



Fetal Diagnostic Unit at EVMS

WHAT IS FETAL TESTING?

Fetal testing involves the use of external, non-invasive monitoring to determine the well-being of the baby.

WHY IS IT DONE?

There are certain conditions in pregnancy that place a baby at risk: diabetes, high blood pressure, decreased fetal movement, postdates, etc. Fetal testing permits an ongoing evaluation of the baby to quickly identify potential problems.

WHEN DOES IT START AND HOW OFTEN IS IT DONE?

This will vary depending upon the severity of the condition. Tests are usually performed twice a week for women with high risk conditions; usually on a Monday/Thursday or Tuesday/Friday schedule.



WHAT TESTS ARE USED?

Non-Stress Test (NST):

This procedure uses an external monitor to evaluate the well-being of an unborn baby. The patient sits in a reclining chair and two straps are attached to an external monitor and the abdomen. One measures the baby's heart rate and the other records any contractions. This information is electronically recorded on a paper tracing. If the baby is awake and moving, his/her heart rate will rise. If this happens twice in a 20 minute period, the baby is considered healthy.

The results of an NST are classified as:

Reactive:

If the baby moves 2 or more times in a 20 minute period. During these movements, the heart rate increases (accelerates) 15 beats per minute and stays up for at least 15 seconds.

Non-reactive:

If the baby doesn't move or the heart rate doesn't rise high enough, an instrument called a vibroacoustic stimulator may be used to provide additional stimulation. If the test remains non-reactive, either a biophysical profile (BPP) or a contraction stress test (CST) will be done to ensure fetal well-being.

Modified Biophysical Profile:

This is when a non stress test is done together with an ultrasound to measure the amniotic fluid around the baby (amniotic fluid index, AFI). A normal AFI is 12-24 cm.

Biophysical Profile (BPP):

This is an NST plus an ultrasound used to determine AFI, and the baby's muscle tone, movement, and breathing movements. A score is assigned to these five events. A score of 8-10 is normal.

Contraction Stress Test (CST):

This test monitors the baby's heart rate during uterine contractions. Most contractions decrease the flow of blood to the baby for a short time. By observing the heart rate during a contraction, it can be determined if the baby is able to handle stressful conditions.

Doppler:

Doppler testing is a form of ultrasound that converts sound waves into audible signals. This test can measure the quantity of blood flowing to the baby.



WHAT CAN BE DONE TO CHECK THE BABY'S HEALTH AT HOME?

Most women start to feel kicking and rolling at about 18 weeks of pregnancy. It is important to keep track of these movements especially after 24 weeks of pregnancy.

Fetal Movement Counts:

Count the number of fetal movements, at least after one meal each day. Ten movements should be felt within one hour.

DO NOT WAIT UNTIL THE NEXT DAY TO CALL YOUR DOCTOR IF YOU DO NOT FEEL 10 MOVEMENTS IN ONE HOUR OR IF YOU HAVE NOT FELT YOUR BABY MOVE ALL DAY!

Directions to the Fetal Diagnostic Unit

The FDU is located on the fourth floor of Sentara Norfolk General Hospital. Follow signs to the Maternity Unit.

Outpatient parking is available directly across from the entrance of the River Pavilion. Directions from Outpatient parking: follow signs to Main Hospital. After going through Main Hospital doors, turn left and follow signs to Central elevators. Take the elevator to the 4th floor. The FDU is located directly across from Room 428.

To reach the FDU from the front of the hospital, follow signs to the Central elevators. Take one to the 4th floor. The FDU is located directly across from Room 428.