

Supplemental information regarding common screening tests

What it means if your pap smear is *normal* but the HPV high risk test is *positive*?

- If the HPV test shows you have a high-risk type of the HPV virus, but your Pap is *normal*, then the expert guidelines recommend that both tests be repeated in 12 months. If your HPV infection is still active at that time, and/or if your Pap is now abnormal, another exam called a [colposcopy](#) is needed to help determine if any "bad cells" are present. If abnormal cells are found early, before they become cancerous, treatment is highly effective.

2006 Consensus Guidelines for the Management of Women with Abnormal Cervical Cancer Screening Tests

Also go to www.theHPVtest.com

What it means if your Pap shows inflammation, but the HPV test is negative:

Women with ASC-US who are HPV DNA negative can be followed up with repeat cytologic testing at 12 months.

2006 Consensus Guidelines for the Management of Women with Abnormal Cervical Cancer Screening Tests

What it means to be “not immune” to Rubella

Rubella (German measles) immunity status is determined as part of the Stage of Georgia premarital tests. Susceptible women are offered vaccine booster shots. The rationale for rubella immunization is prevention of fetal death or “congenital rubella syndrome,” (or CRS) caused by 1st trimester exposure to rubella. CRS encompasses birth defects that often include blindness, deafness, and congenital heart defects.

Immunity status is also routinely assessed as part of the routine prenatal labs. But a rubella vaccine booster is not administered during a current pregnancy because of the concerns about the risk of birth defects in a developing embryo. Therefore, to meet CDC

guidelines, rubella vaccination of susceptible women is routinely provided after delivery of the baby but before discharge from any hospital or birthing center.

Breast feeding is not a contraindication to vaccination. Although a woman can excrete rubella vaccine virus in breast milk and transmit the virus to her infant, the infection remains asymptomatic.

Source: CDC.gov

Cystic Fibrosis carrier screening of partners when the patient is a known carrier:

The following is an excerpt from the American College of ObGyn's patient education pamphlet on cystic fibrosis carrier screening. For additional information, go to Cystic Fibrosis Foundation, www.cff.org

If the test shows I am a carrier, what should I do?

If the test shows that you are a carrier, the next step is to test the baby's father. Both parents must be carriers for the baby to have CF.

If the father has a normal test result, the chance that your baby will have CF is very, very small. This remaining risk is because the test is not 100% accurate, as mentioned in the previous section.

However, since this is a very rare occurrence, if you are a carrier but the father has a normal result, no further testing would be recommended.

Group B Strep (GBS) Status

The following are excerpts from the American College of ObGyn's patient education information regarding GBS:

Group B streptococcus (GBS) is a type of bacteria that can be found in 10–30% of pregnant women. A woman with GBS can pass it to her baby during delivery. Most babies who get GBS from their mothers do not have any problems. A few, however, will become sick. This can cause major health problems or even threaten their lives. This pamphlet explains:

- How GBS may affect a newborn
- How to test for GBS
- How it can be treated

GBS is fairly common

What Is GBS?

GBS is one of the many bacteria that usually do not cause serious illness. It may be found in the digestive, urinary, and reproductive tracts of men and women. In women, it is most often found in the vagina and rectum. **GBS is not a sexually transmitted disease.**

in pregnant women. Treatment during labor and delivery may help prevent infection in your baby.

A person who has the bacteria but shows no symptoms is said to be **colonized**. If the bacteria grow and cause symptoms, infection has occurred. Although the names are similar, GBS is different from group A streptococcus, the bacteria that causes "strep throat."

In most cases, women who are colonized with GBS are not in any health danger and will not need to be treated. However, if a woman is pregnant, she can pass GBS to her baby. For this reason, a woman will be tested and, if GBS is present, treated during labor.

Effects on the Baby

If the bacteria is passed from a woman to her baby, the baby may develop GBS infection. This happens to **only 1 or 2 of every 100 babies whose mothers have GBS**. Babies who do become infected may have early or late infections.

Early infections develop right after delivery when the baby passes through the birth canal colonized with GBS. Early infections occur within the first 7 days after birth. Most occur within the first 6 hours after birth.

Late infections occur after the first 7 days of life. About one half of late infections are passed from the mother to the baby during birth. The other half result from other sources of infection, such as contact with other people who are GBS **carriers**.

Both early and late infection can be serious. These infections can cause **inflammation** of the baby's blood, lungs, brain, or spinal cord. Both early and late GBS infections lead to death in about 5% of infected babies.

Testing for GBS

A culture is the most accurate way to test for GBS. This is a simple procedure and should not be painful. With cultures, a swab is placed in the woman's vagina and rectum to obtain a sample. The samples then are sent to a lab where they are grown in a special substance. It may take up to 2 days to get the results.

The results of cultures are most useful between 35 and 37 weeks of pregnancy. If the test results are positive, showing that GBS is present, you will receive antibiotics during labor to help prevent GBS from being passed to your baby.

Treatment

To reduce the risk of GBS infection in newborns, all women who test positive for GBS must be treated with antibiotics during labor. Antibiotics help get rid of some of the bacteria that can harm the baby during birth. The antibiotics work only if taken during labor. The bacteria grow so fast that if treatment is given prior to labor, the GBS may grow back before labor. If you had a previous baby with GBS infection or you had a urinary tract infection caused by GBS during

pregnancy, you do not need to be tested. You will need to get antibiotics during labor. Antibiotics are given through a vein.

Penicillin is the antibiotic that is most often given to prevent GBS in newborns. Another antibiotic may be given if you are allergic to penicillin. Although most of the time there are no side effects to penicillin, 1 out of every 10 women may have a mild rash in response to this treatment. Many times this happens within 1 to 2 weeks after treatment. Rarely, a woman may have a severe allergic reaction and require emergency treatment. Inform your doctor if you develop a rash after treatment.

In women who have planned a **cesarean birth**, it is not necessary for them to be given antibiotics during delivery, whether or not they are GBS carriers. However, these women should still be tested for GBS because preterm labor may occur before the planned cesarean birth.

Talk to your doctor about your GBS status. Pregnant women who do not know if they are GBS positive or have not yet been tested when labor starts should be given antibiotics if:

- They have preterm labor
- They have a fever during labor
- Their water breaks 18 hours or more before delivery occurs. This means the fluid-filled **amniotic sac** that has cushioned the baby in the uterus throughout pregnancy has ruptured.

Your doctor can advise you on the best approach.

Finally...

GBS is fairly common in pregnant women. Yet, very few babies actually become sick from GBS infection. Treatment during labor and delivery may help prevent infection in your baby.

This Patient Education Pamphlet was developed under the direction of the Committee on Patient Education of the American College of Obstetricians and Gynecologists. Designed as an aid to patients, it sets forth current information and opinions on subjects related to women's health. The average readability level of the series, based on the Fry formula, is grade 6–8. The Suitability Assessment of Materials (SAM) instrument rates the pamphlets as "superior." To ensure the information is current and accurate, the pamphlets are reviewed every 18 months. The information in this pamphlet does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice may be appropriate.

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Significance of Rh Negative Blood Types During Pregnancy

The following are excerpts from the American College of ObGyn's patient education information regarding Rh negative patients

During pregnancy, you will have a blood test to find out your blood type. If your blood lacks the Rh antigen, it is called Rh negative. Around 15% of people in the world are Rh negative. Problems can arise when the fetus' blood has the Rh factor and the mother's blood does not, (although there is no concern if the father of the baby is also Rh negative). The Rh factor does not affect a person's general health. It can cause problems during pregnancy, though. **These problems can be prevented in most cases with the use of a special drug.**

How Can Problems Be Prevented?

First, another blood test called an antibody screen, can show if an Rh-negative woman has developed antibodies to Rh-positive blood. If the antibody screen is negative for antibodies against the Rh factor, Rhogam can be used to prevent problems during the

Hemolytic disease can be prevented if the Rh-negative woman **has not made antibodies** against the Rh factor. ***Rh immunoglobulin (Rhogam)*** is a blood product that can prevent sensitization of an Rh-negative mother. It keeps her body from being able to respond to Rh-positive cells. Rhogam is injected into a muscle of the arm or buttocks.

When Is Rhogam Used?

During Pregnancy and After Delivery

If a woman with Rh-negative blood has not been sensitized (this is the vast majority of Rh negative pregnant women), her doctor will recommend that she receive Rhogam around the 28th week of pregnancy to prevent sensitization for the rest of the pregnancy. This takes care of the small number of women who can become sensitized during the last 3 months of pregnancy. Shortly after birth, if the newborn has been shown to have Rh-positive blood, you will be given another dose of Rhogam. **In almost all cases, this treatment prevents the woman from making antibodies to the Rh-positive cells she may have received from her fetus before and during delivery.**

The treatment is good only for the pregnancy in which it is given. Each pregnancy and delivery of an Rh-positive child requires repeat doses of Rhogam.

Rh-negative women also should receive treatment after any miscarriage, ectopic pregnancy, or induced abortion. This prevents any chance of the woman developing antibodies that would attack a future Rh-positive fetus. Rhogam is also given if a woman has an amniocentesis.