



Obstetric Tests

General

Women with heart disease should see an obstetrician before becoming pregnant to talk about the risks of pregnancy to both themselves and their baby.

There are a number of tests that are typically performed by your obstetrician during pregnancy.

Tests ordered by obstetricians during pregnancy

Complete blood count (CBC) and Group and Screen: This test tells the obstetrician your blood type and your hemoglobin (red blood cells which carry oxygen) level. Your hemoglobin level will help to determine if you are anemic (low red blood cell levels). Anemia may cause symptoms such as shortness of breath and chest pain. It is important to prevent significant anemia in women with serious heart disease. Your obstetrician may recommend that you take extra iron in your diet or take an iron supplement.

Other blood tests: In addition to the CBC and Group and screen, your obstetrician will order other blood tests. This usually consists of blood tests to check for infections that could affect the baby such as rubella, syphilis, and hepatitis B.

You may be offered blood tests to check for genetic conditions (eg Down Syndrome) in the baby. This test is called the “First Trimester Screening or Integrated Prenatal Screening”. If you are at increased risk of having a baby with a genetic condition because of your age or due to a family history of genetic conditions, you may be offered invasive testing such as an amniocentesis or chorionic villus sampling (placental biopsy).

Most obstetricians will offer screening for gestational diabetes (high blood sugar during pregnancy), a condition that can be associated with complications during pregnancy. This usually involves drinking a special drink with high sugar content and testing your blood sugar levels one hour later. If this initial test result is high, you may go on to complete a three hour test which will determine if you have gestational diabetes.

Urine dipstick: All women will have their urine tested for protein and sugar at each visit. The presence of protein may indicate a condition called preeclampsia, which is associated with high blood pressure in pregnancy. (see Hypertension) Some types of heart disease put women at higher risk of preeclampsia. High blood pressure may worsen symptoms of heart disease and cause complications. If preeclampsia develops, your doctor will want to monitor you very closely and may even admit you to hospital. Sugar in the urine may mean you have gestational diabetes. Your doctor will arrange more tests if there is sugar in your urine and will refer you to a specialist to follow your blood sugars.

Blood pressure: Your doctor will measure your blood pressure at each visit. (see Hypertension)

Ultrasounds: Your obstetrician may discuss screening for genetic conditions such as Down Syndrome. This screening usually consists of blood tests and ultrasounds. An early ultrasound can be performed between the 11th and the 14th week of pregnancy. This ultrasound looks at a thickness on the back of baby's neck (medical term: nuchal translucency). If this measurement is higher than normal, it may be associated with a genetic condition. Increased nuchal translucency can also be associated with a heart condition in your baby. If your baby's nuchal translucency measurement is high, your obstetrician may arrange for a fetal echocardiogram which is a special ultrasound to look at the structure of the unborn baby's heart. (see Cardiac Tests During Pregnancy)

All women are offered a routine anatomy ultrasound between the 18th and 20th week (5 months) of pregnancy to look at all of baby's parts. Women with heart disease are more likely to have smaller babies, so your doctor may order extra ultrasounds to check the growth of baby during the pregnancy.