

Second Trimester Tests

What each test checks for, when it happens, and what the results can and can't tell you.

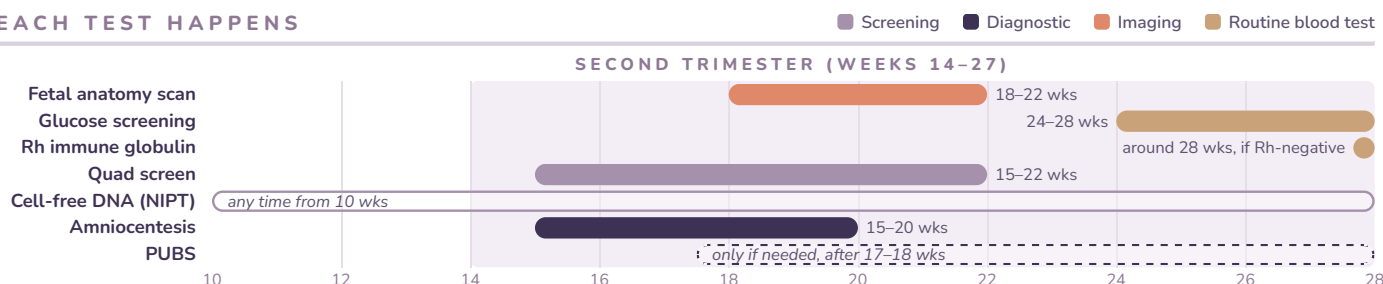
WEEKS
14–27

Routine tests like the anatomy scan and glucose screening are part of care for most people.

Screening tests estimate the chance of a condition. A high-chance result means more testing may be offered, not a diagnosis. **Diagnostic tests** give a more definite answer, but some carry a small risk of miscarriage.

Genetic testing is your choice. It's offered to everyone, at any age, and you can choose some tests, all of them, or none. A genetic counselor can help you decide.

WHEN EACH TEST HAPPENS



THE TESTS

ROUTINE FOR MOST PEOPLE

IMAGING ROUTINE

Fetal anatomy scan

18–22 weeks

A detailed ultrasound, often called the 20-week scan, usually done on your belly. Your cervix may be measured too, sometimes transvaginally.

Checks for: Baby's brain, heart, spine, organs, limbs and growth, plus the placenta and amniotic fluid.

Good to know: Tell the sonographer if you'd rather not learn baby's sex. Being asked back for another look is common.

IMAGING IF NEEDED

3D ultrasound

Only if needed

Builds a three-dimensional picture from ultrasound images. It isn't a routine test.

Checks for: A closer look at something seen on a regular ultrasound, like a possible cleft lip or a difference in the face or spine.

Good to know: The FDA advises against "keepsake" 3D or 4D scans done just for photos or videos.

ROUTINE BLOOD TEST

Glucose screening

24–28 weeks

You drink a sweet drink, then have your blood sugar checked about an hour later. You usually don't need to fast. Your blood count may be rechecked too.

Checks for: Gestational diabetes.

Good to know: A high result usually leads to a longer fasting test, not an automatic diagnosis. Some practices use a single two-hour test instead.

ROUTINE BLOOD TEST

Rh factor and Rh immune globulin

Checked at your first visit; shot around 28 weeks if Rh-negative

If you're Rh-negative and baby is Rh-positive, your body could make antibodies that can affect a future pregnancy.

Protects against: Rh immune globulin (RhoGAM) keeps your body from making those antibodies.

Good to know: You may need another dose within 72 hours after birth, and after bleeding, amnio, CVS or an injury to your belly.

OPTIONAL GENETIC SCREENING AND TESTING

SCREENING OPTIONAL

Quad screen

15–22 weeks (most accurate at 16–18)

Also called the triple screen or multiple marker screening. A blood test for AFP, hCG, estriol and inhibin A.

Checks for: The chance of Down syndrome, trisomy 18 and neural tube defects like spina bifida.

Good to know: A high-chance result doesn't mean your baby has a condition. An incorrect due date can throw off results.

SCREENING OPTIONAL

Cell-free DNA (NIPT)

Any time from 10 weeks

A blood test that looks at small pieces of placental DNA in your bloodstream.

Checks for: The chance of Down syndrome and other chromosome conditions. It can also show baby's sex, so say so if you'd rather not know.

Good to know: More accurate than the quad screen, but still a screen. It doesn't check for neural tube defects.

DIAGNOSTIC OPTIONAL

Amniocentesis

Usually 15–20 weeks

A thin needle, guided by ultrasound, takes a small sample of amniotic fluid through your belly.

Checks for: Chromosome conditions like Down syndrome, some genetic conditions and neural tube defects.

Good to know: A more definite answer, with about a 1 to 3 in 1,000 risk of miscarriage. You may feel cramping or pressure.

DIAGNOSTIC OPTIONAL

PUBS (cordocentesis)

After about 17–18 weeks, only if needed

Percutaneous umbilical blood sampling takes a small sample of baby's blood from the umbilical cord, guided by ultrasound.

Checks for: Fetal anemia, blood or platelet problems and infection, or when other tests couldn't give a clear answer.

Good to know: Rarely used today. The risk of miscarriage is higher than with amnio, about 1 to 2 in 100.

Questions to ask before any test

"Is this a screening or a diagnostic test?"

"What are the risks?"

"Is it covered by my insurance?"

"What will the results tell us, and what won't they?"

"When and how will I get my results?"

"What happens if the result is abnormal?"

"Would the results change my care?"

Sources: MedlinePlus; Mayo Clinic; American Pregnancy Association; KidsHealth; FDA; Loyola University Chicago Stritch School of Medicine. For education only; not a substitute for medical advice.

Read the full article: birthx.org/blog/second-trimester-tests