

Third Trimester Tests

What each test and check is for, when it happens, and what you can ask along the way.

WEEKS
28–40+

Routine checks like your blood pressure, blood work and the Group B strep test help catch problems like preeclampsia early.

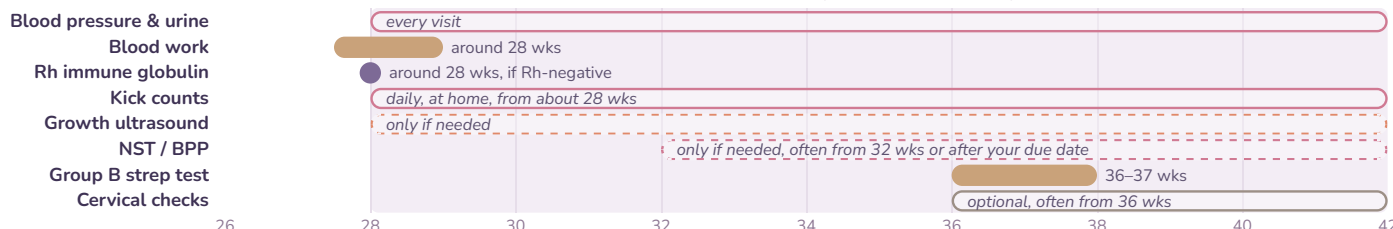
Extra monitoring, like a nonstress test or growth ultrasound, is offered only when there's a reason to look more closely.

Cervical checks are optional. You can ask why any test or exam is recommended, and decline the ones you don't want.

WHEN EACH TEST HAPPENS

■ Imaging ■ Routine test ■ Monitoring ■ Exam ■ Treatment

THIRD TRIMESTER (WEEKS 28–40+)



THE TESTS

MONITORING ROUTINE

Blood pressure & urine

Every visit

Your blood pressure is checked, and your urine may be tested for protein.

Checks for: Signs of preeclampsia, a serious blood pressure condition that most often develops in the third trimester. It can also start after birth.

When to call: Right away for a severe headache, vision changes, sudden swelling, pain under your ribs or trouble breathing.

ROUTINE TEST

Third trimester blood work

Around 28 weeks

A blood draw, often done along with your glucose test.

Checks for: Anemia, and for some people, repeat tests for HIV, syphilis or antibodies, depending on your health, risk and state guidelines.

Good to know: Low iron is common late in pregnancy as your blood volume increases. It can usually be treated with iron supplements.

TREATMENT IF RH-NEGATIVE

Rh immune globulin

Around 28 weeks, if you're Rh-negative

A shot, often called RhoGAM, given if your blood type is Rh-negative.

Why: Keeps your body from making antibodies that could affect this pregnancy or a future one.

Good to know: You may get another dose within 72 hours after birth if baby is Rh-positive, and after any bleeding or injury to your belly.

ROUTINE TEST

Group B strep (GBS) test

36–37 weeks

A quick swab of your vagina and rectum. In many practices, you can do it yourself.

Checks for: GBS, common bacteria that about 1 in 4 pregnant people carry. It's usually harmless to adults but, rarely, can make a newborn very sick.

Good to know: If you test positive, IV antibiotics during labor greatly lower the chance baby gets sick. It doesn't change your birth options.

MONITORING AT HOME

Kick counts

Daily, from about 28 weeks

At a time baby is usually active, lie on your side or sit with your feet up and count to 10. Kicks, rolls, swishes and flutters count. Hiccups don't.

Checks for: Changes in baby's usual movement pattern.

When to call: Right away if you don't feel 10 movements in 2 hours, baby is moving much less than usual, or you haven't felt movement all day.

MONITORING ONLY IF NEEDED

Nonstress test (NST)

Often from 32 weeks, or after your due date

Belts on your belly track baby's heart rate and any contractions for about 20–40 minutes.

Checks for: Whether baby's heart rate rises when they move, a sign they're getting enough oxygen.

Good to know: It's painless. Often offered past your due date, with less movement, or with high blood pressure or diabetes.

MONITORING ONLY IF NEEDED

Biophysical profile (BPP)

If your provider wants a closer look

Combines a nonstress test with an ultrasound.

Checks for: Baby's heart rate, breathing movements, body movement, muscle tone and amniotic fluid. Each scores 0 or 2, for up to 10.

Good to know: A score of 8–10 is usually reassuring. A lower score may lead to more monitoring or a talk about the timing of birth.

IMAGING ONLY IF NEEDED

Growth ultrasound

If there are questions about baby's size or position

An ultrasound that measures baby and checks the fluid and placenta.

Checks for: Baby's estimated size and position, amniotic fluid and the placenta's location.

Good to know: Late-pregnancy weight estimates can be off by 15% or more. Ask how results would change your care, and whether there's time to talk through options.

EXAM OPTIONAL

Cervical checks

Often offered from about 36 weeks

Your provider uses gloved fingers to feel your cervix.

Checks for: Dilation (opening), effacement (thinning) and how low baby is in your pelvis.

Good to know: They can't predict when labor will start. It's always your choice: you can decline, wait, or ask what your provider hopes to learn.

Trust your instincts: when to call. Call your provider right away, day or night, if baby is moving less than usual, or if you have vaginal bleeding, leaking fluid, regular contractions before 37 weeks, a severe headache, vision changes, sudden swelling or trouble breathing. **If you think it's an emergency, call 911.**

Questions to ask about any test

"Why is this test being recommended for me?"

"What are you looking for?"

"Is it covered by my insurance?"

"When and how will I get my results?"

"What happens if the result is abnormal?"

"Would the results change my care or when I give birth?"

"Is it okay to wait, or to decline?"