



Prenatal health care visits

HOW MANY VISITS?

How often will you need to see your prenatal health care provider? That depends on:

- Your medical history.
- How your pregnancy is going.
- The provider's advice.

Call your health care provider when you think or know you are pregnant. A common schedule for prenatal visits is:

- A first visit.
- About once a month for the first six months.
- Every 2 weeks for the 7th and 8th months.
- Every week after that until the baby is born.

You and your provider will schedule the exact dates of all of your visits.



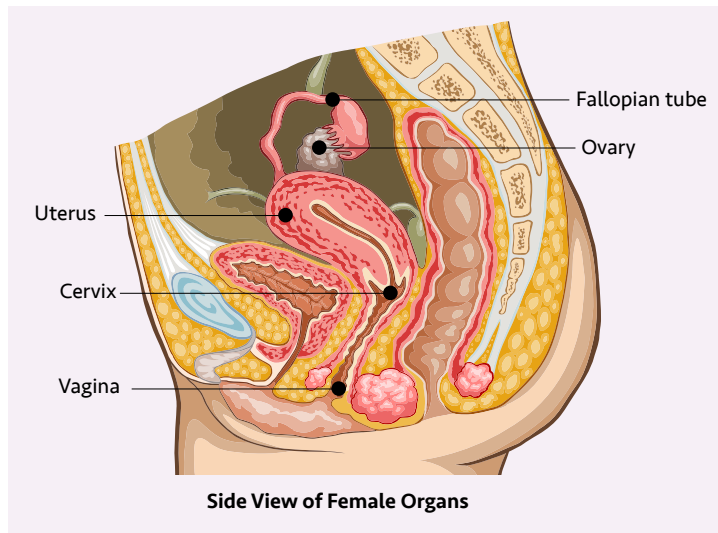
THE FIRST VISIT

This visit often takes longer than the rest of the visits:

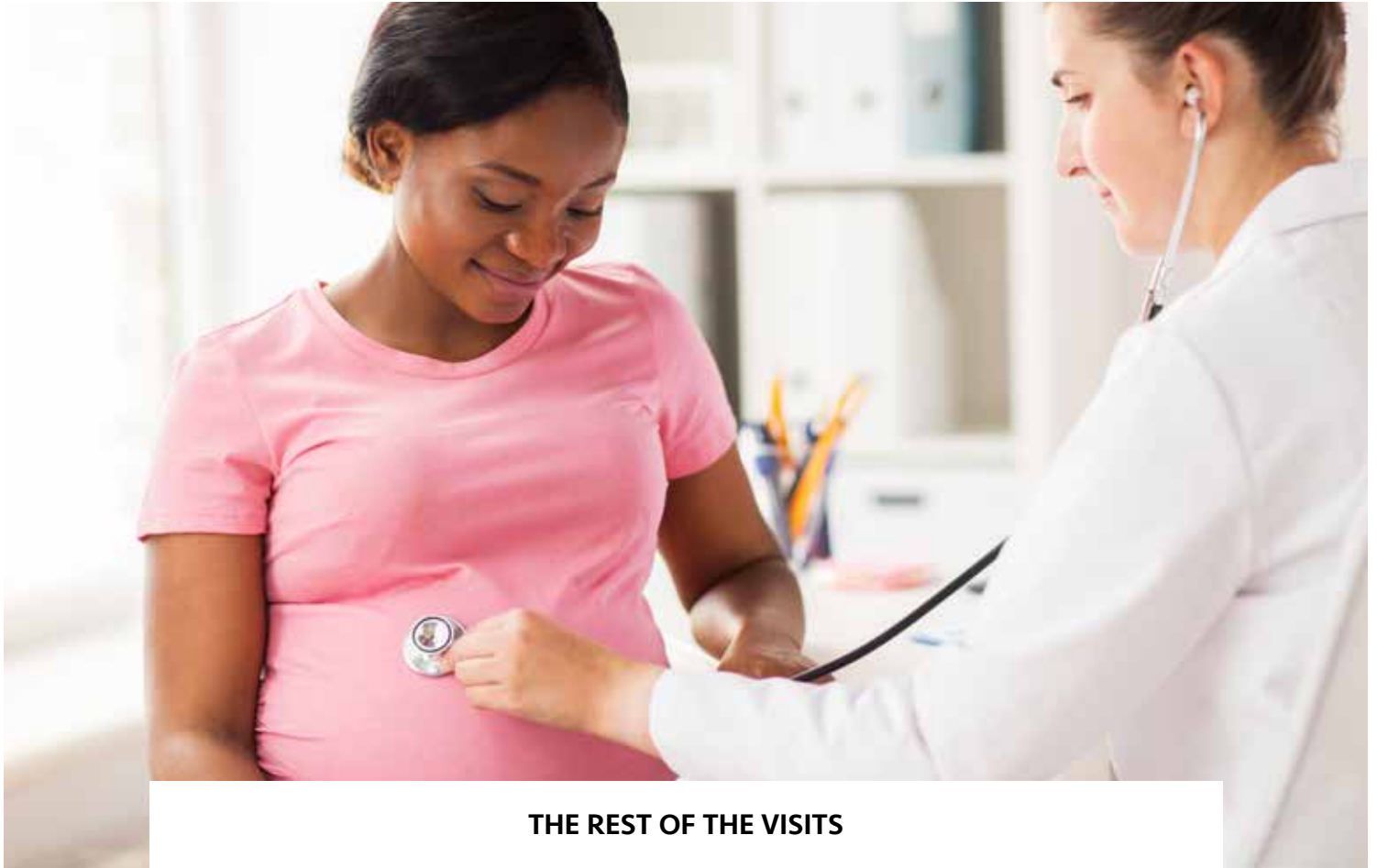
- It confirms whether or not you are pregnant.
- It gives you a “due date.” That’s the date your baby is likely to be born.
- It gives you and your health care provider a lot of information.

Your health care provider will probably:

- Do a urine test or a blood test to make sure that you are pregnant.
- Ask questions about your medical history and your family’s medical history.
- Talk about depression, physical abuse, alcohol/drug use, and safety concerns.
- Do a complete physical exam to check:
 - Your height and weight. These are used to get your body mass index (BMI) number. This tells if your weight is okay or too high or too low.
 - Your blood pressure
 - Your heart and lungs
 - Your ears, nose, and throat
 - Your breasts
 - Your abdomen



- Do a pelvic exam to check:
 - Your pelvis, vagina, uterus, and cervix. These are checked for size, shape, and structure. The size of your uterus tells how many weeks pregnant you are.
 - Your ovaries. These are checked to make sure that they are healthy.
 - The age of the embryo or fetus. Embryo is the term used for the baby the first 4 to 8 weeks of its growth. Fetus is the term used for the baby after you are 8 weeks pregnant.
- Urine tests. A urine sample is tested for protein, sugar, and a UTI. This stands for urinary tract infection.
- Pap test. Cells are taken from your cervix. These are tested for cancer and types of cells that can turn into cancer.
- Blood tests. A sample of blood is taken from your arm to test for:
 - Blood type (A, B, AB, or O)
 - A positive or negative RhD protein (this used to be called Rh factor)
 - Anemia
 - Immunity to German measles and chickenpox
 - STIs (sexually transmitted infections). All pregnant women are advised to be tested for HIV, hepatitis B, syphilis, and chlamydia. Testing for other STIs may also be done.
- Bacterial culture tests. Cultures are taken from your cervix, vagina, and rectum. These are tested for certain STIs and for group B strep.



THE REST OF THE VISITS

At later visits, you can expect your health care provider to:

- Weigh you.
- Feel your abdomen. This checks for the height of the uterus and the position of the baby.
- Take your blood pressure.
- Test your urine for protein and sugar.
- Test your blood for anemia.
- Give you a vaccine to help protect you from the flu. Your health care provider decides if vaccines are needed.
- Check for signs of swelling in your ankles, hands, face, and feet.
- Listen for your baby's heartbeat (after the 10th week).
- Take a blood sample for a "quad marker screen." This tests for four substances in the blood. High or low levels of the four substances can screen for certain birth defects. Other tests would need to be done to confirm a birth defect. Birth defects happen in only a very small number of babies. This test is done between weeks 15 and 20. You may be able to choose if you have this test or not.
- Ask you if you have started to feel your baby move.
- Test you for gestational diabetes. A test is done for this between weeks 24 and 28. It is done even when urine tests don't show sugar. But it may be done earlier if a routine urine test shows sugar. It also may be done earlier if you are at high risk for diabetes.
- Do a second blood test from your arm.
- Test a second cell culture from your vagina and rectum (between weeks 35 and 37). This checks for group B strep. A cell culture test may also be done as early as week 32 if you have a lot of vaginal discharge or if you have a history of preterm labor. That's when labor happens 3 or more weeks before your due date.

What actually happens at each visit will depend on your needs at the time.



SPECIAL TESTS

Ultrasound. This test shows the baby's position. It shows how the baby is growing. Your bladder should be full for this test. Here is what happens during an ultrasound:

- A gel is rubbed on your belly.
- A hand-held device is passed over your belly. It doesn't hurt at all.
- The test usually lasts 5 to 10 minutes. It can take up to 45 minutes. This will depend on the baby's position and movement.
- Sound waves produce an image of your baby that you can see on the screen.

You may choose to have a printed copy or video of your baby's image.

An ultrasound may be done to:

- Find an IUD that was in place at conception.
- Tell the age of the fetus.
- Show how the fetus is lying before amniocentesis and CVS tests.
- See if you are carrying more than one baby.
- Diagnose some birth defects (if done around 19 weeks by a doctor certified in OB ultrasound).
- Identify the source of any problems. See if the baby's organs are developing properly.

Ultrasound is thought to be safe for both mother and baby. It is usually done between weeks 18 and 20 of the pregnancy. It may be done earlier if the baby is at high risk for Down's syndrome.



Amniocentesis. This is a test for certain birth defects. It can also show how mature the fetus's lungs are. The test takes about an hour. It is usually done between weeks 15 and 20. It can be done at any time up to delivery, if needed. Here is what happens during amniocentesis:

- An ultrasound test locates the fetus and placenta.
- A needle is put into the uterus through the wall of the mother's abdomen.
- The doctor uses ultrasound to guide the needle. The needle is put in an area away from the developing baby.
- Only two-thirds of an ounce of amniotic fluid is taken out. It is sent to a lab.

Amniocentesis will show the baby's sex. But it is never done for that purpose alone. That's because there is less than 1 in 200 chance that the mother may miscarry. This could happen within 3 weeks after the test.

Amniocentesis is not a routine test. It tests for genetic problems if:

- The mother is over age 35.
- The mother or her partner has a parent, brother, sister, or child with a genetic or metabolic problem.
- The mother has had a baby with a defect in the past.
- The mother has a family history of special problems, such as hemophilia (a bleeding disorder) or spina bifida.
- Both mother and father are Ashkenazi Jews. These Jewish people are from Eastern European descent. A person of this ethnic group has a 1 in 4 chance of carrying the gene for Tay-Sachs disease. If both parents carry this gene, there is a 1 in 4 chance that their baby will get Tay-Sachs disease.

Amniocentesis may be done later in a pregnancy to find out if the baby's lungs are mature enough for the baby to be able to breathe on their own after birth. Most tests give normal results.

CVS. CVS stands for chorionic villus sampling. It shows birth defects early in a pregnancy. It is usually done during weeks 10 to 12. In CVS, ultrasound is used to help take a sample of the fetal membrane. The sample is taken from the uterus through the vagina and cervix. Or the fetal membrane sample can be taken from the wall of the mother's abdomen in the same way as with amniocentesis. The sample is sent to the lab. Like amniocentesis, cells can be grown to look for genetic problems. But CVS can find these sooner, because it is done earlier in the pregnancy.

CVS can't show how mature the fetus's lungs are. It does not test AFP. This is a protein in the blood. It is one of the four substances in the "quad marker screen." The risk that the mother may miscarry is small. A CVS test should be done at centers that do a lot of CVS tests. A Maternal Fetal Medicine Specialist is skilled in doing this test.



TALKING WITH YOUR HEALTH CARE PROVIDER

Give your health history.

Make a list. Bring the list with you to your first prenatal visit. It will help you answer your provider's questions. Include on the list:

- Health conditions that run in your family and the father's family. (Examples: cancer, diabetes, high blood pressure, lung problems, sickle cell anemia.)
- Past medical problems and the treatment you had for each
- Any hospital stays, surgery, and blood transfusions you have had
- Present and past medications (names, doses, allergic reactions, and side effects, if any)
- Birth control method(s) you have used. Include side effects, if any.
- Number of past pregnancies, their outcomes, and problems, if any
- Your age at your first menstrual period. Have periods been regular? Any problems?
- The date your last period started



Get the answers to these questions:

- What are your provider's office hours?
- Does the provider work out of more than one office?
- What phone number(s) should you use? For what reasons?
- When is the best time to call?
- What is the provider's rule for returning calls?
- Who should you talk to if the provider can't come to the phone?
- When should you go to the emergency room? Should you call your provider or the emergency room before you go there?

Report to your provider. Tell the provider about:

- Your general health
- Changes you have noticed in your body
- Illnesses or problems you have during your pregnancy. Include problems you treat yourself.
- Things that worry you
- Emotional or family problems
- The good things about your pregnancy and your life

Be assertive! Talk to the provider about what you want. For example, tell the provider:

- Where you want to have your baby
- If you want to take childbirth classes
- If you want your partner or other "coach" present during labor and delivery
- If you want pain relief during delivery

Ask the provider your questions. These could be about your pregnancy and delivery. Or they could be about your general health. Examples:

- Is my baby growing normally?
- What can I do if I get a cold? Can I take any medicine for it?
- What are the results of the test(s) you did? What do the results mean?
- Can I travel by plane during the last month of my pregnancy?

{Note:} Don't ever be afraid to ask questions. What if you forget to ask a certain question? Write it down and ask it at your next visit. Or call your provider before that and ask the question over the phone.}