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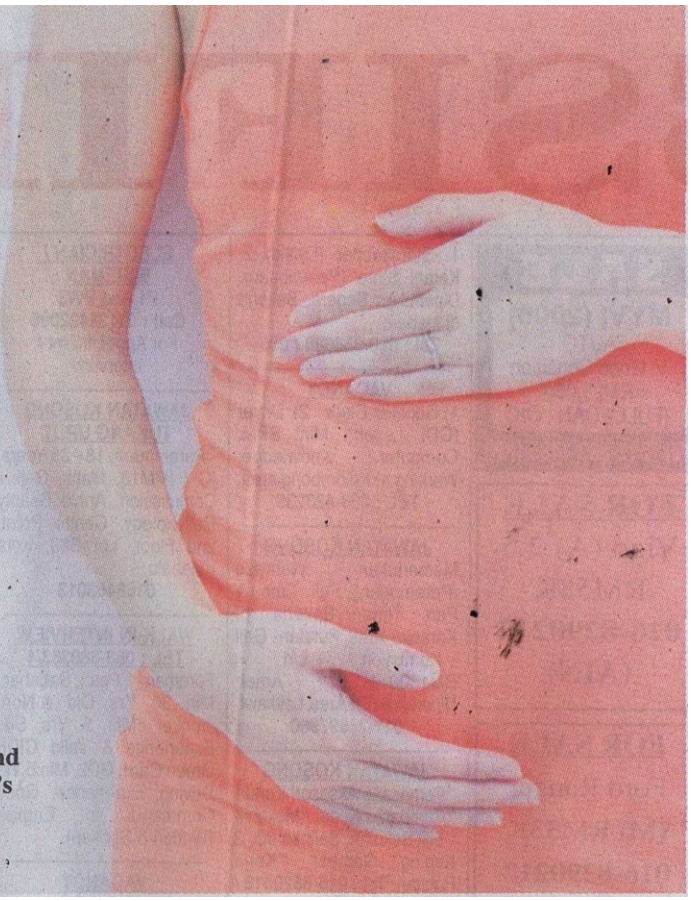
Prenatal tests: First trimester

(First of three parts)



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PRENATAL tests can offer valuable information about your health during pregnancy. They can find problems like gestational diabetes and preeclampsia (dangerously high blood pressure), which if not treated can put your baby at risk for problems like preterm birth.

Tests can also tell you things about your baby's health, like whether your child has a birth defect or a chromosomal abnormality. Of course, no test is foolproof. Results can be inaccurate, but the chances of this happening are low.

If your doctor recommends a screening or test, be sure to learn about the risks and benefits. Most parents agree that prenatal tests offer them peace of mind while helping to prepare them for their baby's arrival. But it's your choice to accept or decline a test.

First-visit screenings & tests

One of the goals of your first visit to the obstetrician's office is to confirm your pregnancy and determine whether you or your baby is at risk for any health problems.

The doctor will give you a full physical, which may include a weight assessment, blood pressure check, and breast and pelvic examination. If you're due for your routine cervical test (Pap smear), the doctor will perform it during the pelvic exam. This test detects changes in your cervical cells that could lead to cancer.

To do a Pap smear, the inside of your cervix (the opening to the uterus that's located at the very top of the vagina) will be swabbed with a cotton swab. This may be a little uncomfortable, but it is over quickly. In addition, during the pelvic exam your doctor will likely check for sexually transmitted diseases (STDs) like chlamydia and gonorrhea.

To confirm your pregnancy, you may have a urine pregnancy test, which checks for hCG, a hormone and pregnancy indicator. Your urine (pee) also will be tested for protein, sugar, and signs of infection.

Blood will be drawn to check for things like:

- your blood type and Rh factor. If your blood is Rh negative and your partner's is Rh positive, you may develop antibodies that prove dangerous to your fetus. This can be prevented through a course of injections given to you.
- anemia, a low red blood cell count
- hepatitis B, syphilis, and HIV
- immunity to German measles (rubella) and chickenpox (varicella)
- cystic fibrosis – health care providers now routinely offer this screening even when there's no family history of the disorder

After the first visit, you can expect to get your urine tested and your weight and blood pressure checked at every (or almost every) visit until you deliver. The reason for this is to identify conditions such as gestational diabetes and preeclampsia.

Throughout your pregnancy, you'll be offered more tests depending on your age, health, family medical history, and other factors.

First trimester screen for fetal problems

Why is this screening performed?

Doctors use this to screening test to determine a woman's risk of carrying a baby with Down syndrome (trisomy 21), Edward syndrome (trisomy 18), or other chromosomal abnormalities. It can also help determine the risk for certain birth defects like heart abnormalities.

This screening test, called the "first trimester screen," is ideally done in two parts: a blood sample (often a pinprick test to draw a drop of blood) and, usually, an ultrasound screening:

Blood sample (maternal blood screening). This test measures the levels of proteins in the blood. Having abnormal levels of the proteins PAPP-A (maternal serum pregnancy-associated plasma protein-A) and beta-hCG (maternal serum beta human chorionic gonadotrophin) can indicate a higher-than-average risk of carrying a baby who has chromosomal abnormalities.

Ultrasound screening (nuchal translucency screening). This exam measures the space in the back of the baby's neck. Extra fluid in the back of the neck (behind the neural tube) may point to a higher risk of chromosomal abnormalities. Ultrasound screenings are not offered at every medical practice.

When a woman undergoes both the blood and ultrasound screening, her doctor usually will calculate the results together. Age is also a consideration with determining these results, since women of advanced maternal age (35 and older) are at a higher risk of having children with chromosomal abnormalities. Combining the results provides a higher level of accuracy than if the screenings were calculated on their own. When screenings are calculated together, it's called a combined first trimester screening.

Not all doctors choose to calculate a woman's risk in this way. Some wait until after a woman has had other screenings in the second trimester to determine her baby's overall risk for chromosomal abnormalities. This is called an integrated screening. Other practitioners who do not offer a first trimester ultrasound determine a woman's risk using the results of her first and second trimester blood screenings. This is called a serum integrated screening.

How your doctor chooses to calculate your results depends on your age, health risks, and what services are available at the doctor's office.

Women who are shown to be at high risk for carrying a baby with Down syndrome or another chromosomal abnormality are offered diagnostic testing, usually through chorionic villus sampling (CVS) in the first trimester or amniocentesis in the second trimester. They also may be offered a new blood screening (cell-free fetal DNA testing) that evaluates the fetal DNA in a woman's blood and can give doctors an indication about certain chromosomal abnormalities.

Those who are not shown to be high risk in the first trimester are still offered a second trimester screening. That screening, which consists of more blood tests, checks for chromosomal abnormalities and neural tube defects, and helps to confirm the findings from the first trimester screen.