies. However, always see your doctor for confirmation of pregnancy if you employ a home kit.

The typical bioassay checks a woman's blood or urine for the presence of a substance called human chorionic gonadotropin (hCG). this is often a hormone made by the placenta. When the hCG hormone is present, it always indicates that the lady is pregnant. A home bioassay can give false positive or false negative results.

For more information see the Pregnancy testing fact sheet.

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Maternal health screening

During your pregnancy you'll have blood tests to check:

your blood group – it's important to understand if you're Rh-negative as problems can occur during pregnancy if an Rh-negative woman carries an Rh-positive baby

whether you're resistant to rubella (German measles)

whether you've got any infections (such as HIV, hepatitis B , rubella or syphilis, among others)

your iron levels

whether you've got gestational diabetes.

You will also have:

a urine test early in pregnancy to see for urine infections (which, left untreated, can cause early labour or babies with low birth weight)

a vaginal swab test at 36 to 38 weeks to see for B streptococci (which can pass to your baby during birth and make them very sick).

If you're considered to be at higher risk, you'll even have tests for:

hepatitis C

chlamydia

asymptomatic bacterial vaginosis

vitamin D deficiency.

Rh type

Problems can occur during pregnancy if an Rh-negative woman carries an Rh-positive baby. For this reason, a biopsy is administered early in pregnancy to work out the mother's blood group . If you're Rh-negative you'll be offered an Anti-D injection:

at your 26 to twenty-eight week antenatal appointment

at your 34 to 36 week antenatal appointment

after parturition (if your baby is Rh-positive).

Anti-D may be a special injection which will prevent an Rh-negative mother's system from rejecting her baby's Rh-positive red blood cells.

For more information see the Blood groups fact sheet.

Rubella

A rubella infection is mild for many people, but it can have catastrophic consequences for an unborn baby if the mother contracts rubella within the first 16 weeks of pregnancy. If this happens , the baby is in danger of severe and permanent birth defects or death. For this reason, pregnant women should have a biopsy to see whether or not they have already had rubella (and therefore are immune), or not (in which case they ought to avoid contact with anyone who has rubella).

Non-immune mothers shouldn't be vaccinated during their pregnancy, but should receive the vaccination after parturition (and should then avoid another pregnancy for 28 days).

For more information see the Rubella fact sheet.

Glucose test for gestational diabetes

Some women develop temporary diabetes during pregnancy. this is often called 'gestational diabetes'.

Most women are diagnosed employing a pathology test, which needs a blood sample to be taken before and after a glucose drink. These tests are usually performed between 26 and 28 weeks into the pregnancy.

For more information see the Diabetes – gestational fact sheet.

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Immunisations in pregnancy

The seasonal influenza vaccine (often called the 'flu shot') is suggested and funded for all pregnant women under the National Immunisation Program. The flu shot is safe in the least stages of pregnancy and provides protection for you and your baby for the primary six months of their life.

The adult dTpa (diphtheria – tetanus- acellular pertussis) vaccine is additionally recommended for pregnant women in their trimester of pregnancy. This protects both the mother and her baby against pertussis or 'whooping cough'. A dose is additionally recommended for other adult relations and carers of infants but six months old. this could tend a minimum of fortnight before these people have contact with the neonate . (1)

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Routine screening tests in pregnancy

Routine screening tests during pregnancy include:

maternal serum screening

nuchal translucency scan

non-invasive prenatal testing

ultrasound.

Maternal serum screening

The maternal serum screening (MSS) test may be a biopsy which will be done at:

9 to 13 weeks (first trimester) – when it measures the amount of two proteins within the mother's blood. together with the results of the nuchal translucency test and therefore the mother's age this is often wont to screen for mongolism and other genetic conditions (this is understood as combined trimester screening)

14 to twenty weeks + 6 days gestation (second trimester) – when it measures the amount of 4 proteins within the mother's blood which, together with the mother's age, is employed to screen for genetic conditions (including Down syndrome) and ectoderm defects (such as spina bifida).

For more information see the Maternal serum screening fact sheet.

Nuchal translucency

An ultrasound scan at 11–13 weeks are often wont to take a measurement of the quantity of fluid within the skin at the rear of the baby's neck. This measurement is named the nuchal translucency and, together with the mother's age and therefore the results of the MSS, it can provide a sign of the likelihood of your baby having mongolism or Edwards syndrome.

For more information see the Maternal serum screening fact sheet.

Non-invasive prenatal testing

Non-invasive prenatal testing (NIPT) is additionally referred to as 'cell-free DNA screening'. it's at the baby's cell-free DNA circulating within the mother's blood to screen for genetic conditions like mongolism , Edwards syndrome and trisomy 13. This test are often done at any time from 10 weeks gestation. it's more accurate than combined trimester screening, or trimester MSS screening, but it's also costlier .

Ultrasound

Ultrasound is employed during the primary trimester of pregnancy (usually at 11 to 13 weeks) to:

check that the baby is developing within the womb – that it's not an extrauterine pregnancy

confirm the amount of embryos

calculate the maturity

perform the nuchal translucency test.

Ultrasound is employed during the trimester of pregnancy (usually at 18 to twenty weeks) to:

check the baby's development

help devour any abnormalities

determine the sex of the baby, if possible, if you would like to understand .

Ultrasound is employed during the trimester of pregnancy to:

check the baby's growth

check the position of the placenta.

Ultrasounds don't give completely accurate information. However, they are doing provide good information and are painless and safe. Ultrasounds could also be on the stomach ('transabdominal') or within the vagina ('vaginal').

For more information see the Pregnancy tests – ultrasound fact sheet.

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Diagnostic tests in pregnancy

If screening tests have suggested that it's likely that your baby features a health condition, you would possibly plan to have medical tests to verify the presence or absence of that condition. These are referred to as diagnostic tests. Amniocentesis and villus sampling are both samples of diagnostic tests used during pregnancy.

Amniocentesis

Amniocentesis is merely performed on women thought to be at higher risk of delivering a toddler with a congenital anomaly . Amniocentesis may be a test which will be done during pregnancy (more safely after 15 weeks) to see for foetal abnormalities (birth defects) like mongolism , CF or rachischisis . a skinny needle is employed to require alittle amount of amnionic fluid from the sac within the uterus surrounding a foetus. Possible risks include infection or injury to the baby. there's also a really small risk of amniocentesis causing a miscarriage (1 in every 200-400).

For more information see the Pregnancy tests – amniocentesis fact sheet.

Chorionic villus sampling

Chorionic villus sampling (CVS) may be a test which will be done during pregnancy (more safely from 11 to 14 weeks) to see the baby for a few genetic abnormalities like mongolism or CF . A doctor takes alittle sample of the placenta via needle and it's examined during a laboratory. CVS carries alittle risk of miscarriage (1 in every 100-200).