

A Guide to Antenatal Tests

As part of your care during pregnancy we recommend that you have several screening tests. This leaflet explains these tests to you. Your midwife will discuss them in more detail. The tests are optional and you should tell your midwife if there are any you do not want. A copy of your test results will be sent to your GP unless you do not wish this to happen.

At Booking

A Full Blood Count test checks for:

- Haemoglobin level – to diagnose anaemia.
- White blood cells – if raised, levels may indicate infection.
- Platelets – important if you later develop raised blood pressure.

Rubella Antibodies (German Measles): warns that you may be susceptible to infection and need vaccination after delivery.

Blood Group and Antibodies checks for ABO and Rhesus blood groups. If you are Rhesus negative your baby may be at risk of Rhesus disease, and you may be offered anti D injections to protect this and any subsequent babies.

Treponema Pallidum Antibodies checks for past or present infection with Syphilis or other Treponemal diseases. This is very rare, but treatment in pregnancy can stop baby being born with congenital syphilis.

Hepatitis B Screen checks for carriage of Hepatitis B virus. If present, baby can be vaccinated at birth to prevent infection (which causes severe problems in babies). Your partner may be tested and offered vaccination advice.

Sickle Cell and Thalassaemia Screen checks for sickle cell disease which is a blood condition which mainly affects people of African and Black Caribbean origin and less often people from India, the Middle East and the Mediterranean.

It also checks for Thalassaemia which is a blood condition that mainly affects people of Asian and Mediterranean origin. It is possible for you or your partner to carry the genes for these disorders without having any symptoms. The test will tell us if the baby is at risk of developing these conditions. If you are found to be a carrier your partner will be offered a blood test.

HIV

HIV is a virus which can cause AIDS. HIV affects the immune system, which is important for fighting infections. A person with HIV infection may remain well for many years and have no idea they are affected. HIV can be transmitted sexually, or through contaminated needles. It can also be transmitted from a mother to her baby during pregnancy, at delivery or through breastfeeding. If you are infected, drug treatments are now available which can benefit both you and your baby. If you take the treatment and do not breastfeed the risk of transmitting HIV to your baby can be reduced from around 30% (1:3) to 1% (1:100). If the HIV test is negative it should not affect applications for life insurance, since it is part of routine antenatal care.

Down's Syndrome Screening

Indicates the risk of the baby having Down's syndrome. If the risk is high (greater than 1:250) you may choose to have an amniocentesis to show whether the baby does have Down's syndrome or (much more likely) does not. If you have already has a similar test done please tell your midwife or doctor in the clinic.

Neural Tube Defects

The blood test indicates if there is an increased risk of Spina Bifida or Anencephaly. The diagnosis of these conditions is made by ultrasound scan.

At 28 Weeks

Full Blood Count: to see if anaemia has developed since booking.

Random Blood Sugar: to see if 'gestational' (pregnancy related) diabetes has developed during pregnancy.

Blood Group Antibody Screen: to detect any antibodies which have developed during pregnancy. Rhesus negative patients who are to receive anti D will have this blood test before they receive the anti D injection.

Ultrasound Scans

Dating scan approximately 12 weeks

This is to confirm the duration of pregnancy, estimate the date of delivery and see how many babies are present. When attending for a scan it would be helpful to have a full bladder.

Scan at 21 – 22 weeks

This is the 'fetal anomaly' scan which is to exclude major structural abnormalities.

Conclusion

We endeavour to provide you with a cultural competent maternity service. If you have any special cultural needs please discuss them with the midwife, GP or Obstetrician. To enable us to provide you with the best health care, please select from the list below the ethnic group you belong to. Your midwife will answer any questions you have.

Ethnic Groups

	Self	Partner		Self	Partner
White European	()	()	White Other	()	()
Black African	()	()	Black Caribbean	()	()
Black Other	()	()	Indian	()	()
Pakistani	()	()	Bangladeshi	()	()
Oriental	()	()	Mediterranean	()	()
Any other ethnic group	()	()	More than one group	()	()