

Testing & Monitoring During Pregnancy

At each of your goal-centered visits, your health care provider will be monitoring your health and that of your baby through a variety of techniques. These techniques include blood pressure checks, uterine growth measurements, your weight and detailed questioning of your activities, feelings and eating patterns.

Another means of checking your baby's health is through a variety of fetal tests. One such test is the Fetal Movement Count. Beginning at 28 weeks, your health care provider will instruct you on how to count the baby's activity through fetal movement counts. As long as your baby's activity stays above the minimum ten movements in two hours or doesn't drastically decrease, you can be assured that the baby is doing fine. Other tests such as Non-Stress Testing and measuring the amount of your amniotic fluid (bag of water) by ultrasound are routinely begun at 41 weeks. By 42 weeks, the placenta is starting to age and may not be able to meet all the baby's needs. If more information is needed to evaluate your baby's health, your healthcare provider may recommend the use of tests such as the Biophysical Profile or the Contraction Stress Test.

Fetal testing includes

- Fetal Ultrasound exams (sonograms)
- Fetal Movement Counts
- Non-Stress Tests (NST)
- Amniotic fluid measurement
- Biophysical Profile
- Contraction Stress Tests

Fetal Ultrasound Exams (Sonograms)

Fetal ultrasounds give a picture of your baby through the use of high-frequency sound waves that bounce off solid structures to create black and white images. Fetal ultrasounds are most commonly used to determine the baby's due date, check for twins, measure amniotic fluid volume, determine the baby's size, check the condition of the placenta, and screen for some major birth defects in the baby. A fetal sonogram is typically performed between 18 to 20 weeks of pregnancy to evaluate your baby's development. If there is any uncertainty regarding your due date, a dating sonogram in the first trimester is the best way to clarify your estimated delivery date (EDD). In the third trimester, if your uterine growth measurement (fundal height) is measured to be too big or too small, or if you have health conditions that can affect your baby's growth, your provider may want to order a sonogram to see how your baby is growing. In the majority of cases, if your pregnancy is moving along normally, and you are in good health, there will be no additional fetal sonogram needed after the 18 to 20 weeks ultrasound exam. Sometimes, when doing an ultrasound exam, the sex of your baby is obvious - but this is not always the case. Don't paint the baby's room blue or pink based on ultrasound results alone. If you don't wish to know your baby's sex, let your ultrasonographer know before the exam starts. Although sonogram is a very good test to look for major birth defect(s) in your baby before birth, do keep in mind that this test is not perfect, and that unexpected birth defect(s) may be found in your baby at birth, during childhood, or in adult life.

Most women have at least one ultrasound exam during pregnancy. We, at the Department of Defense and at the Veteran Administration, believe that ultrasounds provide more accurate due date information and thus may be able to decrease the incidence of labor inductions and increase the detection of serious fetal problems, multiple gestations, and women at risk for placenta problems. The decision to undergo a fetal sonogram is entirely up to you. Sonograms have been used safely in pregnancy for over three decades but there is always the remote possibility that some risk may be found in the future. If you do decide to have an ultrasound, you may want your partner to join you for your baby's first pictures.

Fetal Movement Counts

Fetal Movement Counts are a quick and easy way for you to know your baby is doing well. Studies show that by recording baby's movement on a daily basis and reporting decreased movement, fetal death rates can be significantly reduced. Most authorities recommend starting fetal movement counting at 28 weeks of pregnancy. Remember to call your provider or Labor and Delivery if your baby has had less than 10 movements in two consecutive hours or any noticeable decrease. This counting is especially important as your pregnancy progresses.

Non-Stress Test (NST)

Non-Stress Tests look at your baby's heart rate in response to its movement. Just as your heart rate increases with exercise, so should your baby's. An external fetal monitor will be placed across your uterus to measure your baby's heart rate. This is the same type of monitor used in the labor and delivery room. If your baby's heart rate or movement is not adequate, further testing, such as Biophysical Profile or a Contraction Stress Test will be done.

Amniotic Fluid Measurement

Amniotic fluid is measured through use of a limited (focusing in on just one thing) ultrasound. Adequate fluid levels tell us that your placenta is functioning adequately and that the baby is doing fine in your uterus.

Biophysical Profile (BPP)

Biophysical Profiling uses ultrasound to look at your baby's heart rate, breathing, body movements, muscle tone and amount of amniotic fluid. Each aspect of the test is scored and these scores are added together. The total score helps determine if the baby well.

Contraction Stress Test (CST)

The Contraction Stress Test uses the same fetal monitor that a Non-Stress test uses except that now you will be given some contractions and your baby's response to these contractions will be observed. If the baby reacts poorly to these very mild contractions, he or she may not tolerate real labor well. If the baby tolerates these contractions without difficulty, then we are reassured that the baby will tolerate labor. An abnormal CST requires further observation and evaluation in the Labor and Delivery suite. If there is any concern about your baby's health, your provider may recommend delivery by inducing labor or by cesarean delivery.