Antenatal blood tests are designed to protect your health and the health of your baby and family/whānau by identifying conditions or diseases as soon as possible in your pregnancy so that treatment can be offered.

The tests
Six different tests are recommended routinely when you are first pregnant. These are usually carried out on the same sample of blood taken from you. The tests are:
- blood group and antibodies
- full blood count
- hepatitis B
- HIV
- rubella
- syphilis.

ABO blood group
Your blood group can be A, B, O or AB. Your blood is checked for your group and for the presence of antibodies (part of your immune system). Certain antibodies can be harmful for your baby during pregnancy. If you are found to have antibodies that could affect your baby, monitoring and treatment to protect your baby are recommended.

Rhesus factor
This is another immune system test, for rhesus factor (mainly Rh D). Your blood group either has or does not have this factor present, so you are either Rh positive (Rh+) or Rh negative (Rh−). If you are Rh– and your blood mixes with your baby’s blood you can make antibodies which can cause severe anaemia and jaundice in this or your next baby. Your blood can only mix with the baby’s if you have an antenatal bleed, miscarriage or abortion or during birth. An injection of ‘anti-D’ after any of these events can prevent your body from making these potentially harmful antibodies.

Full blood count
This blood test checks whether your body has enough iron to manage the extra requirements of pregnancy. If your iron levels are low, you will feel more tired and will be less able to manage the loss of blood that occurs during birth. You will be offered advice about how to increase the iron in your diet and/or iron tablets. The full blood count also checks your platelet levels. Platelets help your blood to clot.

Rubella (German measles)
This test checks that you are immune to (protected against) rubella, also known as German measles. If you catch the rubella virus in pregnancy it can lead to severe problems for your baby (eg, deafness or brain injury) or miscarriage. If you are not immune, you can have a vaccination to prevent problems in future pregnancies. This vaccination can only be given when you are not pregnant. It is best carried out soon after you have given birth or following a miscarriage or termination of pregnancy.

Hepatitis B
Hepatitis B is a virus that can be passed to a baby during birth. You may have this disease but not know because there are often no symptoms. It can also be passed on to your family/whānau through contact with infected blood. Hepatitis B can cause significant health problems, including liver damage. About 20 percent of babies exposed to hepatitis B during birth, and left untreated, become infected. Over 90 percent of untreated babies become carriers of the virus. If your lead maternity carer (LMC) knows you have hepatitis B they can offer your baby immunoglobulin and vaccination at birth to help prevent your baby becoming infected. Your LMC can provide further information about hepatitis B, or visit the website www.hepfoundation.org.nz
Syphilis
Syphilis is a rare infection in New Zealand, but it is becoming more common. If left untreated, it can cause serious health problems for you and your unborn baby. Like HIV, it can be passed on either sexually or from mother to baby during pregnancy. Most women with syphilis do not know they have the disease because they feel well and have no symptoms. A blood test in early pregnancy, and then early treatment if needed, can help to avoid these problems.

HIV
Human immunodeficiency virus (HIV) affects your body's ability to fight infection and can cause AIDS. HIV is passed on to others by contact with blood or body fluids. If you have HIV, it can be passed on to your baby during pregnancy, birth or breastfeeding. Tests are now offered to pregnant women because the risk of baby becoming infected can be reduced from between 25–31.5 percent to less than 1 percent if you are diagnosed and treated during pregnancy, do not breastfeed your baby and your baby is treated with medicine in the first six weeks of life. New medicines not only protect your baby but can also make a big difference to your health, helping you to stay well for yourself and your family/whānau.

In one in 1000 tests, the woman will need to have a second blood test to confirm her HIV test is negative. This is because this test is so sensitive it occasionally picks up some antibodies that are not HIV. In most of these cases, the second blood test will show the woman does not have HIV. For more information, visit www.nsu.govt.nz www.nzaf.org.nz or www.positivewomen.org.nz

Your results
Your results will be available from the health professional who organised your blood tests.

Confidentiality
All of your antenatal blood test results including HIV will be sent in confidence to your GP or Lead Maternity Carer and to your local District Health Board (DHB). Even when you choose not to have an HIV test you will be asked if the DHB can be informed. This information is used to monitor the safety and effectiveness of the HIV programme.

Your personal details are carefully protected.
Details that could be used to identify you will not be used in national reporting.

Further information
If you would like more information about these or other screening tests/programmes, or need to have information in a different language, please ask your midwife, GP or specialist.

Informed consent
Before having any blood tests you must have the opportunity to receive information about the tests. This allows you to make an informed decision as to whether or not you wish to have them. The decision to have these blood tests is yours. Your decision will be respected.

If you have any questions after reading this leaflet please ask your midwife, GP or specialist. The Ministry of Health recommends that you have these tests as soon as possible after you know you are pregnant. Knowing whether you have these conditions can help keep you and your baby well.