PRENATAL TESTING

ROUTINE BLOOD WORK

Blood samples will be obtained in our office or at a lab on your first or second visit for the following tests:

1) Public Health tests: rubella immunity status, hepatitis B, syphilis, and with your consent, HIV
2) Blood type and Rh, and presence of blood group antibodies
3) Complete blood count, including hemoglobin and white blood cell count

PRENATAL SCREENING

Prenatal screening is discussed at your first visit. Screening is available to determine if your baby has an increased risk of Down Syndrome, trisomy 18 or open neural tube defect. It is not a diagnostic test. If the screening test is positive, you will be offered further testing and genetic counselling.

NON-INVASIVE PRENATAL TESTING (NIPT)

Non-invasive prenatal testing is a way to screen your pregnancy for chromosomal disorders such as Down Syndrome and other possible missing or extra chromosones disorders. This test can find 98-99% of babies with Down Syndrome and includes a dating ultrasound and one blood draw at approximately 11 weeks of pregnancy. This test does have limitations and is currently not funded by the Ontario Health system. Please ask your midwife for more information.

GESTATIONAL DIABETES SCREENING

Between 24 and 28 weeks, you will be offered a measured sugar drink to screen for gestational diabetes. Your midwife will discuss options for testing based on your individual risk factors for gestational diabetes. Testing involves drawing your blood after drinking a glucose drink to see how your blood sugar responds to the drink. If you have gestational diabetes, your midwife will arrange an appointment for you at the Diabetes Clinic at Grand River Hospital and a consultation with an obstetrician.

Rh TESTING

Overview: If your blood type is Rh negative, you will be offered to be given an injection during the pregnancy to prevent your body from making antibodies against Rh positive blood. This will protect future pregnancies from Rh incompatible antibodies.

What to expect: By 28 weeks you will have your blood tested to make sure you don't already have anti-Rh antibodies. After the results are back, your midwife will arrange to give you an appointment at the hospital to have an injection of Rh immunoglobulin (WinRho) to prevent you from making any antibodies.

After the birth, the baby's cord blood will be tested for the baby's blood type. If the baby is Rh positive, you will receive another injection of immunoglobulin (WinRho) after the birth.

URINE CULTURE

During your pregnancy, we will offer a routine urine test to check for infection. A urine test may also be done if you have symptoms of a urinary tract infection, such as burning on urination, need to urinate urgently, or feel that you need to urinate frequently but then very little is there. Another urine test is offered to screen for sexually transmitted infections (gonorrhea, chlamydia).

ULTRASOUND

Overview: Ultrasound involves sending sound waves through your abdomen which bounce off the tissues of the baby in a way that can make a picture. No research has demonstrated a risk to the baby.

Early ultrasound: You will be offered an early ultrasound (before 12 weeks) to confirm your due date or as part of prenatal screening. You need to have a full bladder for this test and will be instructed to drink about 4 glasses of water prior to your ultrasound.

Routine 20-22 week ultrasound: You will be offered a routine ultrasound to be done at 20-22 weeks. You may be asked for your consent to do a transvaginal scan. This is a common practice to get a complete picture. Your support person will be asked to wait until the scan is finished before being invited to look at the ultrasound. The routine ultrasound looks at the following information:

- Fetal age and size (sex if requested)
- Number of babies present
- Some types of birth defects such as a defect of the spinal cord (neural tube defect), heart, abdominal organs, or brain
- Location of placenta.

Additional ultrasound: Ultrasound may be recommended for other situations in pregnancy (eg. follow-up on placental location, baby's position not certain, concerns about baby's growth or if you are overdue).

GROUP B STREPTOCOCCUS (GBS)

Overview: Group B Streptococcus (GBS) is a bacteria that normally lives in the intestines without causing any problems to you. In some clients, the bacteria is also present in the vagina where the baby can be exposed to it during labour and birth. GBS can cause serious newborn illness (such as pneumonia, meningitis, septicemia). Babies are at higher risk of being sick if one of the following are present: GBS present in your urine during the pregnancy, baby born before 37 weeks, prolonged rupture of membranes, or if you have a fever in labour. However, some newborns will become ill when no risk factors are present other than the presence of GBS. The Centre for Disease Control and the Society of Obstetricians and Gynecologists of Canada recommend screening for all pregnant people and antibiotics in labour for anyone with a positive culture. Your midwife will offer this test at 35-37 weeks.

Screening: To find out if you have GBS, a swab is done of the lower vagina and rectum at 35-37 weeks. You can do the swab yourself in the bathroom at the clinic. About 15-40% of our clients will test positive for GBS.

Treatment: If you test positive for GBS, it is recommended that you have IV antibiotics during labour. If you go into labour and do not know if you have GBS, it will be recommended that you have IV antibiotics only if you have a risk factor (before 37 weeks, rupture of membranes longer than 18 hours, fever in labour). If the baby has signs of being ill, even if you were GBS negative or had antibiotics in labour, a pediatrician will assess the baby and may start antibiotics for 48 hours while waiting for the results of blood cultures. If you are GBS positive but delivered without having antibiotics, and the baby looks healthy, there is no routine treatment of the baby, but additional bloodwork may be ordered.