

Tests after the First Trimester



Why offer tests in pregnancy?

Women will be offered 'screening' tests in the first trimester. This will be both routine tests, such as tests of rubella immunity and blood group, as well as genetic screening tests. However, **some important tests are offered later in pregnancy.**



Fetal Anomaly Scan (20-week ultrasound)

A carefully-performed ultrasound at around 20 weeks is an important part of pregnancy care. This test provides important information that guides care later in pregnancy.

The primary purpose of the 20-week ultrasound is to carefully examine the baby's organs and structure to check for possible problems. As many as 3% (one baby in 33) will have a 'birth abnormality.' Fortunately, most are quite minor – such as birthmarks – however a proportion are more important. These include problems such as heart abnormalities, or cleft lip.

While ultrasound is very accurate, even the best ultrasound is able to detect only slightly more than half of anomalies. While a normal ultrasound report is very reassuring, it is not perfect.

Ultrasound also allows a check of the position of the placenta, to determine whether it is low (placenta praevia), and also the length of the cervix.

Screening for Gestational Diabetes

Gestational diabetes is a relatively common and important condition of pregnancy. It is caused by the hormonal changes of pregnancy – these increase the mother's resistance to the action of insulin.

Gestational diabetes usually has no symptoms at all, which means women do not know they have developed the condition until the very end of pregnancy.

The test for gestational diabetes is a blood test done at about 28 weeks – although women at particular risk might have the testing early



Testing for Group B Streptococcus

The Group B Streptococcus (GBS) bacteria rarely causes harm for healthy adults, and is very commonly found on the body. While GBS is relatively harmless for adults, if transferred to a baby during birth it can cause serious infection. About one woman in four will carry GBS in the vagina or nearby, and the baby can be infected by GBS during an attempted vaginal birth.

Screening for GBS involves using a swab – very similar to a Q-tip or Cotton Bud – to take samples from the vagina and nearby. The swab is analysed to determine whether GBS is growing on the mother's body.

When GBS is found to be present on a woman's body, the woman will be offered antibodies during labour to reduce the risk of the baby being affected by serious GBS infection after birth.