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By [Dr David Moore](#), 23 March 2014

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What are screening tests and why are they done?

Screening tests are tests that try to identify the presence of a problem or risk factor, in a person who does not show obvious signs of that problem (that is, they have no symptoms, or are "asymptomatic"). This means, by definition, screening tests are applied to healthy people with no symptoms of disease or problems. Like any test in medicine, screening tests are not perfect, and the risk of an untrue result needs to be weighed against the benefits of detecting the problem. In essence, this means screening tests should be used only if there is a reasonable chance of improving the health or management of the screened person.



What screening tests are done in pregnancy?

In pregnancy, several screening tests are recommended, and others are offered depending on your individual circumstances. These tests look for conditions that may alter the management of your pregnancy (e.g. anaemia, Rhesus-negative blood group, susceptibility to other infections).

In the absence of specific conditions or complications, the [Royal Australian and New Zealand College of Obstetricians and Gynaecologists](#) recommends the following screening tests, either pre-pregnancy or when pregnancy is diagnosed:

- **Full blood count:** this looks for low blood ("anaemia") and may suggest the underlying cause. Sometimes further tests are needed.

- **Blood group and antibody screen:** this is to determine your blood type (A, B, AB, or O) and, importantly, your Rh common blood group is A-positive (type A, Rhesus-positive). About 15% of women are Rhesus negative, a management. This test also looks for other "antibodies" which are occasionally of significance during a pregnancy.
- **Rubella immunity status:** most women are immune to the Rubella (or German measles) virus, thanks to vaccine. If you are not immune, your doctor will talk to you about avoiding potential sources of infection during pregnancy, and you should get vaccinated (usually the next day).
- **Other serological tests:** these generally test for the presence of syphilis, Hepatitis B and C viruses, and HIV. If you have these infections, you do not have risk factors in their history, and so routine screening is recommended. Additionally, recognition and treatment during pregnancy, can significantly reduce the risk to baby during pregnancy and birth.
- **Urine test:** this is a screening test for urinary infection, that may be asymptomatic in early pregnancy. Importantly, urinary tract infections (bacteruria), when untreated, is associated with an increased risk of [preterm birth](#) owing to a complicated infection of the urinary tract.
- **Pap smear:** if your next [Pap smear](#) would fall due during your pregnancy, you would be recommended to have a [Pap smear](#). There is no evidence that a [Pap smear](#) is harmful in pregnancy, although you should tell your doctor if you may be unable to have a test collection.

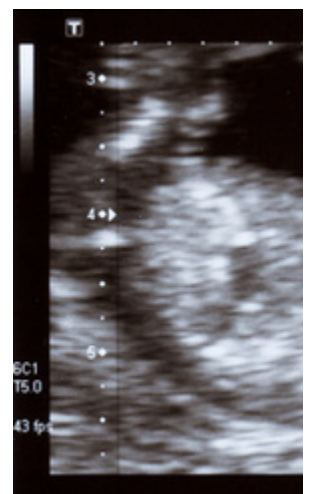
Other screening tests that may be suggested include:

- **Varicella (chickenpox) immunity:** if you do not have a clear history of chickenpox, this test may be used to work out your immune status. A known history of chickenpox, or immunity, can be helpful if you are exposed to chickenpox during pregnancy.
- **Thyroid function:** routine screening of thyroid function remains an area of controversy and research. However, if you have a family history of thyroid disorders, you may be screened for thyroid disorders.
- **Vitamin D:** vitamin D plays an important role in bone health, and the prevalence of vitamin D deficiency appears to be increasing. Supplementation in pregnancy may be recommended, sometimes your level will be checked beforehand, especially in women with darker skin.
- **Toxoplasmosis and cytomegalovirus (CMV) immunity:** routine testing for evidence of previous exposure to these infections. There is no effective vaccine at present, there is no effective way of reducing transmission to a fetus from the mother. Demonstrating immunity does not eliminate the risk of re-infection during pregnancy. These infections are very common in children or adults) and most people are already immune. If you are at particular risk of these infections (for instance, if you are a cat lover, or have a pet with a flu-like illness), to know your immune status; however, the general rule of good hygiene and careful food preparation, and avoiding "flu", is recommended regardless.

Screening ultrasounds

Unlike X-rays and CT scans, ultrasounds use non-ionising energy to produce clinical images, and are considered very safe in pregnancy. The following outlines some of the routine ultrasound scans most women have during their pregnancy:

1. **Dating or "viability" scan:** this is best requested between 7 and 10 weeks after a missed period. It provides reassurance that baby is growing well, and serves to confirm your estimated due date. It is highly accurate in estimating the current duration of your pregnancy to within 4 days. If done earlier than 7 weeks, sometimes an internal ultrasound (where the probe is sheathed and placed inside your vagina) is required to see the baby.



2. **Nuchal translucency or "12 week" scan:** this scan is done as part of Combine First Trimester Screening (CFTS) Down Syndrome. The scan is performed between 11 and 14 weeks (usually around 12-13 weeks), and also assessment. The result is not a "yes" or "no" for Down Syndrome; rather, it gives a personalised assessment of the in a specific pregnancy. A scan at this stage is also highly accurate for estimating your due date (error range of 4 days of baby's development to date). Thus, even couples not wishing to undergo risk assessment for Down Syndrome may blood test or specific measurements required for CFTS.
3. **Morphology or "19 weeks" scan:** during this scan a complete "anatomical survey" of baby is taken, to rule out congenital heart defects. It is usually performed between 18 and 24 weeks. Importantly, while a normal scan is very identified during this scan. This scan also determines the position of the developing placenta, to make sure it is clear

Depending on a woman's history and current pregnancy, additional ultrasounds may be required. For instance, if the placenta (at the morphology scan, a later scan (around 32-34 weeks) will be ordered to ensure it has moved clear. In ultrasounds are required, every 2-4 weeks, to ensure both babies are growing well and without complications.

Other screening tests:

Gestational diabetes screen

Gestational diabetes mellitus (or GDM) is a condition that develops in pregnancy, when the body is not able to make enough insulin levels in the normal range. If untreated, it can result in complications such as blood pressure disorders and large babies. GDM affects around 8% of pregnancies, and usually develops in the third trimester, and so a screening test is recommended. Prompt treatment is needed to limit any risk of complications.

36-week blood test

This is a simple blood test to rule out any late pregnancy anaemia, check your platelet count, and confirm the absence of infection. Negative.

Non-invasive prenatal testing (NIPT)

NIPT is a relatively new technology that aims to accurately predict or exclude Down Syndrome and other chromosomal abnormalities by analysing a baby's DNA in the mother's bloodstream. It simply involves a blood test from the mother, and so is "non-invasive" to the mother. It is the most powerful tool for excluding Down Syndrome. Any positive result, however, still needs to be confirmed with amniocentesis. At the moment, there is no Medicare rebate for this test, and generally costs the patient around \$400-\$500. Please guide the use of these tests, so it remains for your doctor to discuss the potential benefits of this test in your particular case.

David practices evidence-based medicine, and strives to ensure all conditions that may complicate a pregnancy are managed according to the latest literature and published guidelines.

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About Dr David Moore



David is a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, a Specialist in Obstetrics and Gynaecology, Queensland. He is highly skilled in the management of complex and high-risk pregnancies, and has special interests in fetal medicine and reproductive endocrinology.

endometriosis, pelvic floor and incontinence surgery. David has completed a Master of Reproductive Medicine management of fertility problems, and can offer the full range of assisted reproductive treatments. He is a Queensland Medical School, and has published both medical journal and textbook contributions.

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