

Prenatal Care and Tests

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Medical checkups and screening tests help keep you and your baby healthy during pregnancy. This is called prenatal care. It also involves education and counseling about how to handle different aspects of your pregnancy. During your visits, your doctor may discuss many issues, such as healthy eating and physical activity, screening tests you might need, and what to expect during labor and delivery.

Choosing a Prenatal Care Provider

You will see your prenatal care provider many times before you have your baby. So you want to be sure that the person you choose has a good reputation, and listens to and respects you. You also will want to find out if the doctor or midwife can deliver your baby in the place you want to give birth, such as a specific hospital or birthing center.

Health care providers that care for women during pregnancy include:

- **Obstetricians (OB)** are medical doctors who specialize in the care of pregnant women and in delivering babies. OBs also have special training in surgery so they are also able to do a cesarean delivery. Women who have health problems or are at risk for pregnancy complications should see an obstetrician. Women with the highest risk pregnancies might need special care from a **maternal-fetal medicine specialist**.
- **Family practice doctors** are medical doctors who provide care for the whole family through all stages of life. This includes care during pregnancy and delivery, and following birth. Most family practice doctors cannot perform cesarean deliveries.
- A **certified nurse-midwife (CNM)** and **certified professional midwife (CPM)** are trained to provide pregnancy and postpartum care. Midwives can be a good option for healthy women at low risk for problems during pregnancy, labor, or delivery. A CNM is educated in both nursing and midwifery. Most CNMs practice in hospitals and birth centers. A CPM is required to have experience delivering babies in home settings because most CPMs practice in homes and birthing centers. All midwives should have a back-up plan with an obstetrician in case of a problem or emergency.

Ask your primary care doctor, friends, and family members for provider recommendations. When making your choice, think about:

- Reputation
- Personality and bedside manner
- The provider's gender and age
- Office location and hours
- Whether you always will be seen by the same provider during office checkups and delivery
- Who covers for the provider when she or he is not available
- Where you want to deliver
- How the provider handles phone consultations and after-hour calls.

Places to Deliver Your Baby

Many women have strong views about where and how they'd like to deliver their babies. In general, women can choose to deliver at a hospital, birth center, or at home. You will need to contact your health insurance provider to find out what options are available. Also, find out if the doctor or midwife you are considering can deliver your baby in the place you want to give birth.

What is a doula?

A doula (DOO-luh) is a professional labor coach, who gives physical and emotional support to women during labor and delivery. They offer advice on breathing, relaxation, movement, and positioning. Doulas also give emotional support and comfort to women and their partners during labor and birth. Doulas and midwives often work together during a woman's labor. A recent study showed that continuous doula support during labor was linked to shorter labors and much lower use of:

- pain medicines
- oxytocin (ok-see-TOHS-uhn) (medicine to help labor progress)
- cesarean delivery

Check with your health insurance company to find out if they will cover the cost of a doula. When choosing a doula, find out if she is certified by Doulas of North America (DONA) or another professional group.

- **Hospitals** are a good choice for women with health problems, pregnancy complications, or those who are at risk for problems during labor and delivery. Hospitals offer the most advanced medical equipment and highly trained doctors for pregnant women and their babies. In a hospital, doctors can do a cesarean delivery if you or your baby is in danger during labor. Women can get epidurals or many other pain relief options. Also, more and more hospitals now offer on-site birth centers, which aim to offer a style of care similar to standalone birth centers.

Questions to ask when choosing a hospital:

- Is it close to your home?
- Is a doctor who can give pain relief, such as an epidural, at the hospital 24-hours a day?
- Do you like the feel of the labor and delivery rooms?
- Are private rooms available?
- How many support people can you invite into the room with you?
- Does it have a neonatal intensive care unit (NICU) in case of serious problems with the baby?
- Can the baby stay in the room with you?
- Does it have an on-site birth center?

Did you know?

Some hospitals and birth centers have taken special steps to create the best possible environment for successful breastfeeding. They are called Baby-Friendly Hospitals and Birth Centers. Women who deliver in a baby-friendly facility are promised the information and support they need to breastfeed their infants. Learn more about Baby-Friendly Hospitals.

- **Birth or Birthing Centers** give women a "homey" environment in which to labor and give birth. They try to make labor and delivery a natural and personal process by doing away with most high-tech equipment and routine procedures. So, you will not automatically be hooked up to an IV. Likewise, you won't have an electronic fetal monitor around your belly the whole time. Instead, the midwife or nurse will check in on your baby from time to time with a handheld machine. Once the baby is born, all exams and care will occur in your room. Usually certified nurse-midwives, not obstetricians, deliver babies at birth centers. Healthy women who are at low risk for problems during pregnancy, labor, and delivery may choose to deliver at a birth center.

Women can not receive epidurals at a birth center, although some pain medicines may be available. If a cesarean delivery becomes necessary, women must be moved to a hospital for the procedure. After delivery, babies with problems can receive basic emergency care while being moved to a hospital.

Many birthing centers have showers or tubs in their rooms for laboring women. They also tend to have comforts of home like large beds and rocking chairs. In general, birth centers allow more people in the delivery room than do hospitals.

Birth centers can be inside of hospitals, a part of a hospital or completely separate facilities. If you want to deliver at a birth center, make sure it meets the standards of the Accreditation Association for Ambulatory Health Care, The Joint Commission, or the American Association of Birth Centers. Accredited birth centers must have doctors who can work at a nearby hospital in case of problems with the mom or baby.

- **Homebirth** is an option for healthy pregnant women with no risk factors for complications during pregnancy, labor or delivery. It is also important women have a strong after-care support system at home. Some certified nurse midwives and doctors will deliver babies at home. Many health insurance companies do not cover the cost of care for homebirths. So check with your plan if you'd like to deliver at home.

Homebirths are common in many countries in Europe. But in the United States, planned homebirths are not supported by the American College of Obstetricians and Gynecologists (ACOG). ACOG states that hospitals are the safest place to deliver a baby. In case of an emergency, says ACOG, a hospital's equipment and highly trained doctors can provide the best care for a woman and her baby.

If you are thinking about a homebirth, you need to weigh the pros and cons. The main advantage is that you will be able to experience labor and delivery in the privacy and comfort of your own home. Since there will be no routine medical procedures, you will have control of your experience.

The main disadvantage of a homebirth is that in case of a problem, you and the baby will not have immediate hospital/medical care. It will have to wait until you are transferred to the hospital. Plus, women who deliver at home have no options for pain relief.

To ensure your safety and that of your baby, you must have a highly trained and experienced midwife along with a fail-safe back-up plan. You will need fast, reliable transportation to a hospital. If you live far away from a hospital, homebirth may not be the best choice. Your midwife must be experienced and have the necessary skills and supplies to start emergency care for you and your baby if need be. Your midwife should also have access to a doctor 24 hours a day.

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Prenatal Checkups

During pregnancy, regular check-ups are very important. This consistent care can help keep you and your baby healthy, spot problems if they occur, and prevent problems during delivery. Typically, routine checkups occur:

- once each month for weeks 4 through 28
- twice a month for weeks 28 through 36
- weekly for weeks 36 to birth

Women with high-risk pregnancies need to see their doctors more often.

At your first visit your doctor will perform a full 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.

After the first visit, most prenatal visits will include:

- checking your blood pressure and weight
- checking the baby's heart rate
- measuring your abdomen to check your baby's growth

You also will have some routine tests throughout your pregnancy, such as tests to look for anemia, tests to measure risk of gestational diabetes, and tests to look for harmful infections.

Become a partner with your doctor to manage your care. Keep all of your appointments — every one is important! Ask questions and read to educate yourself about this exciting time.

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Monitor Your Baby's Activity

After 28 weeks, keep track of your baby's movement. This will help you to notice if your baby is moving less than normal, which could be a sign that your baby is in distress and needs a doctor's care. An easy way to do this is the Count-to-Ten approach. Count your baby's movements in the evening — the time of day when the fetus tends to be most active. Lie down if you have trouble feeling your baby move. Most women count 10 movements within about 20 minutes. Count your baby's movements every day so you know what is normal for you. Call your doctor if you count less than 10 movements within 2 hours.

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Prenatal Tests

Tests are used during pregnancy to check your and your baby's health. At your first prenatal visit, your doctor will use tests to check for a number of things, such as:

- Your blood type and Rh factor
- Anemia
- Infections, such as toxoplasmosis and sexually transmitted infections (STIs), including hepatitis B, syphilis, chlamydia, and HIV
- Signs that you are immune to rubella (German measles) and chicken pox

Throughout your pregnancy, your doctor or midwife may suggest a number of other tests, too. Some tests are suggested for all women, such as screenings for gestational diabetes, Down syndrome, and HIV. Other tests might be offered based on you:

- Age
- Personal or family health history
- Ethnic background
- Results of routine tests

Some tests are screening tests. They detect risks for or signs of *possible* health problems in you or your baby. Based on screening test results, your doctor might suggest diagnostic tests. Diagnostic tests confirm or rule out health problems in you or your baby.

Avoid keepsake ultrasounds

You might think a keepsake ultrasound is a must-have for your scrapbook. But, doctors advise against ultrasound when there is no medical need to do so. Some companies sell "keepsake" ultrasound videos and images. Although ultrasound is considered safe for medical purposes, exposure to ultrasound energy for a keepsake video or image may put a mother and her unborn baby at risk. Don't take that chance.

The following chart describes some of the most common prenatal tests:

Test	What It Is	How It Is Done
Amniocentesis (AM-nee-oh-sen-TEE-suhss)	<p>This test can diagnosis certain birth defects, including:</p> <ul style="list-style-type: none"> • Down syndrome • Cystic fibrosis • Spina bifida <p>It is performed at 14 to 20 weeks.</p> <p>It may be suggested for couples at higher risk for genetic disorders. It also provides DNA for paternity testing.</p>	A thin needle is used to draw out a small amount of amniotic fluid and cells from the sac surrounding the fetus. The sample is sent to a lab for testing.
Biophysical profile (BPP)	This test is used in the third trimester to monitor the overall health of the baby and to help decide if the baby should be delivered early.	BPP involves an ultrasound exam along with a nonstress test. The BPP looks at the baby's breathing, movement, muscle tone, heart rate, and the amount of amniotic fluid.
Chorionic villus (KOR-ee-ON-ihk VIL-uhss) sampling (CVS)	<p>A test done at 10 to 13 weeks to diagnose certain birth defects, including:</p> <ul style="list-style-type: none"> • Chromosomal disorders, including Down syndrome • Genetic disorders, such as cystic fibrosis <p>CVS may be suggested for couples at higher risk for genetic disorders. It also provides DNA for paternity testing.</p>	A needle removes a small sample of cells from the placenta to be tested.
First trimester screen	<p>A screening test done at 11 to 14 weeks to detect higher risk of:</p> <ul style="list-style-type: none"> • Chromosomal disorders, including Down syndrome and trisomy 18 • Others problems, such as heart defects <p>Based on test results, your doctor may suggest other tests to diagnose a disorder.</p>	This test involves both a blood test and an ultrasound exam called nuchal translucency (NOO-kuhl trans-LOO-sent-see) screening. The blood test measures the levels of certain substances in the mother's blood. The ultrasound exam measures the thickness at the back of the baby's neck. This information, combined with the mother's age, help doctors determine risk to the fetus.
Glucose challenge screening	<p>A screening test done at 26 to 28 weeks to determine the mother's risk of gestational diabetes.</p> <p>Based on test results, your doctor may suggest a glucose tolerance test.</p>	First, you consume a special sugary drink from your doctor. A blood sample is taken one hour later to look for high blood sugar levels.
Glucose tolerance test	This test is done at 26 to 28 weeks to diagnose gestational diabetes.	Your doctor will tell you what to eat a few days before the test. Then, you cannot eat or drink anything but sips of water for 14 hours before the test. Your blood is drawn to test your "fasting blood glucose level." Then, you will consume a sugary drink. Your blood will be tested every hour for 3 hours to see how well your body processes sugar.
Group B streptococcus (STREP-tuh-KOK-uhss) infection	This test is done at 36 to 37 weeks to look for bacteria that can cause pneumonia or serious infection in newborn.	A swab is used to take cells from your vagina and rectum to be tested.

Maternal serum screen (also called quad screen, triple test, triple screen, multiple marker screen, or AFP)	<p>A screening test done at 15 to 20 weeks to detect higher risk of:</p> <ul style="list-style-type: none"> • Chromosomal disorders, including Down syndrome and trisomy 18 • Neural tube defects, such as spina bifida • It also can reveal multiple births. <p>Based on test results, your doctor may suggest other tests to diagnose a disorder.</p>	Blood is drawn to measure the levels of certain substances in the mother's blood.
Nonstress test (NST)	This test is performed after 28 weeks to monitor your baby's health. It can show signs of fetal distress, such as your baby not getting enough oxygen.	A belt is placed around the mother's belly to measure the baby's heart rate in response to its own movements.
Ultrasound exam	<p>An ultrasound exam can be performed at any point during the pregnancy. Ultrasound exams are not routine. But it is not uncommon for women to have a standard ultrasound exam between 18 and 20 weeks to look for signs of problems with the baby's organs and body systems and confirm the age of the fetus and proper growth. It also might be able to tell the sex of your baby.</p> <p>Ultrasound exam is also used as part of the first trimester screen and biophysical profile (BPP).</p> <p>Based on exam results, your doctor may suggest other tests or other types of ultrasound to help detect a problem.</p>	Ultrasound uses sound waves to create a "picture" of your baby on a monitor. With a standard ultrasound, a gel is spread on your abdomen. A special tool is moved over your abdomen, which allows your doctor and you to view the baby on a monitor.
Urine test	<p>A urine sample can look for signs of health problems, such as:</p> <ul style="list-style-type: none"> • Urinary tract infection • Diabetes • Preeclampsia <p>If your doctor suspects a problem, the sample might be sent to a lab for more in-depth testing.</p>	You will collect a small sample of clean, midstream urine in a sterile plastic cup. Testing strips that look for certain substances in your urine are dipped in the sample. The sample also can be looked at under a microscope.

Understanding Prenatal Tests and Test Results

If your doctor suggests certain prenatal tests, don't be afraid to ask lots of questions. Learning about the test, why your doctor is suggesting it for you, and what the test results could mean can help you cope with any worries or fears you might have. Keep in mind that screening tests do not diagnose problems. They evaluate risk. So if a screening test comes back abnormal, this doesn't mean there is a problem with your baby. More information is needed. Your doctor can explain what test results mean and possible next steps.

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High-Risk Pregnancy

Pregnancies with a greater chance of complications are called "high-risk." But this doesn't mean there will be problems. The following factors may increase the risk of problems during pregnancy:

- Very young age or older than 35
- Overweight or underweight
- Problems in previous pregnancy
- Health conditions you have before you become pregnant, such as high blood pressure, diabetes, autoimmune disorders, cancer, and HIV
- Pregnancy with twins or other multiples

Health problems also may develop during a pregnancy that make it high-risk, such as gestational diabetes or preeclampsia.

See Problems During Pregnancy.

Women with high-risk pregnancies need prenatal care more often and sometimes from a specially trained doctor. A maternal-fetal medicine specialist is a medical doctor that cares for high-risk pregnancies.

If your pregnancy is considered high risk, you might worry about your unborn baby's health and have trouble enjoying your pregnancy. Share your concerns with your doctor. Your doctor can explain your risks and the chances of a real problem. Also, be sure to follow your doctor's advice. For example, if your doctor tells you to take it easy, then ask your partner, family members, and friends to help you out in the months ahead. You will feel better knowing that you are doing all you can to care for your unborn baby.