# Tests for Your Baby

## *Routine Testing*

- **Infections:** Many infections can easily be transmitted to your baby and nearly all transmissions can be prevented. As a result, we recommend screening for:
    - **Group B Streptococcus:** Done after 35 weeks, this test checks for bacteria in the vagina or anal area that could cause infection in the newborn.
    - **Rubella**
    - **Rapid HIV Testing:** HIV Testing is offered to any woman in labor who has not been tested prenatally. This testing can also be offered if a laboring woman desires.
    - **Sexually Transmitted Infections**: Chlamydia, Gonorrhea, Syphilis

- **Ultrasound:** This safe and easy test uses sounds waves to visualize the developing baby. After applying a clear gel over the abdomen, the ultrasonographer moves a small, plastic, camera-like device – called a transducer – across the area. The device sends high-frequency sound waves to a monitor that shows the number of babies, their size, structure and position in the uterus. Ultrasound also can be done vaginally, and this may be necessary if you are early in your pregnancy or if the length of your cervix needs to be checked. An ultrasound may be recommended in order to determine the age of the pregnancy, to monitor the growth and development of the fetus, or to evaluate the fetal anatomy.

- **Blood type incompatibilities:** This is a blood test during the first trimester, at 28 weeks and at delivery.

- **Prenatal Glucose Challenge Test:** This is a test that checks how well your body uses sugar (glucose). During this test, the level of glucose in your blood is measured after drinking a special sugar solution. This test is often used to screen for diabetes during pregnancy.

## *Specialty Testing*

To find out more about your baby, your physician may recommend any of the following tests:

- **Cystic Fibrosis Screen:** This is a test that detects changes in the genes (mutations) that are associated with cystic fibrosis. Cystic fibrosis is a condition where the person suffers from thick secretions on the body. It mainly affects the lungs and gastrointestinal system, and it generally requires special therapies tomanage. Since you do not have cystic fibrosis, this test will check to see if you are a carrier of this

condition (indicated by one affected gene and one unaffected gene). If you are a carrier, your partner will be tested to evaluate if he, too, is a carrier. If both of you are carriers, then there is a one in four chance that the baby could have cystic fibrosis (from the two affected genes). The chance of a baby being affected is quite small. If found during pregnancy, the only options are termination or early intervention after birth. All babies will be screened for cystic fibrosis after birth as part of the newborn screening.

***Note:*** *Insurance companies do not always cover all tests. It is highly advisable for you to check with your insurance company about coverage for specific tests.*

- ***Hemoglobinopathy Screening:*** This test is recommended if you are found to have anemia that isn't due to a more common cause, such as iron deficiency or if you are of Mediterranean, southeast Asian or African descent.

## *Genetic Screening:*

There are various options for screening as outlined below.

- **Ultrascreen:** A very recent test involving a blood test and ultrasound done between the 11th and 13th weeks of the pregnancy. This involves measuring free beta-HGC and PAPP-A in the blood and an ultrasound to look for thickening around the neck. This test can detect Down syndrome up to 85 to 90 percent of the time, with a 5 percent false positive rate (test is positive but baby is normal). **However, a normal test does not mean the risk is zero, nor does it guarantee a healthy baby.**

  ***Note:*** *Insurance companies do not always pay for this test. It is highly advisable for you to check with your insurance company about coverage for this test.*

- **Quadruple Screen (Quad Screen):** This test involves a blood test measuring four components in the mother's blood: HCG, AFP, estriol and inhibin-A. The test also determines the odds of Down syndrome, other genetic abnormalities and neural tube defects (incomplete closing of the back of the brain or spine). This test detects Down up to 85 percent of the time, with a 5 percent false positive rate. This test also is useful for the possible detection of abnormalities in the baby's growth and placenta function later in the pregnancy. **However, a normal test does not mean the risk is zero, nor does it guarantee a healthy baby.**

- **AFP test:** This is a blood test that is drawn during the second trimester and is used to screen for neural tube defects. Less than one in every 500 babies will develop a neural tube defect. The neural tube is the part of the developing baby that becomes the brain and the spine. When it does not develop normally, the result is either spina bifida or anencephaly. Spina bifida means "open spine" and requires surgery after the baby is born. Depending on the size and location of the opening, the child may have trouble with bowel and bladder control, walking and learning. Anencephaly occurs when the brain and skull do not develop. A baby with this

condition does not live very long after birth. Less than one in every 270 babies will develop Down syndrome, a disorder caused by an extra chromosome. Chromosomes are the structures inside of each cell that hold our genes, the information that determines who we are, what we look like and how the body parts grow and work. Children with Down syndrome have mild to moderate mental retardation and have a greater risk of heart defects and other health problems.

- **Amniocentesis:** This is a procedure done by a perinatologist (obstetrical doctor who handles high-risk pregnancies). The test involves inserting a small needle into the fluid surrounding the baby at 16 weeks of pregnancy or later. It is greater than 99 percent accurate and is generally recommended to confirm if any elevated risks are identified on the ultrascreen or quad screen. Any pregnant woman over the age of 35 is offered this test for chorionic villus sampling diagnosis. The risk of pregnancy loss is 1 out of 200. The test can also pick up 95 percent of neural tube defects.

- **Chorionic Villus Sampling:** This procedure is performed by a perinatologist and involves inserting a needle into the placenta, either through the abdomen or the cervix. This is done between 10 and 13 weeks of pregnancy, with 99 percent accuracy for genetic testing. Like the amniocentesis, it is offered to all women age 35 and older. The risk of pregnancy loss is 1 out of 100 (higher than the amniocentesis), with recent studies showing a risk of limb defects of 1 in 3,000. The test is not able to detect neural tube defects.

- **Level II Ultrasound:** This is an ultrasound done by a perinatologist between 18 and 20 weeks of pregnancy. The test screens for physical abnormalities in the baby. Some specific findings may be associated with Down syndrome or other chromosome problems. The sensitivity of this test is up to 70 percent accurate, according to medical studies.

- **Fetal Echocardiography:** For babies at increased risk of heart defects, this special ultrasound checks the baby's heart.

- **Other:** If you or your partner has a disease or condition that is transmitted to family members, genetic counseling may be recommended to assess the chance that the baby may acquire this condition.

## *Fetal Well-Being*

- **Fetal kick counts:** This is recommended for all pregnancies from 28 weeks until delivery. Please refer to handout provided or found on our website for instructions on how to perform this simple test.

- **Biophysical Profile:** This special ultrasound checks the baby's movement, body tone, breathing and amount of amniotic fluid. It is usually done as a follow-up to other tests.

- **Nonstress Test:** An electronic monitor is attached to the mother's abdomen to record the baby's heart rate during the baby's movement. Uterine contractions also can be detected.