

The following are lab tests that are available, some required and some optional. Please carefully consider your choices and decide which of the optional tests are covered by some insurance/managed care programs and some are not. It will be **your** responsibility to check your individual program for that information.

Initial Laboratory Tests – required at time of first visit: Blood Type and Rh, Syphilis, German Measles, Hepatitis B, PAP Test, Cervical Culture for Gonorrhea and Chlamydia.

AFP/Triple Screen – 16 weeks gestation: These are screening tests that help estimate your risk of having a child with an open neural tube defect (“spina bifida”). This is not a diagnostic test but a screen which helps identify the higher risk patient. You will need a special ultrasound for further investigation if the screen is positive. This test also picks up about one half of the patients with Downs Syndrome, but it should not be used to screen patients who are at risk (increased age, etc.). Please read the separate brochure for more information.

Cystic Fibrosis Screen – 16 weeks gestation: This blood test screens for the possibility of you being a cystic fibrosis carrier. If it is positive, your partner will be tested to see if he is a carrier. You would be referred to genetic counseling if you are both carriers.

Human Immunodeficiency Virus (HIV) – first visit: The American College of Obstetrics and Gynecology suggests that all pregnant women be offered the HIV test. There is evidence that if an HIV positive pregnant woman is treated, the risk of the infant getting the virus is significantly decreased. You should strongly consider the test if you or any of your partners, past or present, have engaged in high-risk activities (multiple sexual partners, IV drug usage or homosexual activities). This is only a screen; if the test is positive, another more specific test will need to be done for confirmation. Please read the separate HIV Information sheet for more information.

Ultrasound – 16-20 weeks gestation: We provide one screening ultrasound at no charge. We do this to help decide how far along you are, to detect the presence of twins, and to try and assure that the placenta is not too low. We specifically do not attempt to diagnose abnormalities of the baby. This requires very specialized equipment and an ultrasound specialist. There will be a charge for any additional ultrasounds that may be required.

Gestational Diabetes Screening – 28 weeks gestation: Approximately 3-5% of patients develop temporary diabetes while pregnant. Using risk factors such as family history of diabetes or obesity misses at least 50% of patients who will develop gestational diabetes. You will be given a sweet drink, and a blood sugar will be drawn one hour later. You do not need to fast. If the test is abnormal, we will get a formal 3-hour glucose tolerance test to make the diagnosis of gestational diabetes.

Rh Titer and RhoGAM – 28 weeks gestation: If you have Rh negative blood and your partner has Rh positive, we will give RhoGAM at 28 weeks and possibly after delivery.

Beta Strep Culture – 36 weeks gestation: The American Academy of Pediatrics, the Center for Disease Control and the American College of Obstetrics and Gynecology have all developed a protocol for beta strep screening. A significant portion of the general population carries beta strep normally. Fortunately, the majority of babies exposed to the strep bacteria do well, but unfortunately it can be a very serious infection for a very small number of babies. You will have a vaginal culture for beta strep at 36 weeks and will receive antibiotics during labor if this is positive.