



**YOUR  
PRENATAL  
CARE**



# Table of Contents

Your Prenatal Care . . . . .	3
Common Questions . . . . .	4
Prenatal Care Schedule . . . . .	5
Prenatal Genetic Screening . . . . .	6
Prenatal Genetic Testing . . . . .	8
About Conditions That Can Be Detected Prenatally . . . . .	10
Resources for Expecting and New Families . . . . .	11



# Introduction

Congratulations on your pregnancy! Being pregnant is an exciting time in your life – and it also comes with many questions. This booklet answers the most common questions asked during pregnancy. Your doctor and nurse are happy to talk to you if you need any more information – please just ask.

## Your Prenatal Care

### Preparing for your appointment

It is a good idea to write down a list of questions that you have before your appointment. Ask your most important question first, and make sure to find out from your doctor the best way to get questions answered in between appointments.



# Common Questions

## 1. What if I start bleeding?

Some bleeding may be harmless. However, if you have bleeding and cramping in your lower abdomen, it may be a sign of a miscarriage. It is important that you see a doctor right away.

If you start bleeding, call your doctor's office immediately. If you cannot get in touch with your doctor or nurse, you should go directly to your hospital emergency department.

## 2. Can I change my cat's litter box?

While you are pregnant, have someone else clean out the cat's litter box. Cat feces can cause an infection called toxoplasmosis, which is dangerous to your baby.

## 3. Can I exercise while I'm pregnant?

It is important to talk to your doctor or nurse about your exercise program during pregnancy. Also ask them for the *Healthy Eating and Active Living for Pregnancy* booklet that has good information about making healthy choices while you are pregnant. The booklet can be found online here: <http://www.healthyalberta.com/HEALPregnancy-Sept2012.pdf>

## 4. What medications are safe to take while I'm pregnant?

It is best to check with your doctor or nurse before taking any medication. Ask them to share the *Pregnancy Pocket Guide: to the safety of medication and products during pregnancy*.

## 5. What is Rh disease?

Rh disease happens during pregnancy when there is a reaction between the blood types of the mom and baby. Rh disease attacks the baby's red blood cells, causing anemia and jaundice.

Your blood will be tested early in your pregnancy to see if you are Rh negative. If you are Rh negative, and have Rh antibodies in your blood, your doctor may decide to give an injection, called RhoGAM at about 28 weeks of pregnancy. This simple injection will help prevent an Rh-negative mother's antibodies from reacting with the baby's Rh-positive cells.

## 6. What if I have other concerns?

The staff at your doctor's office are there to support you and your family. Are you a teenager? Are you living alone? Are you living in a violent environment? Are you short of money for food and other essentials? Any of these things can make a difference to your health and the health of your baby.

Please talk to your doctor or nurse about concerns you have for yourself or your family. They will help you get in touch with support services in your community.



# Prenatal Care Schedule

This schedule tells you what to expect at your appointments during your pregnancy. You may have more appointments or tests, depending on your health and whether or not you choose to have prenatal genetic screening and testing.

## WEEKS 5 - 12 First Prenatal Appointment

- Prenatal paperwork is filled out – a complete history is taken, including pregnancy and family history. Bring information about your medical history and the medications you are taking.
- A complete physical exam is done.
- Requisitions for blood work are given to monitor your pregnancy and to test for health conditions that you may have that could affect your pregnancy, like rubella, Hepatitis B, and anemia.
- A routine ultrasound is scheduled.
- Your options for prenatal genetic screening and testing are discussed.

## WEEKS 10 – 26 Regular Prenatal Visits

- An appointment will be booked for you about every four weeks. Bring a list of questions for your doctor or nurse.
- Your blood pressure is taken, your urine is screened, and you are weighed.
- Your baby’s heartbeat is checked and your abdomen is measured.

## WEEKS 18 – 20 Routine Ultrasound

- This is generally when you will go to an appointment for a routine ultrasound.
- Ultrasounds are safe and painless, and provide pictures of your baby inside your body using sound waves.

## WEEK 26 Gestational Diabetes Screen Blood Work

- Gestational diabetes is a specific type of diabetes that can develop in some women late in pregnancy - usually after the 24<sup>th</sup> week. Women who have this complication do not have diabetes before becoming pregnant.
- You will go to the lab for this blood test, which takes at least an hour and involves drinking a sugar solution and then getting your blood taken. If your blood comes back positive for Glucose Screening, you will go for a longer, more detailed Glucose Tolerance Test.

## WEEKS 26 – 36 Regular Prenatal Visits

- You will now see your doctor for regular prenatal visits every two weeks.

## WEEK 36 Group B Strep Screen

- Group B Strep is a common bacteria that is usually harmless in adults, but can cause serious illness in newborn babies, if it is transferred from the mother.
- Your doctor will take a swab from your lower vagina and rectum and send it to the lab for testing.
- If it comes back as positive for Group B Strep, you and your doctor will make a plan to be treated with antibiotics during labour.

## WEEKS 36 - 40 Weekly Prenatal Visits

- Towards the end of your pregnancy, your prenatal visits will increase to once a week.
- Your doctor may also decide to do vaginal exams.

# Prenatal Genetic Screening

This is a guide to explain the most common prenatal genetic screenings that may be offered by your doctor. It is important to know that it is your choice whether or not to have prenatal genetic screening. This information can help you decide if you would like to have prenatal genetic screening or not.

## What are the Prenatal Genetic Screenings?

There are two different prenatal genetic screenings:

- 1. First Trimester Screen** – this is an early prenatal screening that involves an early ultrasound, called a Nuchal Translucency, and a blood test.
- 2. Second Trimester Screen** – this is a blood test available to women who are between 15 to 20 weeks pregnant.

The results of these tests will come back as either Screen Negative, which means the chance of your baby having one of the conditions is low, or Screen Positive, meaning that your baby has an increased chance of having one of the conditions. Please ask your doctor to explain the results of your prenatal screening.

It is your personal choice about what to do with the results of these prenatal screenings. You can choose to continue your pregnancy with no further tests, or you can decide to have further diagnostic tests (see page 8).

Please remember that the prenatal genetic screening cannot identify all possible health conditions, and that most babies are born healthy.

Screening means the results will tell you if you have a chance of having a baby with Down syndrome, Trisomy 13, Trisomy 18 or neural tube defect. You can decide to have a diagnostic test to find out for sure if your baby has one of these conditions.

---

## FOR WOMEN OVER 35 YEARS OF AGE

*The chance of having a baby with Down syndrome, Trisomy 13 or 18 increases with the age of the mother. If you are over 35 years of age on your due date, and you decide to have further testing, it is important you talk to your doctor to help you make your decision.*

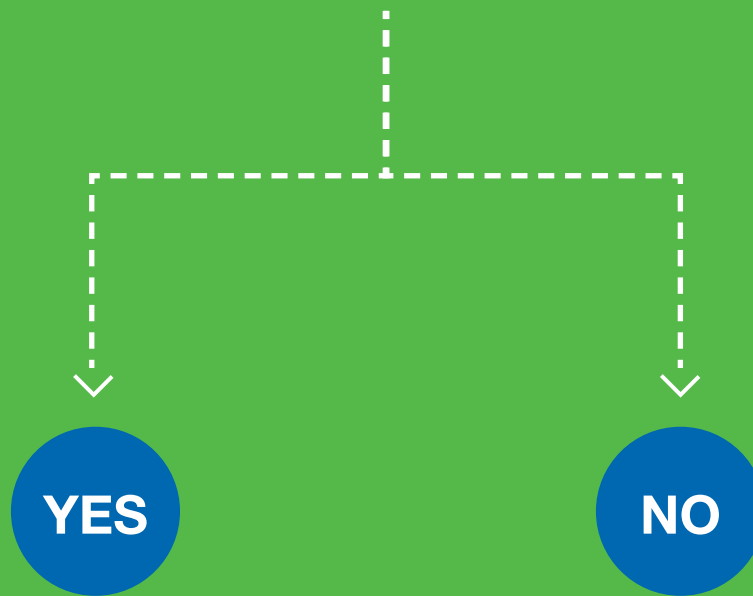
---



## IS PRENATAL GENETIC SCREENING RIGHT FOR YOU?

Remember, it is your choice whether or not to have prenatal genetic screening.  
Here are some questions to think about to help you make a decision.

**Do you want to know the chance of your baby having a chromosomal difference like Down syndrome, Trisomy 13 or 18 or neural tube defect?**



If your results come back, and there is an increased chance that your baby may have one of these conditions, additional prenatal genetic diagnostic tests may be suggested by your doctor. (See page 8). It is also your decision to choose to have further genetic tests or not.

You have decided that you don't want to know if your baby has a chance of having one of these conditions. You will continue your pregnancy without this information, and will 'take what comes.'

# Prenatal Genetic Testing

Testing is different than screening. Screening can only tell you if there's a chance your baby has Down syndrome, Trisomy 13, Trisomy 18, or neural tube defects. Prenatal genetic testing can give you a definitive diagnosis, which means that you will know for sure if your baby has one of these conditions.

If you have positive genetic screen results, you can choose to have prenatal genetic testing done by a specialist, which will give you a 'for sure' diagnosis.

You may be offered one of two tests:

- 1. Amniocentesis** – using an ultrasound to guide the test, this involves collecting fluid from around the baby inside you and examining the cells within the fluid.
- 2. CVS (chorionic villus screening)** – using ultrasound guidance, a small sample of the placenta is taken for testing. Please note: this test is not offered very often because of the need for it to be done at a precise time in your pregnancy.

---

## SOME THOUGHTS ABOUT RECEIVING UNEXPECTED NEWS

*Receiving unexpected news during pregnancy is a stressful time for women and their families. Making a decision is not easy. Please remember that your doctor, nurse, and genetic counselor are there to support you in your decision, no matter which decision you make.*

---





# DO YOU WANT PRENATAL GENETIC TESTING?

## YES

- You want to find out for sure if your baby has Down syndrome, Trisomy 13, 18 or neural tube defects, if your prenatal screen came back positive.
- You recognize there is a small chance of miscarriage if you decide to have prenatal testing. Most women do not have complications after these procedures. For an amniocentesis: there is a one in 200 chance for a pregnancy to miscarry because of this procedure. For CVS (chorionic villus sampling), there is a one in 100 chance for a pregnancy to miscarry because of this procedure.
- You know that these tests can only tell you if your baby has certain conditions. There is no prenatal genetic test to test all conditions, and no guarantee that your baby will be born healthy.

## NO

- You have decided that you don't want to know for sure if your baby has Down syndrome, Trisomy 13, 18 or neural tube defects. You will continue your pregnancy, and take things 'as they come.'



### If your results come back positive, you will have a decision to make about your pregnancy:

- 1 You can continue with your pregnancy and parent the baby. This information can help you prepare to have a child with special needs, and help your health providers prepare for your delivery. You can ask to be put in touch with local support groups to connect with other families who have been through similar situations.
- 2 You can continue with your pregnancy and place the baby for adoption.
- 3 You can decide to terminate your pregnancy.

# About Conditions that Can Be Detected Prenatally

While no prenatal genetic test can test for every single condition, screening and testing is available to look for Down syndrome, Trisomy 13, Trisomy 18 and neural tube defects (Spina Bifida and Anencephaly). Please remember that people with Down syndrome and Spina Bifida can grow up to live happy and productive lives, and there is no way to predict the future for any child.

It is important to note that each family who has a baby born with a disability deals with it differently. You can ask your health provider if you'd like to be connected with support groups of other families who have children with these conditions.

## DOWN SYNDROME

People with Down syndrome are born with an extra chromosome. The effect of having 47 chromosomes varies greatly from person to person. Most people with Down syndrome have a mild to moderate intellectual disability. Some babies with Down syndrome are born with other medical concerns - like congenital heart defects – although most of these defects can be corrected with surgery. Each person with Down syndrome is different, and people with Down syndrome generally live into their 50s. The chance of having a baby with Down syndrome increases with the mother's age, but babies with Down syndrome can be born to any woman. About one in 1,000 births is a baby born with Down syndrome.

**For more information, visit the Canadian Down Syndrome Society website's information for new and expectant parents: <http://cdss.ca/>**

## TRISOMY 13 AND TRISOMY 18

Both Trisomy 13 and Trisomy 18 are chromosome conditions that have medical complications involving physical and intellectual disabilities. Unfortunately, most babies with Trisomy 13 or 18 do not survive to the age of one, but it is important to note that some babies do survive their first year of life. The chance of having a baby with Trisomy 13 or 18 increases with a mother's age, but a baby with Trisomy 13 or 18 can be born to any woman. In general, one in every 10,000 births has Trisomy 13, and one out of every 6,000 births has Trisomy 18.

**For more information about Trisomy 13 and 18, visit: <http://trisomy.org/>**

## NEURAL TUBE DEFECTS

These conditions occur when the brain or spinal cord does not form properly. Examples of these conditions include Anencephaly and Spina Bifida. Most babies with Anencephaly are not born alive, or they live a few hours or days after birth.

There is a great diversity among people who have Spina Bifida, and they can range from having a mild to serious disability. Treatment can help many of the physical disabilities. The chance of having a baby born with one of these conditions does not increase with a mother's age, and in Canada, one out of every 2,000 births has a neural tube defect.

Research has shown that the incidence of neural tube defects decreases if women take a daily multivitamin that contains 0.4 mg of folic acid before they become pregnant and during their first trimester of pregnancy.

**For more information: <http://www.sbhana.org/>**

# Resources for Expecting and New Families

## Pregnancy Books

- *Pregnancy, Childbirth and the Newborn: The Complete Guide* by Penny Simkin, Janet Whalley and Ann Keppler
- *The Complete Book of Pregnancy and Childbirth* by Sheila Kitzinger
- *Healthy Beginnings* from the Society of Obstetricians and Gynaecologist of Canada  
<http://sogc.org/healthybeginnings/>

## Pregnancy Sites

- Association for Safe Alternatives in Childbirth (ASAC) [www.asac.ab.ca](http://www.asac.ab.ca)
- Society of Obstetricians and Gynaecologists of Canada – a web-based resource with links to other programs and services and up-to-date information on women’s health and pregnancy topics  
<http://pregnancy.sogc.org/>
- Government of Canada – a Public Health Agency of Canada website offering information to pregnant women regarding nutrition and physical activity.  
<http://www.phac-aspc.gc.ca/hp-gs/index-eng.php>
- Government of Alberta – search on ‘pregnancy’ on this healthy eating and active living website.  
[www.healthyalberta.com](http://www.healthyalberta.com)
- SickKids – the Hospital for Sick Children in Toronto sponsors this website about pregnancy and motherhood. <http://motherrisk.org/>
- Babycenter – this is a popular website with expectant women and their families.  
<http://www.babycenter.ca/>

## Prenatal Education Classes

- Edmonton Southside Primary Care Network Health professionals teach group prenatal classes. The cost is \$5.  
Call 780.395.2626 to find out availability and to register. Visit: [www.edmontonsouthsidepcn.ca](http://www.edmontonsouthsidepcn.ca) (search ‘prenatal classes’) for more information.
- Grey Nuns Community Hospital Prenatal Education Classes for pregnant first-time moms and their partners at a cost of \$85.

Call 780.735.7449 to book, or visit  
<http://www.caritas.ab.ca/Home/Hospitals/GreyNuns/default.htm> (search ‘prenatal classes’)

- Public Health Centres Prenatal Classes in Edmonton area hospitals for first time parents and people who have waited more than five years to have another child. The cost is \$65. Call 780.413.7980 to register. More information is at: [www.albertahealthservices.ca](http://www.albertahealthservices.ca) (search ‘prenatal classes’)

## Labour Support

- Association for Safe Alternatives in Childbirth (ASAC) [www.asac.ab.ca](http://www.asac.ab.ca)
- Alberta Association of Midwives  
<http://www.alberta-midwives.com/>
- Doula Association of Edmonton  
<http://edmontondoula.org/>

## Care of Infant and Children

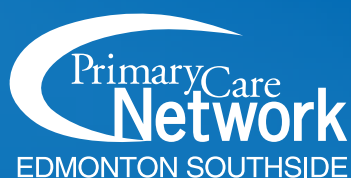
- Alberta Health Services  
<http://www.healthyparentshealthychildren.ca/>
- Mill Woods Family Resource Centre  
<http://www.mwfrc.org/>
- Health for Two - For pregnant women who need help to have a healthy pregnancy up until their babies are two months old.  
[www.albertahealthservices.ca](http://www.albertahealthservices.ca) (search for Health for Two)
- Canadian Cord Blood Registry – for storing newborn babies’ cord blood. [www.healthcord.com](http://www.healthcord.com)

## Mental Health Resources for New Moms

- Canadian Mental Health Association – information about postpartum depression. [www.cmha.ca](http://www.cmha.ca) (search for post-partum depression)
- Pacific Postpartum Support Society  
<http://postpartum.org/>

## Congratulations again on your pregnancy!

Please remember that most babies are born healthy, and that your health care team is here to support you over the next few months and beyond. Have a question? Please just ask!



Edmonton Southside Primary Care Network  
Suite 200, 9808 - 42 Avenue, Edmonton, AB T6E 5V5  
P: 780.395.2626  
[edmontonsouthsidepcn.ca](http://edmontonsouthsidepcn.ca)