



Prenatal Care: A Brief Guide for Expectant Mothers

During pregnancy, you can expect your doctor to schedule prenatal care appointments for you. Your providers will explain why they conduct prenatal care, and they should also explain the purpose of many of the tests they do. According to standards of care, medical professionals should be performing particular tests at specific points in your pregnancy to make sure the baby is developing normally and is not exposed to certain infections or conditions that could compromise its health.

There are many components to prenatal care. To help keep track of some of the things a medical professional may do, we've developed a short guide to prenatal care by trimester!

- **General Prenatal Care**
 - After your initial visit, you will have scheduled prenatal visits. The schedule will differ depending on whether you are considered high-risk or not. Some mothers may begin with general prenatal care and become a high-risk patient later on in their pregnancy, at which point their doctor will schedule high-risk appointments. In subsequent visits, your care providers may:
 - Weigh you
 - Check your blood pressure
 - Check fetal heart rate
 - Ask you about changes in your health
 - Perform ultrasounds or fundal height measurements
 - Conduct follow-ups for any existing health conditions
 - Take a urine sample to test for infections, preeclampsia and/or gestational diabetes
 - Your care provider may counsel you on general health-related concerns to look after during pregnancy, such as:
 - Diet
 - Exercise
 - Travel restrictions
 - Reducing caffeine and tannin intake
 - Supplements, vitamins, folic acid and iodine
 - Stopping smoking, drinking alcohol and taking recreational drugs
 - Vaccinations/immunizations
 - Testing for infectious diseases that can cause birth defects (such as rubella)
 - Reducing listeriosis risk by avoiding soft cheeses, deli meats and unwashed fruits and vegetables
 - Reducing toxoplasmosis risk by avoiding cat litter boxes, not handling pet fecal matter, and not eating raw or undercooked meats
 - Reducing botulism risk by not eating spoiled canned goods
 - Reducing salmonella risk by not eating undercooked or raw chicken or eggs
 - Assessing workplace hazards
 - Avoiding overheating
- **First Prenatal Care Visit**
 - The medical professionals may draw blood, perform a pelvic exam and do a pap smear and cultures to look for infections or other problems. Tests may include (but aren't limited to):
 - Complete blood count (CBC)
 - Blood typing (including Rh screening)
 - Rubella viral antigen screens
 - Hepatitis panels
 - Syphilis testing
 - HIV tests
 - Cystic fibrosis screening



- Urinalysis and cultures
 - They may ask questions to get a good picture of your health history and general wellbeing, including:
 - Current overall health
 - Prior health conditions
 - Past pregnancies
 - Medicines, herbs, vitamins or other substances you use
 - How much you exercise
 - Your smoking and drinking habits
 - Genetic history (whether you or your spouse have health problems in your family)
 - They may also counsel you about healthy lifestyle habits, including taking prenatal vitamins, diet and exercise, not drinking during pregnancy, smoking cessation and obesity control measures.
- First Trimester (approximately weeks 1-12)
 - During your first trimester, you may receive your first ultrasounds to check on the development of your baby.
 - Your care provider may offer you genetic testing (such as chorionic villus sampling, or CVS, as well as blood tests and nuchal translucency screenings) to screen for birth defects and genetic problems like Down Syndrome and spinal column defects. If you've had a fetus with genetic problems in the past, if you're older than 35, or if you have a history of genetic defects in your family, your child may potentially be at higher risk.
- Second Trimester (approximately weeks 13-27)
 - In your second trimester, your care provider may conduct follow-up on any issues raised in the first trimester, and may ask questions about your pregnancy:
 - Do you feel nauseated?
 - Have you begun to feel the baby move? If the baby was moving before, is it moving at the same rate?
 - Have you been leaking fluid?
 - Have you experienced vaginal spotting/bleeding?
 - Have you felt any contractions?
 - Your care provider may also check your blood pressure (to check for preeclampsia) and potentially your urine (to check for preeclampsia, diabetes or UTIs).
 - Your care provider may scan your baby's heartbeat using a Doppler device, and may continue to check your baby's vital signs throughout the pregnancy.
 - If you have not yet received information about genetic screening, your care provider may discuss genetic screening options.
 - Towards the end of the second trimester, the physician should explain the importance of fetal movement, as well as signs of preterm labor, preterm rupture of membranes and preeclampsia.
 - Your prenatal care provider may also counsel you about childbirth education classes, as well as breastfeeding and baby care courses.
- Third Trimester (approximately weeks 28-birth)
 - If your care provider hasn't done so yet, they should talk to you about the signs of preterm labor, preeclampsia, and other signs of potential health problems like vaginal bleeding or decreased fetal movement.
 - Your doctor may continue to ask you how you are doing, follow-up regarding any ongoing issues, and review any new test results. They may also ask whether you've had any contractions, swelling, headaches, or other health concerns, and the relative amount of movement you feel the baby have. You can always bring up any health concerns you may have with your care provider.
 - Your care provider may weigh you, check your blood pressure and urine, and check your ankles, face and hands for swelling, which may be a sign of preeclampsia.



- Your care provider may check fetal heart rate and estimate the baby's size. If there are concerns about fetal growth (the baby is too big or too small), they may recommend check your amniotic fluid levels as well.
- Your care provider may check to see how much your cervix is thinning and dilating.
- Your care provider may check to see how the baby is positioned. If the baby is breech, face-first, or otherwise improperly positioned, they may attempt to turn the baby.
- Your practitioner may check for Rh incompatibility and Group B strep infection. If you tested positive for Group B Strep (GBS) during pregnancy, you should receive antibiotics during labor to prevent transmission to your baby.
- Your care provider may also test for:
 - Gestational diabetes
 - Anemia
 - Sexually Transmitted Infections (STIs)
 - Placental complications, including but not limited to, low-lying placenta (placenta previa)
 - Biophysical profiles and/or nonstress tests (for high-risk and/or postterm pregnancies)
- Your care provider may discuss the signs of labor and let you know when to call them, and should resolve any questions you still have about labor and delivery and the postpartum period.

When to Call Your Doctor

If you have any health concerns during your pregnancy, don't hesitate to call your doctor's office. This is especially true if you have:

- Bleeding, spotting or cramping during pregnancy
- Increased vaginal discharge
- Vaginal fluid leakage
- Foul-smelling vaginal discharge
- Fever, chills or painful urination
- Severe abdominal pain
- Rapid unexplained weight gain
- Sudden onset of very painful headaches, vision issues or swelling of the face or ankles

Possible Tests You May Be Offered

- 1st trimester: Blood tests in conjunction with Nuchal Translucency Screenings (called a 'first-trimester combined screening')
- 1st trimester: (for high risk pregnancies) noninvasive prenatal testing (NIPT)
- Cell-free fetal DNA blood tests
- Carrier screening
- 2nd trimester: quadruple screens
- Multiple marker screenings (ideally done in conjunction with blood tests and nuchal translucency screening)
- Chorionic Villus Sampling (CVS)
- 2nd trimester: Amniocentesis (for high-risk individuals)
- Neural tube defect testing during 2nd trimester: AFP blood tests, ultrasound, or both
- [CMV Screening](#) (IgM, IgG antibody tests)

When might mothers need to undergo further evaluation for potential complications?

- Decreased fetal movement



- Going beyond 40 weeks
- Maternal diabetes
- High blood pressure
- Changes in fetal growth rate
- Too much or too little amniotic fluid
- Problems in a previous pregnancy
- Infections
- Certain medical problems

Questions to Ask Your Prenatal Care Provider During Medical Care

It is your prenatal care provider's responsibility to let you know about important health-related items that can impact your pregnancy, especially when it comes to high-risk conditions like obesity, diabetes, maternal age over 35, and other conditions. However, if parents would like to seek additional information, there are some common questions they can keep in mind for their prenatal care appointments:

- How much weight should I expect to gain during pregnancy?
- What kind of diet should I follow? What should I avoid eating or drinking during pregnancy?
- Is there anything that I should be doing more of while I'm pregnant? What actions or activities should I avoid?
- What symptoms are expected and normal during pregnancy, and which ones should I contact my doctor about?
- What are safe medications? Which medications are unsafe?
- What type of exercise is safe?
- What kind of tests do you recommend?
- Should I worry about my mucus plug coming out?
- Is it okay to skip my prenatal appointments if I'm feeling okay?
- How many sonograms will I have?
- What is cord blood banking and what are my options?
- What is gestational diabetes and how will I be tested for it?
- What should I do if I start getting bad headaches?
- What situations should I consider as an emergency and call my doctor?
- What's the difference between a Braxton-Hicks contraction and a true labor contraction?
- How do I count my baby's movements during pregnancy?
- What are some of the common changes I'll experience in my body as the gestation progresses?
- What are the signs of labor?
- If the baby is overdue, when might we consider induction?
- What should I bring to the hospital with me?
- What should I do if something feels like it's going wrong?
- Who can I have with me in the labor and delivery unit?
- What are my pain management options?
- How long will I be recovering after delivery?

Affording Prenatal Care

Receiving prenatal care helps to reduce the risk of poor pregnancy outcomes. If you don't have insurance or can't afford prenatal care, there are places you can go to get free or reduced-cost prenatal care. State Medicaid programs are also available to cover prenatal care. To see how to get prenatal care in your state, call (800) 311 BABY (or 800 311 2229) to connect you to your state's Health Department. If you want Spanish-language information, call 800 504 7081. If you are interested in learning about affording prenatal care using insurance, see this handy [Medical Bills 101 Guide: From Pregnancy to Delivery](#).

Read more about prenatal care:



For more accessible information on what to expect during prenatal care, visit the following links:

- [BabyCenter: What to Expect During Prenatal Care](#)
- [BabyCenter: Your First Prenatal Visit](#)
- [BabyCenter: 2nd Trimester Prenatal Visits](#)
- [Mayo Clinic Pregnancy Week by Week: What to Expect During 1st Trimester Prenatal Care](#)
- [Mayo Clinic Pregnancy Week by Week: What to Expect During 2nd Trimester Prenatal Care](#)
- [Mayo Clinic Pregnancy Week by Week: What to Expect During 3rd Trimester Prenatal Care](#)
- [Babble: What to Expect in Your 2nd Trimester Visits](#)
- [HealthLine: The Importance of 2nd Trimester Checkups](#)
- [BabyCenter: 3rd Trimester Prenatal Visits](#)
- [Womenshealth.gov: Prenatal Testing](#)
- [HealthLine: The Importance of 3rd Trimester Checkups](#)
- [Ultrasounds: A Trimester-by-Trimester Guide](#)
- [\[PDF\] Aetna Healthy Pregnancy Handbook](#)
- StorkNet Pregnancy Guides: [1st Trimester](#), [2nd Trimester](#) and [3rd Trimester](#)

Major organizations who can provide additional prenatal care information include:

- [Womenshealth.gov](#) (Phone: 800-994-9662)
- [American College of Obstetricians and Gynecologists](#) (Phone: 202-638-5577)
- [American Pregnancy Association](#) (Phone: 972-550-0140)
- [Eunice Kennedy Shriver National Institute of Child Health and Human Development](#), NIH, HHS (Phone: 800-370-2943 (TDD: 888-320-6942))
- [March of Dimes](#) (Phone: 914-997-4488))
- [National Center on Birth Defects and Developmental Disabilities](#), CDC, HHS (Phone: 800-232-4636 (TDD: 888-232-6348))

Disclaimer: This document is intended only as a general informational item. It is not intended to be - nor should it be interpreted as - medical advice. All medical concerns should be brought up with a medical professional. Prenatal care schedules, testing and other concerns will vary depending on medical history, risk factors, and other considerations.