

Antenatal Clinic



The Bixter Health Centre
Telephone 810202
(Fridays 10.00-11.00 by appointment)

Blood tests

Rubella – Infection with rubella early in pregnancy can lead to very serious problems for your baby including things like deafness, cataracts, congenital heart disease and mental impairment. The blood test will either confirm your immunity to the virus or if you are not immune you will be offered vaccination after delivery.

Haemoglobin – Pregnancy places extra demands on your body and to ensure you do not develop anaemia your haemoglobin will be checked at about 16 weeks, then again about 28 weeks and probably at your postnatal check.

Rhesus status & antibodies – Women who are Rhesus (Rh) negative may, if their baby is Rh positive and a tiny amount of baby's blood gets into her bloodstream, produce antibodies against her baby's blood causing anaemia in the unborn baby. Your blood will be tested at around 16 weeks for your blood group, which includes Rh status, and for antibodies against your baby's blood. If you are Rh negative you will be routinely offered an injection of Anti-D immunoglobulin at 28 weeks and then again at 34 weeks to clear up any fetal blood cells which might have passed into your system. At delivery your baby's blood will be tested and if the baby is Rhesus positive you will be offered a further injection of Anti-D immunoglobulin. These fetal blood cells, if left, could stimulate your immune system to react much more violently against your baby in any future pregnancies. (These routine Anti-D immunoglobulin injections would not be necessary if you were certain you

would not have another baby i.e. you or your partner planned to be sterilized or you were in a stable relationship and you knew the father of your baby was Rh negative.) Anti-D immunoglobulin is produced from blood plasma supplied by special blood donors called Qualified Donors. These donors have had their blood thoroughly checked for possible infection including HIV. The plasma is kept in quarantine for several months before being rechecked and then subjected to a number of sterilisation processes before being release for medical use.

HIV – All pregnant women are being offered routine HIV testing. 59% of women in Britain infected with HIV have acquired this through heterosexual intercourse and 37% through IV drug misuse. Women are at increased risk of HIV, who have injected drugs themselves or whose partner has injected drugs or who have spent time as adults in countries where HIV is endemic and heterosexual transmission predominates. HIV infected women will be offered antiviral treatment with Zidovudin during pregnancy and at time of delivery, this has been shown to reduce mother to child infection from over 14% to less than 5%. An infected woman's baby will also be treated until 6 weeks old. Breast-feeding has been shown to double the risk of mother to child infection and would not be advised.

Syphilis – Despite being rare now, infection can be without symptoms and if left untreated can cause serious illness in you and is a cause of miscarriage and serious congenital abnormalities in your baby. Treatment with penicillin for you and your partner, if he is found to be infected, is very effective.

Hepatitis B – Carriers of Hepatitis B (HBV) may have no symptoms and all women will be offered screening. Women who are first or second generation immigrants from countries where hepatitis B is endemic (e.g. Far East, Asia, Mediterranean, Middle East and Africa), or women who have had multiple blood transfusions, or a history of IV drug abuse, or contact with a suspected HBV carrier should be considered to be at increased risk. If a woman is found to be HBsAg positive then her baby would be given hepatitis B immunoglobulin soon after birth

and a course of hepatitis B vaccination started within the first 7 days.

Alpha-fetoprotein (AfP) – This blood test measures AfP from the fetus and is present in high amounts with open spina bifida type neural tube defects (NTD). AfP also forms part of a calculation along with maternal age in assessing the likely risk of the baby having Down's syndrome. Women, whose pregnancy is considered at significant risk of Down's syndrome, will be offered amniocentesis (see below) for more accurate diagnosis. Women, whose pregnancy is considered at significant risk of NTD will be offered detailed ultrasound scan. Detection of Down's syndrome or NTD sufficiently early in the pregnancy can allow an opportunity to make an informed decision regarding whether the pregnancy should be allowed to progress.

Other tests

Urine – Urinary tract infection is the most common medical complication of pregnancy. There may be no symptoms and if left untreated these can develop into more serious infections of the bladder or kidneys. Untreated infections are associated with pre-term delivery and low birth-weight babies.

Ultrasound scan – You will be offered a scan at around 11 weeks and again around 18 to 20 weeks. Early routine scans detect multiple pregnancies earlier and provide accurate calculation of dates, which may reduce the early induction of labour due to incorrect calculation of expected date of delivery. The scan at 18 weeks is a detailed scan for detection of possible fetal abnormalities.

Amniocentesis – This test collects a sample of the fluid from around the baby, (for testing in Down's Syndrome) by inserting a needle through the abdominal wall after it has been numbed with local anaesthetic and directed by the ultrasound scan.

Your midwife Patricia would like you to contact her early in your pregnancy so that she can offer you advice and assistance.

Phone her on 810469 and leave a message so she can get back to you in complete confidentiality.

Revised January 2004