Pregnancy Care

Pregnancy and Childbirth

Patient Education Information

Obstetrics and Gynecology

Women's Health Program

University of Michigan
Von Voigtlander Women's Hospital

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Monitoring Your Baby's Movements

It is normal for your healthy, growing fetus to move frequently. You will usually feel your baby's first movements after 20 weeks for your first pregnancy or 16 weeks for pregnancies after that. Fetal movements will usually become more regular after 24 weeks.

How often should my baby move?

- After 24 weeks, a healthy fetus should move at least **5 times per hour** during a "busy time," usually in the evening, at bedtime, or after meals or exercise.
- A sudden absence or decrease of fetal movement after 24 weeks could be a sign of fetal distress.
    - **Family Medicine patients** please call your doctor's office. After business hours the on-call coverage team will answer.
    - **OB patients** please call your doctor's office. After business hours please **call Triage at (734) 764–8134**.

Kick Counts

You can monitor the health of your baby by doing "Kick Counts." This involves recording the number of times your baby kicks, twists, or turns over an hour's time.

How To Do a Kick Count

- Count fetal movements twice each day at the baby's "busy times."
- Get relaxed and comfortable. Loosen tight clothing. Lie down on your side or sit with your feet propped up. Many women find it easier to concentrate with the TV off.
- Note the time you start.

- Make a counting sheet and put a check mark on the line for each movement you feel.
- Note the time you finish.

What if I don't feel 5 movements in 1 hour?

- If the baby seems quiet, drink a glass of cold juice and try again.
- If the baby does not move 5 times in 1 hour:
    - **Family Medicine patients** please call your doctor's office. After business hours the on-call coverage team will answer.
    - **OB patients** please call your doctor's office. After business hours please **call Triage at (734) 764–8134**.
- You may be instructed to come to Triage for testing.

Dental Care

- Pregnant women need to be properly shielded while dental x-rays are taken.
- Local anesthesia can be used if it is a must, but the University of Michigan Health System recommends not using epinephrine.
- Tylenol #3 may be used to for pain when necessary.
- Most antibiotics may be used (if you are not allergic) with the exception of Tetracyclines and Quinolones.

- Prophylactic (or preventative) antibiotics treatment may be given according to standardized guidelines.
- If you have any further questions, please call your provider's office or call triage after hours at: 734-764-8134.

Genetic Screening

Genetic screening tests at the University of Michigan Health System are provided by the Fetal Diagnostic Center. The most common tests are described below; however you can get more information about genetic testing services at **www.uofmhealth.org** by searching "Fetal Diagnostic Center," or by calling the center at **734–763–4264**.

Genetic Screening Tests

These tests screen for chromosomal abnormalities in the baby. The first test is called a First Trimester Screening and the second is called a Quad Test. Each procedure is described briefly below. A patient should choose one or the other of these tests, not both.

First Trimester Screening	Quad Test
▪ Performed at 11-14 weeks of pregnancy ▪ Involves an ultrasound and a finger stick blood test ▪ Checks the thickness of a layer of fluid at the back of the baby's neck by ultrasound ▪ Checks the levels of two proteins in the mother's blood ▪ Results tell the risk of having a baby with a chromosomal defect ▪ Procedure brings no risk to the pregnancy ▪ False positive possibility	▪ Performed at 15-20 weeks of pregnancy ▪ Involves testing the mother's blood ▪ Checks for four proteins and hormones in the mother's blood ▪ Screens for chromosomal abnormalities and Spina Bifida in the baby ▪ Procedure brings no risk to the pregnancy ▪ False positive possibility

Genetic Diagnostic Tests

If you receive a result indicating an increased risk of a chromosomal abnormality or spina bifida from your screening test, diagnostic testing will be offered to clarify your baby's risk. The earlier test is called Chronic Villus Sampling, and the later test is called Amniocentesis. The procedures are described briefly below.

Chronic Villus Sampling	Amniocentesis
▪ Performed at 10-13 weeks of pregnancy ▪ A sample of placenta is removed with a catheter and ultrasound to check for chromosomal abnormalities of the baby ▪ The results take 10-14 days ▪ Brings about a 1% risk of pregnancy loss (miscarriage)	▪ Performed after 15 weeks of pregnancy ▪ Amniotic fluid is removed with a needle and an ultrasound to check for chromosomal abnormalities of the baby ▪ The results take 10-14 days ▪ Brings about a 1/400 risk of pregnancy loss (miscarriage)

Genetic Carrier Screening

A third type of genetic screening, called genetic carrier screening, is optional and is offered to some parents based on their ethnic background. This screen tests parents to see if they are carriers of a genetic disease. First the mother is tested, and if the result is negative, no more testing is needed. If the mother is found to be the carrier of a genetic disease, the biological father can be tested as well. If both parents are carriers, the baby has a 25% chance of having the genetic disease.

A list of genetic diseases and the ethnic groups in which they are most commonly found is shown below.

Canavan Disease	Ashkenazi-Jew
Cystic Fibrosis	Caucasian, Ashkenazi-Jew
Familial Dysautonomia	Ashkenazi-Jew
Sickle Cell Anemia	African American, Hispanic
Tay-Sachs Disease	Ashkenazi-Jew
Thalassemia	African, African-American, Caribbean, Hispanic, Indian/Pakistani, Mediterranean, Middle-Eastern, South East Asian

If you have any more questions about genetic screening, talk to your healthcare provider or call the Fetal Diagnostic Center for more information.

Primary Care Routine Testing

Routine testing is an important part of your prenatal healthcare visits. Prenatal tests are beneficial to both mother and baby throughout the course of pregnancy. Some tests are routine and usually done for all

pregnant women, while others are optional and administered only if problems arise.

Routine tests and procedures during prenatal visits include:

- measurement of your height, weight, and blood pressure
- physical exam including a breast exam, pelvic exam to determine the size of your pelvis and a Pap test of the cervix
- tests of a sample of your urine
- cultures of cells from your cervix to test for infection
- blood tests to check for:
    - anemia (may be done each trimester)
    - diabetes (at the 28th week of pregnancy)
    - blood type and Rh antibodies
    - rubella
    - sexually transmitted infections
    - hepatitis
    - optional HIV
- calculation of the gestational age of the baby (how long you have been pregnant)
- determination of the size and position of the baby
- cultures of swabs of the vagina and rectum to test for Group B streptococcus, also called beta strep (at the 35th to 37th week of pregnancy)