Third Trimester Screening Exams

Screening for Gestational Diabetes

Gestational Diabetes (http://www.diabetes.org/diabetes-basics/gestational/) is a type of diabetes that occurs only during pregnancy. Like other forms of diabetes, gestational diabetes affects the way your body uses blood sugar (glucose) — your body's main source of fuel. As a result, your blood sugar level is too high. If untreated or uncontrolled, gestational diabetes can result in a variety of health problems for you and your baby.

The 1hr Glucose Tolerance Test

To screen for gestational diabetes, our doctors require a glucose tolerance test. This test is usually done between 24 and 28 weeks of pregnancy, because the condition usually can't be detected until then. However, if your doctor thinks you're especially at risk, the test may be performed earlier.

What to expect from the test

When you arrive for glucose tolerance test, you'll be asked to drink a glucose solution that tastes like extra-sweet soda pop. You will be in our office for one hour before a blood sample is drawn from a vein in your arm to determine your blood sugar level. The glucose drink may make you feel nauseous or dizzy. But the syrupy solution — and the wait — are necessary to tell how efficiently your body processes sugar.

The 3 hour Glucose Tolerance Test

If your 1hr Glucose Tolerance Test comes back elevated the 3hr will be the follow-up test. You'll be asked to fast after midnight prior to the test. Since you will be fasting we schedule these appointments in our office starting at 0830. You're then given another sweet solution to drink — this one containing a higher concentration of glucose — and your blood sugar levels are checked every hour for a period of three hours. Having at least two instances of abnormally high blood sugar levels confirms the diagnosis of gestational diabetes. www.diabetes.org/gestational-diabetes.jsp

Group B Strep (GBS)

Group B streptococcus (GBS) is a type of bacterial infection that can be found in a pregnant woman's vagina or rectum. This bacterium is normally found in the vagina and/or lower intestine of 15% to 40% of all healthy, adult women. Those women who test positive for GBS are said to be colonized. A mother can pass GBS to her baby during delivery. GBS is responsible for affecting about 1 in every 2,000 babies in the United States. Not every baby who is born to a

mother who tests positive for GBS will become ill. Although GBS is rare in pregnant women, the outcome can be severe and therefore physicians include testing as a routine part of prenatal care.

How can I find out if I have Group B Strep infection?

The Center for Disease Control and Prevention (CDC) has recommended routine screening for vaginal strep B for all pregnant women. This screening is performed between the 35th and 37th week of pregnancy (anytime other than this will not be significant to show if a woman is carrying GBS during the time of her delivery). The test involves a swab of both the vagina and the rectum. The sample is taken to a lab where a culture is analyzed for any presence of GBS. Test results are usually available within 24 to 48 hours.

How does someone get group B strep?

The bacteria that causes group B strep normally lives in the intestine, vagina, or rectal areas. Group B strep colonization is not a sexually transmitted disease (STD). Approximately 15-40% of all healthy women carry group B strep bacteria. For most women there are no symptoms of carrying the GBS bacteria.

What if I test positive for Group B Strep infection?

If you test positive for GBS this simply means that you are a carrier. Not every baby who is born to a mother who tests positive for GBS will become ill. Approximately one of every 100 to 200 babies whose mothers carry GBS will develop signs and symptoms of GBS disease. There are however, symptoms that may indicate that you are at a higher risk of delivering a baby with GBS. These symptoms include:

Labor or rupture of membrane before 37 weeks

- Rupture of membrane 18 hours or more before delivery
- Fever during labor
- A urinary tract infection as a result of GBS during your pregnancy
- A previous baby with GBS disease

In this case your physician may want to use antibiotics for prevention and protection.

How can I protect my baby from Group B Strep infection?

If you test positive for GBS and/or meet the high risk criteria then your physician will recommend giving you antibiotics through IV during your delivery to prevent your baby from becoming ill. Taking antibiotics greatly decreases the chances of your baby becoming ill.

For women who are group B strep carriers, antibiotics before labor starts are not a good way to get rid of group B strep bacteria. Since they naturally live in the gastrointestinal tract (guts), the bacteria can come back after antibiotics. A woman may test positive at certain times and not at

others. That's why it's important for all pregnant women to be tested for group B strep between 35 to 37 weeks of every pregnancy.

How does Group B Strep infection affect a newborn baby?

Babies may experience early or late-onset of GBS, and the symptoms can vary from breathing problems to pneumonia and meningitis. Newborns with early-onset are treated the same as the mothers, which is through intravenous antibiotics.