Back

ObGynCenterOnline™
A division of HealthCentersOnline

This information can be found by going to http://obgyn.healthcentersonline.com/

Prenatal Care

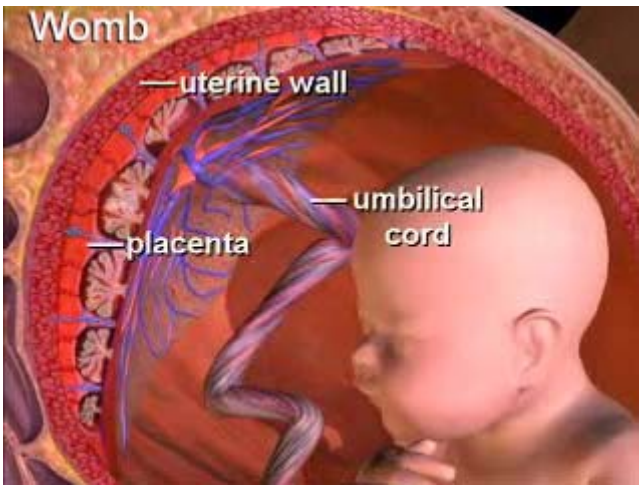
Summary

The medical care that a woman and her **fetus** receive during **pregnancy** is called prenatal care. It is typically provided by an **obstetrician** or obstetrician–**gynecologist**. However, it may also be provided by a certified nurse–**midwife** and, in some instances, a family practitioner.

Prenatal care is designed to monitor the progress of a patient's pregnancy and detect any potential problems before they affect the expectant mother or baby. All women can benefit from prenatal care, regardless of their age, health status or number of previous pregnancies.

During prenatal care visits, the patient's physician will:

- Teach her about pregnancy
- Monitor any pre–existing health conditions (e.g., **high blood pressure**)
- Test for any new health conditions (e.g., **gestational diabetes**)
- Test for potential problems with the baby
- Provide referrals to services (e.g., childbirth education classes)



Typically, prenatal care visits occur once a month for the first four to 28 weeks of pregnancy

and twice a month during weeks 28 through 36. After week 36, patients may have to meet with their physician as often as once a week. Women with **chronic** medical conditions and those with **high-risk pregnancies** may have to visit their healthcare provider more frequently. The first prenatal care appointment generally takes longer than the other checkups that follow.

About prenatal care

Prenatal care is the care that a woman and her **fetus** receive during **pregnancy**. It is typically provided by a physician called an **obstetrician** who specializes in caring for pregnant women through **childbirth** and the recovery period after delivery. Many obstetricians also specialize in gynecology (general women's health care). These physicians are known as obstetrician–**gynecologists** (ObGyns). Prenatal care may also be provided by a certified nurse–**midwife** (a registered nurse with advanced training in the care of pregnant women and the delivery of babies) and, in some instances, a family practitioner. According to the March of Dimes, approximately eight out of 10 pregnant women select an obstetrician as their healthcare provider during pregnancy.

Pregnancies are typically considered "high risk" if the patient is older than 35, carrying **multiples** or has a **chronic** medical condition, such as **diabetes**. In these cases, patients may be referred to a physician (perinatologist) who specializes in treating women with **high-risk pregnancies**.

Prenatal care is designed to monitor the progress of a patient's pregnancy and detect any potential problems before they harm the expectant mother or baby. Approximately 4 million women give birth every year in the United States, according to the U.S. **Centers for Disease Control and Prevention** (CDC). Although about two–thirds of these pregnancies are free from complications, all expectant mothers should begin receiving prenatal care as early in their pregnancy as possible to better ensure their health and the well–being of the developing baby. According to the Maternal and Child Health Bureau, babies born to mothers who do not receive prenatal care are three times more likely to be born at a low birth weight and five times more likely to die than those whose mothers received prenatal care.

All women can benefit from prenatal care, regardless of their age, health status or number of previous pregnancies. In addition to the many health benefits of prenatal care, the visits also provide physicians with an opportunity to educate and counsel women about different aspects of pregnancy (e.g., physical activity, nutrition). Women can also ask questions and discuss concerns about labor and delivery and infant care.

Ideally, patients should meet with their physician for a preconception visit before becoming pregnant. During this visit, the physician may:

- Perform routine tests to confirm that the patient is in good health
- Discuss the potential impact of any existing medical conditions on the pregnancy
- Review risk factors, such as **tobacco** use and **alcohol** consumption, which may pose a risk to the baby
- Recommend that the patient begin taking a prenatal vitamin that contains sufficient amounts of **folic acid**, calcium and iron
- Discuss genetic testing if either the woman or her partner is a potential carrier of a significant genetic disorder

Women should schedule their first prenatal care appointment as soon as they suspect they may be pregnant. They should also make an effort to attend every prenatal care appointment

thereafter, even if they are feeling fine. According to the March of Dimes, women who meet with their healthcare provider regularly during pregnancy:

- Are less likely to experience **pregnancy complications**
- Have a lower rate of **premature delivery**
- Have healthier babies

During prenatal care visits, the patient's physician will:

- Teach her about pregnancy
- Monitor any preexisting health conditions (e.g., **high blood pressure**)
- Test for any new health conditions (e.g., **gestational diabetes**)
- Test for potential problems with the baby
- Provide referrals to services (e.g., childbirth education classes)

Pregnancy is divided into three **trimesters**, and patients will meet with their physician more frequently each trimester. A typical prenatal care schedule for a low–risk patient with a pregnancy that is progressing normally is as follows:

Frequency of Visits	Stage of Pregnancy
Once a month	Four to 28 weeks
Twice a month	28 to 36 weeks
Once a week	36 weeks to delivery

Women with chronic medical conditions and those with high–risk pregnancies may have to visit their healthcare provider more frequently.

Prenatal care during the first trimester

The first prenatal examination should take place during the first six to eight weeks of pregnancy, or when a woman's menstrual period is two to four weeks late. The first prenatal care appointment typically takes longer than the other checkups that follow. During this visit, the physician will try to gather as much information as possible about the **medical and family histories** of the patient and her partner. The patient should answer the physician's questions honestly, even if they make the patient feel uncomfortable or embarrassed. Anything that a patient tells her physician is confidential, meaning that the physician cannot disclose information to a third party without permission.

During this visit, the patient will be asked to answer questions about her:

- **Pregnancy** history (if applicable)
- **Menstrual cycle** (e.g., first day of last period)
- **Contraceptive** practices
- Use of over–the–counter or prescription medications
- Allergies, medical conditions and diseases (past and present)

- Past surgeries
- Lifestyle factors, including **exercise** habits, **diet**, **alcohol** consumption, **tobacco** use and recreational drug use
- **Sexually transmitted disease** (STD) risk factors (e.g. having multiple sex partners)
- Work environment
- Home environment

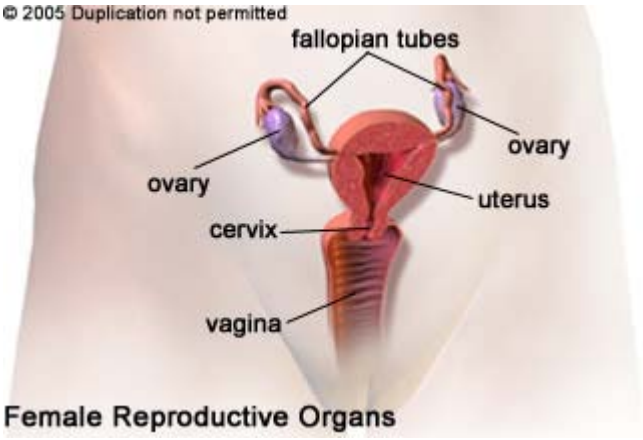
The patient's answers to these questions and others will influence the care she receives. In addition, the patient will have the opportunity to ask the physician any questions she may have about the pregnancy. The patient may choose to compile a list of questions to ask the physician ahead of time and bring it with her to the appointment. This helps to ensure that important questions are not overlooked.

After the patient has answered all relevant questions, the physician will perform a **physical examination**. During the physical exam, the physician will check the patient's height, weight and blood pressure, and assess her general health.

The physician will perform a **pelvic examination** and rectal exam. During a pelvic exam, the physician inserts a device called a **speculum** into the patient's **vagina**. The speculum separates the vaginal walls and allows the physician to view the patient's **cervix** (the opening of the **uterus** [womb]). The pelvic exam enables the physician to check for:

- Clues about the baby's due date. To estimate the baby's due date, most physicians add seven days to the first day of the patient's last period, and then subtract three months. For instance, if the patient's last period began on June 23, the estimated due date would be April 30 (June 23 + 7 = June 30 – 3 months = April 30). The majority of babies are born within two weeks of their predicted due date. Changes in the cervix and in the size of the uterus can also help the physician predict the baby's due date. Determining the baby's approximate due date in early pregnancy allows the physician to monitor the baby's growth and interpret laboratory results as accurately as possible. In addition, knowing the baby's due date affects how the physician might manage **preterm labor**, should it occur.
- Cervical abnormalities or infections. The physician will also perform a **Pap smear**. During this procedure, the speculum remains in place while the physician gently collects mucus and cells from the patient's cervix. This screening procedure is used to detect cervical changes before cancer develops. The test also detects infection. Cervical infections, such as the STDs **chlamydia** and **gonorrhea**, can adversely impact a pregnancy and the health of the developing baby.
- Size and position of the **ovaries** and uterus. To determine this information, the physician will remove the speculum and insert two gloved fingers into the patient's vagina. This allows the physician to check the patient's cervix. The physician will then place the other hand on top of the patient's abdomen to check the size of the ovaries and uterus.

  Many physicians also evaluate the size and shape of the patient's birth canal at this time. These determinations can help the physician predict whether the patient may experience problems during labor and delivery. For instance, the patient's pelvis may not seem wide enough for the baby's head to pass through or the pelvis arch may be narrow, resulting in problems in the labor process. Although it is difficult to make an accurate prediction this early in the patient's pregnancy, the physician may make a note to re–evaluate this at a later date.



The physician will also take blood and urine samples during the initial prenatal care visit. Additional blood and urine tests may be done at later appointments as well.

Routine first trimester lab tests include **blood tests** to screen for:

- Blood type (A, B, AB or O)
- **Complete blood count** (CBC)
- Rhesus factor (Rh negative or Rh positive)
- Red blood cell antibodies (typically Rh antibodies, which increase the baby's risk of developing conditions such as anemia or jaundice following birth)
- Exposure to **hepatitis** B, chickenpox (varicella), measles, mumps or **rubella**
- **HIV** (optional)
- **Syphilis**, gonorrhea, chlamydia and other STDs
- **Toxoplasmosis** (optional)
- Sickle cell trait or sickle cell disease (for women at high risk such as women of African or Mediterranean decent)
- Cystic fibrosis (optional)

First–trimester **urine tests** typically screen for:

- **Bladder** or **kidney** infection (both of which require treatment)
- Elevated blood sugar (which may indicate **diabetes**)
- Protein (which may indicate kidney disease)

After the exams and blood and urine tests, the physician will discuss general pregnancy guidelines and restrictions with the patient. If the patient or her partner is a potential carrier of a hereditary disease, **genetic testing** may be offered at this time. This might be offered as well to women who are older (over 35) as they also are at a higher risk for genetic problems.

The remaining first–trimester prenatal care appointments will be briefer than the initial visit. They will all include physical exams. Patients will rarely require another pelvic exam unless the physician discovers something unusual during the initial visit or if the patient reports certain types of symptoms. **Ultrasound** (sonogram) is often scheduled for the six or seventh week to confirm the pregnancy. At around 10 to 13 weeks, the physician may perform a **chorionic villus sampling** (CVS), in which a portion of the patient's placenta is removed and analyzed to identify certain **birth defects**. This is typically done when women are over age 35 because there is an increased risk of chromosomal conditions, such as **Down syndrome**. CVS may also be performed if:

- A woman has given birth to a child with a birth defect in the past
- There is a family history of a particular genetic disorder
- There is an abnormal screening during the first trimester

Prenatal care during the second trimester

During the second **trimester** of pregnancy (weeks 13 to 24), patients will continue to see their physician monthly. These prenatal care visits will focus on:

- Predicting the due date more accurately. The size of the patient's **uterus** (womb), measured from the pubic bone to the top of the uterus in centimeters (cm), is called *fundal height*. The fundal height is an indicator of the baby's age. The patient will be asked to empty her bladder before the fundal height is measured. The physician will then gently tap and press on the patient's abdomen and measure along the front of the abdomen from that point to the patient's pubic bone. At the middle of a patient's pregnancy, the fundal height commonly equals the number of weeks the patient has been pregnant.
- Tracking the baby's growth and health. The patient's weight and blood pressure will be checked at every prenatal care visit. They will also be asked about any symptoms they may be experiencing. In addition, the physician will start checking the baby's position, size and heart rate at this time using an **ultrasound** (sonogram) device.
- Assessing movement of the **fetus**. Patients often feel the baby move inside them by 20 weeks of pregnancy. Patients should note the date they first notice fetal movement and report it to their physician at their next prenatal care visit. This date can help the physician predict the baby's due date more accurately.
- **Prenatal testing**. Patients may be offered prenatal testing during the second trimester of pregnancy, which can identify genetic and congenital problems that may affect the developing baby. A physician who is aware of such problems ahead of time may be able to treat the condition more effectively or help prepare the parents for attending to the special needs of the baby. Prenatal tests may include:
    - Alpha–fetoprotein (AFP) screening. Measures the level of the antigen AFP in the patient's blood. This test can identify **multiple fetuses**, **Down syndrome** and other types of chromosome problems or **neural tube defects** such as **spina bifida**.
    - Multiple marker screening. Measures specific **hormones** in the blood. This test can identify a fetus at risk for specific chromosomal abnormalities or **birth defects**.
    - **Amniocentesis**. A sample of the amniotic fluid is removed and tested for certain fetal abnormalities, such as spina bifida or Down syndrome. Usually this procedure

is recommended only for women over 35 and those at increased risk of having a baby with one of these conditions.

- Screening for complications. Near the end of the patient's second trimester, she will be screened for pregnancy complications such as **gestational diabetes** (diabetes that occurs only during pregnancy) Rh antibodies (antibodies that when present increase the baby's risk of developing conditions such as anemia or jaundice following birth) and anemia (a condition characterized by a deficiency in red blood cells and low iron levels).

  The level of protein in the urine will also be measured. High protein levels can indicate **preeclampsia** (a dangerous condition characterized by high blood pressure and proteinuria [protein in the urine]).

Many changes take place during the second trimester of pregnancy. Therefore, it is imperative, for the sake of both the expectant mother and the developing baby, that patients notify their physician of any symptoms they may experience during this time. Patients may also want to begin asking questions about the upcoming **childbirth** and **breastfeeding**.

Prenatal care during the third trimester

Patients may visit their physician weekly during the third **trimester** of **pregnancy** (week 25 to delivery). The physician will continue to monitor the patient's weight and blood pressure as well as fetal movement and activity during this time. Third–trimester prenatal care visits also include:

- GBS (group B streptococcus) testing. Patients will be screened for GBS, a typically harmless bacterium that may inhabit the body, at some point between 33 and 36 weeks of pregnancy. The physician will take a culture from just inside the patient's **vagina** and rectum. The culture will then be tested for the bacterium. GHB poses no health risks to expectant mothers. However, it can be passed to a baby during **labor and delivery** and this infection can be serious to the newborn. If this bacterium is detected, the patient will probably be given antibiotics when she begins labor.

- Checking the position of the baby (**presentation of the fetus**). The physician may be able to determine the baby's position during the patient's seventh month of pregnancy. Most babies move into a head–down position in the **uterus** a few weeks before they are born. The physician will check the baby's presenting part, the portion of the baby that is furthest down in the **pelvis**, at this time. The physician can often feel the baby's head in the lower abdomen just above the patient's pubic bone, or at the top of the patient's birth canal, during a vaginal examination. An **ultrasound** may be performed if the presenting part cannot be determined with a vaginal exam.

  Babies positioned rump– or feet–first are in "**breech position**," and must usually be delivered by **Caesarean section**. If the baby is breech, and is not positioned too far down in the patient's pelvis, the physician may perform an *external version* approximately two to four weeks before the baby is due. This procedure involves applying pressure to the abdomen in an effort to move the baby into the desirable head–down position. The physician may determine the "station" of the baby's presenting part, or how far down the baby is positioned in the pelvis, closer to the baby's due date.

- Checking to see if the patient's **cervix** is dilated and effaced. As the baby's due date grows nearer, a vaginal exam will determine the following:

  - How much the cervix is starting to soften

- How much the cervix has dilated (opened)
- How much the cervix has effaced (thinned out)

The progress of a patient's dilation and effacement is measured in centimeters (cm), and percentages (e.g., 3 cm dilated and 30 percent effaced). Babies are not delivered until the cervix is 10 cm dilated and 100 percent effaced.

Patients should not put too much emphasis on these measurements. Generally, this exam is used only to predict if the patient is a good candidate for **induction of labor**. Some women may be 3 cm dilated for weeks, whereas others may go into immediate labor that is not preceded by any dilation or effacement. In fact, the physician may not even perform this exam unless the patient is being considered for labor induction.

Questions for your doctor on prenatal care

Preparing questions in advance can help patients to have more meaningful discussions with their physicians regarding their conditions. Patients may wish to ask their doctor the following questions about prenatal care:

1. How often will I visit you during my pregnancy?
2. Should I have genetic testing?
3. What other types of tests will you perform?
4. Should I take prenatal vitamins?
5. Will the due date for my baby change?
6. What physical activities may affect the baby's health?
7. Will sexual intercourse harm the baby?
8. For what reasons should I call your office?