



Health tests during your pregnancy

*For your health
and the health
of your baby*



During your pregnancy, you'll be offered several health tests to monitor your health, and the health of your baby. Some tests are routinely recommended based on best practice, while others may be offered depending on your individual circumstances.

This fact sheet describes some common tests to help you understand what they involve and what to expect.

Talk to your chosen healthcare provider(s) about which tests are right for you, and to better understand the results.

With early detection, proper diagnosis and care, many conditions can be effectively managed.

Blood pressure measurements

Your blood pressure will be measured at your first pregnancy appointment and regularly throughout your pregnancy to check for high blood pressure.

High blood pressure can increase the risk of pregnancy complications so it's important to identify it early.

Maintaining healthy weight, regular exercise, a healthy diet, and not smoking can help you manage your blood pressure.

Preeclampsia tests

Preeclampsia is high blood pressure and protein in the urine. After 20 weeks, high blood pressure may be a sign of preeclampsia so you should get further tests to screen for this. These may include a urine protein test and a blood test. Your chosen healthcare provider(s) will also recommend assessment of your baby.

Preeclampsia is a serious complication of pregnancy that usually starts in the middle or last trimester. It does not cause obvious symptoms straight away but gets worse as pregnancy continues. Advanced symptoms can include dizziness, headaches, blurry vision, tummy pain below the ribs, nausea and vomiting, and swelling that doesn't go away after rest. These may stop after giving birth.



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It's important to get your blood pressure checked regularly to help identify signs of preeclampsia. Your chosen healthcare provider(s) will also discuss risk factors with you and may suggest medication if you are high risk.

If you develop preeclampsia, you will need extra care during the rest of your pregnancy and monitoring after you give birth for up to 6 months. You may also need yearly follow ups for up to 5-10 years after giving birth.

Syphilis blood test

At your first pregnancy appointment, your chosen healthcare provider(s) will give you a referral to get a blood test to check for syphilis. You will also be referred for testing at 26-28 weeks and at 36 weeks or birth (whichever is earlier).

Syphilis is an infection passed from one person to another through sexual activity. In pregnancy, it can result in spontaneous miscarriage or stillbirth. It can also pass to your baby during pregnancy or at birth and cause serious infection.

Syphilis in pregnancy can be safely treated with antibiotics, which can help prevent these complications.



Iron deficiency and anaemia blood test and count

At your first pregnancy appointment and at 28 weeks, your chosen health care provider(s) will give you a referral for a blood test to check your iron and full blood count to see if you have anaemia.

Anaemia is when your concentration of haemoglobin - or number of red blood cells - is lower than normal. This means your blood doesn't carry oxygen as well as it should, making you feel tired and weak.

Anaemia in pregnancy is most commonly caused by a lack of iron. It can also be caused by lack of folate and vitamin B12. Deficiencies in folate or vitamin B12 during pregnancy are associated with neural tube defects. Your body may also not cope with blood loss at birth.

If you are found to be low in iron, your chosen healthcare provider(s) can guide you on whether supplements are appropriate for you. They may also recommend maintaining a healthy diet that includes iron-rich foods such as red meat, poultry, seafood, eggs, legumes, and dark leafy vegetables (like kale, spinach and bok choy).



*Your
healthcare
team is there
for you*

Gestational Diabetes Oral Glucose Tolerance Test

A routine test for gestational diabetes is recommended at 24-28 weeks. This test is called an Oral Glucose Tolerance Test (OGTT), to check if you have high blood sugars. The test takes a few hours and includes blood tests.

Diabetes is caused by too much sugar (glucose) in the blood. Gestational diabetes can happen during pregnancy if the body doesn't produce enough insulin, leading to high blood sugar levels. It's associated with risks such as high blood pressure and preeclampsia, as well as stillbirth, preterm birth, high birth weight, birth defects and complications.

Gestational diabetes affects around 1 in 6 Australian women and usually goes away after the baby is born. It can be managed effectively through a combination of healthy diet, regular exercise and, if necessary, medication. Some women may need earlier or repeated testing.

Group B streptococcus swab

Depending on where you live in Australia, you may be offered a vaginal swab at 35-37 weeks to test for Group B streptococcus (GBS). Your chosen healthcare provider(s) will explain how to do the swab.

Group B streptococcus is a common and normal bacteria generally found in the gastrointestinal tract, vagina and urethra. It doesn't usually cause any symptoms or need treatment.

The bacteria can affect babies before birth, increasing the risk of preterm birth or unplanned caesarean birth. It can also be passed to your baby during labour and lead to infection in the weeks after your baby is born.

Identifying women who are at risk of having a baby with Group B streptococcus means a simple treatment can be given during labour to help protect your baby from infection.



To learn more visit health.gov.au/pregnancy-information-resources or scan the QR code.



These resources provide general information about pregnancy care. They are based on the best practice, evidence-based Australian Pregnancy Care Guidelines. You can use them to discuss your own pregnancy care with your healthcare provider(s) and decide together what is best for you.