

Information for women, families and carers

A guide to tests and investigations in early pregnancy

This information is an overview of the tests and investigations discussed and offered to women in early pregnancy.

Blood tests

Early in your pregnancy you will be recommended the following tests:

- **Blood group:** Your blood group will be either 'A', 'B', 'AB' or 'O'.
- **Rhesus D factor and antibodies:** You will be either 'Rhesus D positive' or 'Rhesus D negative'. If you are Rhesus D negative you will be given an *extra brochure* to explain extra tests and the benefit of having an injection of immunoglobulin to prevent your body developing antibodies, which may happen if your baby's blood is Rhesus D positive.
- **Full blood examination (FBE):** includes the number and size of red blood cells, white blood cells and platelets.
- **Thalassaemia screening** (an inherited disorder that affects your body making haemoglobin).
- **Ferritin:** iron levels in your blood.
- **Vitamin D:** If your levels are 'low' you can increase this with safe sunlight exposure and vitamin D tablets.

Screening for infections:

- **Rubella** immunity (German measles). If you are low or not immune you should be immunised after your baby is born.
- **Hepatitis B virus.** If you test Hepatitis B surface antigen positive (HBsAg) you will be provided with specialist obstetric and infectious disease advice on further care. Your newborn will need an injection of neonatal immunoglobulin and Hepatitis B vaccination to prevent infection.
- **Hepatitis C virus.** If you test Hepatitis C antibody positive you will require further blood tests including liver function tests. You will be provided with specialist obstetric and infectious diseases advice on the care and long-term follow up.
- **Syphilis.** If you test syphilis positive you will be provided with specialist obstetric care and infectious diseases advice on antibiotic treatment and follow up.
- **HIV.** You will have extra counselling. If you test positive you will be provided with specialist advice and up to date information and antiviral medication. Ongoing pregnancy care will be provided at Monash Medical Centre.

Screening for infections in the urine

- **Bacteriuria:** (by mid-stream) as sometimes a urinary infection is without symptoms.
- **Chlamydia:** if you think you have a high chance or if you are under 25 years of age. If you have an infection in your urine you will be prescribed antibiotics to treat this.

Screening for Gestational Diabetes Mellitus (GDM):

- **Random blood glucose (RBG)** at the initial visit unless you are at an increased chance of diabetes. If you have an increased chance of developing GDM, you may be recommended a Glucose Tolerance Test (GTT) at your initial visit.
- **Glucose Tolerance Test (GTT)** generally this blood test is done close to 28 weeks of pregnancy.

Factors that increase your chance of developing gestational diabetes include:

- GDM in a previous pregnancy
- Age over 40 years
- Previous baby (> 4500 gm or > 90th centile)
- Family history of diabetes mellitus(including sister with GDM)
- Body mass index (BMI) greater than 35 kg/m²
- Polycystic ovary syndrome (PCOS)
- Medications (corticosteroids, antipsychotics)
- Ethnicity: Asian, Indian, Aboriginal and Torres Strait Islander (ATSI), Pacific Islander, Maori, Middle-Eastern, non-white African

Screening tests for Down syndrome and other disorders

Down syndrome is caused by having an extra chromosome, (Trisomy 21), and is the single most common known cause of intellectual disability in our community.

Screening tests only give parents information about the likelihood of having a baby with a chromosomal abnormality. This may be a blood test only or combined with an ultrasound.

Diagnostic tests can tell you if your baby has a defect.

Ask your doctor or midwife about the options available to you.

Ultrasounds

Early in pregnancy you may be offered an ultrasound scan.

- 'Dating scan' – these are performed to confirm the expected date of birth, particularly if you have irregular periods.
- 'Nuchal translucency scan' (11-13 weeks of pregnancy) – this scan can be performed as part of a screening test for Down syndrome and other chromosomal conditions. It can also be used on its own to detect other physical abnormalities.
- 'Fetal anatomy scan' (at around 20-22 weeks) – this scan looks closely at your baby's body parts for any visible abnormalities or 'markers' of chromosomal conditions.

Ask questions too

If you think of anything that might possibly affect you or your baby ask your midwife or doctor about it.

Each women has different needs and questions. Some questions might include:

- Do I have to have this test?
- Are there any risks or harms in having this test?
- Is there a chance results are incorrect (that is, a false positive or false negative result)?
- When will I get the results?



Call 131 450