

Podcast: All About Prenatal Testing in the First Trimester (Blood Work and Cultures) – Taking Back Birth Episode 6

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Synopsis: *In this episode of Taking Back Birth, I talk about the testing that generally happens (blood work and cultures) in the first trimester of pregnancy. Here are just a few of the things I discuss...*

- *Why is this testing routine and who exactly is it for?*
- *What's a prenatal panel and a CBC?*
- *Should you opt out of this testing or not?*
- *Why would you choose to get a urine culture?*
- *What are some other options for self-assessment or self-testing?*

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INTRODUCTORY MUSIC...

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MARYN: Welcome to Indie Birth's *Taking Birth Back* podcast series here on iTunes. Today we're continuing our very long discussion - via podcast, of course - about the prenatal period. As I say at the beginning of pretty much every podcast, my focus on the prenatal period is a passionate one, for the obvious reasons. I believe that the more knowledge and education we have during our pregnancies, the more knowledge and empowerment will come in our births and for our babies as a result of. So, the prenatal period is really important to me. I really want to help make sure that women know what they're doing when they're receiving prenatal care; why they're receiving the care they are; that they learn to ask questions.

And today's topic is about prenatal testing in the *first* trimester. So, specifically *first trimester* here. There's a *lot* of testing, really, in the average pregnancy nowadays. And some happens, you know, second and third trimester as well. But today is *first* trimester prenatal testing and we're going to be focusing on bloodwork, mainly, and some cultures. Even though ultrasound is unfortunately routine at many visits and most definitely in the first trimester for many women, especially those that are seeing a doctor. So, this isn't going to be about ultrasound, simply because that's a huge topic and I plan to cover that extensively at another time

So, prenatal testing in the first trimester: you're seeing a doctor; you're seeing a midwife. Your very first visit - usually around maybe 8 weeks or so - could be earlier, could be later. And you're met with an order for bloodwork. It's kind of like: "Welcome to Pregnancy! You're officially pregnant! First we'll do an ultrasound and then we'll either

draw your blood here for all these random things that we're not really going to tell you about, or we'll send you to the lab. And then, we won't really tell you your results unless we're super-concerned about them." So, *what's the point?* Why are these tests being done? Why, as simple as they *may be*, do women *not* know what's being done *on* them? Why aren't they understood and why aren't women being offered a choice? Why aren't they being offered a really simple education, even, as to what these tests are? They're not hard to explain. But in my personal experience, at least with a doctor, I wasn't given a choice or offered an explanation for absolutely *anything*, testing-wise, and I think that's pretty typical. So, if we're going to talk about *routine* testing, because this *is*, in fact, routine, and again, this is across the board: doctors, midwives offer this standard bloodwork at the first visit or so. We should be questioning it! I think anything and everything that has become *routine* in, you know, the American pregnancy in particular, should be questioned. Because, as you may have heard on previous podcasts, such as the one about the efficacy of prenatal care - meaning, how effective is it - it's *not* very, and there's research to back that up! There's research to say that what we're doing in the United States, right now, for prenatal care, really *isn't* very effective and there *aren't* better outcomes for our moms and our babies in the U.S. because of it. So, routines should always be questioned. Just because it's *always* been done doesn't mean we should continue doing it! We need to ask questions.

So, as far as prenatal testing in the first trimester goes, *why is it* routine? You know, I think I have some possible answers to this. I *do* think that some women may *need* this testing. Some women may *want* this testing, once they hear what it's about. But *everybody?* *Every* pregnant woman? **No**. There's virtually no need for that. It is a waste of money to implement this kind of testing. Just like it's a waste of money to have the extensive amount of prenatal visits that we do here in the U.S. That's been proven as well. So, unless you're a special case, and there *are* some, or are high-risk for whatever reason, then you're contributing, really, to the waste of money if you're not questioning these things.

I think, philosophically as well, this testing in the first trimester, at the *first* visit, is a really *poor* reaction. It's a really poor premise to begin a pregnancy on. Now, certainly, you know, if you're seeing a midwife, especially, that's not the *only* thing that happens at the first visit. So, you know, it can't be said across the board that this is the premise a pregnancy's built on. But in many cases it is, to have the first visit be so *diagnostic*, and so full of testing, as if to *prove*, that not only are you pregnant but you know, you fit into the box of "healthy pregnancy" - whatever that means for somebody - I think, is not the best way to start. Again, if you've listened to previous podcasts, it's all about connecting with *ourselves* and looking towards the *inside*. We can always look to the outside for help and support if we need it. But we don't *start* there! Because then we're not able to answer our own questions.

So again, I think it's just a poor premise: to walk into an office and barely know the doctor's name. You know, they really don't know *you* at all. There may not even be a history-taking at all, before these tests are ordered, because again, they're routine. They're not based on *you* as an individual or your needs. So my goal for today is

helping you understand what this testing is about so you don't just go fill your lab order. And think that, "Oh, this is just how it goes when I'm pregnant. This is just what I need to do" and then never know what you're even being tested for, or what your results are. Because not everything is *necessary*. Maybe for *some*, but again, to think it's necessary for *all* is just *not true*.

So, prenatal bloodwork, first trimester. What could be some *potential* reasons that this could be valid? That this would be an effective way of making sure that we have *really* great outcomes in this good old United States of ours? Because that's the point, right, don't you think? That this should *mean* something. Otherwise, it's just sort of, um, you know, *tradition*, really. So I was wracking my own brain, trying to think of reasons that this is a great idea for just, sort-of, the average woman that comes in. And, let's see, I think it could be said that it screens, that the bloodwork *may* screen for potential problems. I don't think that's completely untrue. However, you know, infection, for one, anemia - we'll talk more about these - those are some *potential* issues that this bloodwork might identify. However, as I'll say probably ten more times, you know, a good history-taking or knowing your own history well would *also* alert you to these possibilities for yourself. So again, we're talking about testing for *everybody*. Some people *will* have factors in their history that would make them *more likely* to want this testing or to agree to it. So that's one reason.

I think the other one is to identify *who* is high-risk. Now, that's a loaded topic, and that's again, another day, another podcast. High risk! What does that mean anymore? And why does the definition keep changing? Now, high risk can be age. So, you know, anybody over 35. I am suddenly high-risk with my own pregnancy, even though, I've always been healthy and, you know, not had any issues. But simply *age* is suddenly high-risk. There are certain ethnic groups that may be high-risk. And again, *some* of these things, such as ethnicity, *may* play into higher risk factors, for some blood-related tests. So it's not *entirely* ridiculous, but, again, we're talking about *everybody*. Does this help, you know, *everybody*? So it *may* determine who's high-risk. I don't necessarily argue too much with *that*. It *may* identify somebody that's high-risk.

But let's take the opposite side of the coin, there, with that argument: that this bloodwork will somehow deem a woman *low-risk*. *That* I really have to argue with. When we talk in detail, in a couple minutes, about the bloodwork, you'll see that a lot of it is just *screening*. It's not *definitive* in any way. So, whether or not someone is *low-risk*, due to this bloodwork or the results of? I just, I'm not seeing it.

However, it is *quite* the political issue, which is why I'm bringing it up, in such places as Arizona, right now. They are in debate over their rules and regulations with the licensed midwives there. And the Board of Health, essentially, has said that midwives must, *must*, *MUST* get this bloodwork done for their clients. I think it's still in debate - so don't quote me on that, as far as whether - maybe they'll just be able to do a consult with another doctor or a nurse-midwife. But, in other words, the state is saying that this bloodwork is *so* important and without it, a woman *can't* be called low-risk. So we can't say she's safe enough for home birth unless we have this bloodwork. And I think that's

just not true. It's just become a political bargaining chip, in this case, I think. And, again, when we talk in detail, you may agree, as well, that there are ways, possibly, to say if someone's high-risk or low-risk. But *this* bloodwork? **No.** And it definitely infringes on a mother's right, a woman's right to, you know, *know* what the testing is about and to *refuse* it. And in a place like Arizona, if things play out in a certain way, it could be that the women there *can not* refuse this bloodwork. Otherwise, they *can not* have a licensed midwife at their home birth, which is *absolutely ridiculous* and again, more a political move than anything.

However, I *will* say that, in rare cases, there are certain things about this bloodwork that, you know, *could* be really important for *some* women. And one such example would be a woman that has Rh-negative blood type that hasn't had the Rhogan injection in a previous pregnancy with a positive baby and *does* have antibodies. So, you know, those women, the Rh-negative women, should be *really* educated on that subject. And still, I believe they should make their own choices as to whether or not they would like to be screened for antibodies. I think most *would* just be screened. It's not necessarily a risk to be screened. And if you *did* have antibodies, then it *would* be something that you would want to be aware of. So again, there are rare cases, but we're talking about *everybody*. Does this assure health of, you know, the average low-risk woman? I don't think so.

Besides that, it can provide baseline readings. And if you listened to my podcast on prenatal skills, such as interpreting your blood pressure when someone else takes it; or understanding why it would even be taken in the first place, then you'll know what a baseline is. And those are the readings, you know, such as blood pressure or maybe iron levels, that we look at at the beginning of a pregnancy. Baseline meaning: the one you start with. And then the baseline reading can be compared to a *later* reading. So, *another* hemoglobin or *another* blood pressure reading. And baseline readings *can* be really *helpful*. So, I can understand that. So those are the couple reasons I came up with *why* this would be necessary. And, you know, as you just heard, I don't think a lot of them are super secure in their argument. But, we'll keep going.

Again, it's not that there won't be some women that need or want this testing. **But** - *why* aren't women being treated like *individuals*? Why is *anything* routine? It *shouldn't* be! And midwives know this, although they can be guilty of it as well. We need to understand a woman's history. You know, *you* need to understand *your own* history: your medical background and what it means. And what your family medical background could mean. And know your blood type and understand these things that are unique to *you*. Because no one else is going to treat them like it's very unique. You're just going to be treated like everybody else and you don't really *know*, then, if, you know, this *is* something you should do. How could you *know* if you don't know, sort of, what's the normal standard? You don't know where *you* fit in that spectrum? So, I always am hoping that more attention will be paid by midwives and doctors to each individual woman so that this "one-size-fits-all" thing can stop. *But*, women need to take control, too, of their own healthcare and *know* their own unique needs. So, I think both of those things need to happen. And then something like this, you know, filling a lab order,

doesn't become such a big deal, in a way. Because if the woman believes she wants it or needs it she'll *do* it, and if she doesn't she *won't*. It's really not that hard. And she won't be pressured into it or bullied into it. Yeah, so we as women need to do *our* part. We're not victims, or I don't think anyone's guilty, necessarily. It's just the way the system works and we can step up and claim our responsibility.

So, again, you know, I like to discuss these tests. When I was working even as a licensed midwife, it was something I did, *for sure*. I would never just hand somebody a lab order or assume they wanted it. And, you know, that's for many reasons. Because I believe women *deserve* this information, and they *should* understand it. And also, because these tests cost money and many of the women I saw were not under, you know, medical insurance. And they would be paying out of pocket. So, it's being considerate, you know, of all of these things. People that have insurance, you know, in some cases aren't really thinking or whatever. They're just saying, "Oh well, it's paid for." But people that aren't need to really consider; *everybody* needs to consider that money does sometimes play a part. So even as midwives, we need to talk about these tests. *Everything* is a choice. And again, I would say to women, "This may be *more* than you want to know. Maybe you don't *care* that much about what a CBC is. So, you know, you can tell me to stop talking, but *I* want you to know, because nothing is across-the-board for *everybody*." So this testing should be offered and explained, but it should not be *required*. That is my point.

I tried to find some history on when this began and I really didn't find anything. So, I'm open to learning, if anybody has any information. So what I mean, is, when did this become standard to take blood at the first visit and test it for all these things in pregnancy? One of the tests, as we'll talk about, is called a prenatal panel. And where did this come from? I don't know! I can't find the history! I don't know who decided that all of this was a good idea and what they were basing it on. And, you know, there are no studies out there that I've seen that say, again, that it's really effective: cost-effective or, you know, outcome-based effective.

So, let's begin here, finally, with what is the routine testing. Let's start with bloodwork. The most simple test you could possibly get, and you could order it on it's own, is your **blood group and type**. So, that would be, like, A or B or O group and then the type would be positive or negative. And you're not going to go into all the intricacies of blood types, groups and types, right now, but, it *is* important to know your blood type. *I* think it is. So, if you wanted to do that, like, right now, you could order an Eldon card online or even get one at a local pharmacy. I know the one near us has them. E-L-D-O-N, Eldon card. And it's really a primitive kind of test, where you prick your finger; get some blood; mix it with water on these little circles and it creates a pattern. And when you look up how the pattern goes on the card, it'll tell you your blood type. So, this isn't a test that you need to go to *anybody* for. And I know, as a midwife, if someone had presented me with their Eldon card as sort of proof of their blood type - and I wouldn't necessarily need proof, I believe people - you know, I think that's great. I know I wouldn't feel that they needed to order a lab test. So blood group and type is important in pregnancy, just so you *know* your options. So if you *are* a negative blood type and you have no idea, then

you're totally unaware of all the controversy and options and testing around that. So again, it's just *knowing*. What to choose to do with that is your business. But it is a lot of information to take in. And if you're positive then, really, it's pretty straight-forward. So, knowing your blood group and type really isn't that crazy and again, you can do it yourself, which is nice. And you can do that for your kids, too, or your partner if you're wondering about their blood types. Of course, you can get it from the lab, as well, as part of, you know, a bunch of other stuff, or separately. So that's the first thing. And again, I can see, I can see that one, just so that a woman is aware of her options.

A **CBC** is possibly the most typical thing and CBC stands for Complete Blood Count. So, a CBC can be ordered for anybody at any time in life. It's not a pregnancy test, per se, at all. It's just looking at the make-up of the blood that they draw out of you. So, your **iron count**: the oxygen carrying capacity of your red blood cells. How many, in percentage, red blood cells you have. Those numbers are important or *can be* in pregnancy. Your **white blood cell count**: So is your body fighting something or is there some kind of, you know, immune response going on? **Platelets** is another thing, so: how well does your blood clot. So, a CBC can tell you these things and it *can* be helpful. I don't think it's completely necessary for somebody without anything in their medical history, as far as **anemia**, or that kind of thing. But just for your average healthy woman, you know, if you listen to the nutrition podcast, you'll know that we *do* look at the **hemoglobin** and we like to see that it's dropped mid-pregnancy, from the beginning of pregnancy, to reflect that the Mom *is* getting enough proteins and calories in her diet and has expanded her blood volume. So, I don't think that's a crazy idea and as far as I can see, there's no, you know, huge risk with getting a CBC. The good news about CBC's is, they're pretty cheap So even if you don't have insurance, you can usually get one for about 20, 30 bucks cash. So, again, you know, it can also identify anemias, if you are anemic. So it can be helpful with that. Although I would still argue that for low-risk women, without a history, then it's probably unnecessary. You know, looking at the hemoglobin is really cool, but women have *other* signs of blood volume expansion: and feeling good, and having a baby that's growing well. So, it's kind of a, you know, up to her, I think, up to *you* if you want to see this *drop* via a lab value. The other way to do it is to just do a finger prick to get your hemoglobin count. And, you know, most people don't have those kind of machines. But many midwives do, and it's pretty low-tech. It's just a finger prick and a couple drops of blood. So, the cost associated is tons lower. And there's absolutely no reason that you couldn't do that, initially, in pregnancy, and then again mid-pregnancy to assess your blood volume expansion. You don't need a fancy lab test for *that*. It's not looking at **hematocrit**, however, which is the percentage of red blood cells in your body. So, if that's important to you, you know, and it *can* be, then, you'll still want a lab draw.

Um, let's see. The thing about a CBC, I guess the only sort of *risk* associated, is that because these tests are becoming mandatory in many places, as I explained, then sometimes there are results, even with the CBC, that are associated with *risking out* women for home birth. Now, I'm not really going to comment on if that's appropriate or not. You know, if someone is truly *ill*, or truly anemic, or sickly, or, you know, then that's a whole 'nother discussion, whether that woman should have a home birth. But being

risked out for only a number is kind of ridiculous! Because as midwives we know to look at the *whole* woman, and her *whole* health, and, you know, what's going on with her, rather than just a number. But *regulations*, rules and regulations, in many places, for midwives even, are saying that the hematocrit, hemoglobin, have to be a certain number or above to be *approved* for a home birth. So, you know, I think that just becomes a political issue, in many cases, because if women are being *forced* to consent to this bloodwork, then there is really nothing they can do if they were to become, you know, high-risk suddenly. And I just don't necessarily agree with that. Numbers can fluctuate. And again, a woman who is aware of her history and her general health; she's working with a midwife that is also looking at the big picture, then there are *other* things going on and it shouldn't be based on just one number. But my point with that really is, that, you know, these things sort-of *can* be used *against* you when they're required *by law*, which is just a whole 'nother issue. You know, then you get into *results* making or breaking people for their birth choices. Which, is just complicated. Because it's something to consider, because who would think that, right? When they just get a lab order and take it to the lab, and just sort-of follow orders, that the results could possibly change their birth plan. And potentially for no good reason. So the CBC, again, most common, cheapest. You know what that's about now.

Actually, the most common, I guess, is **the prenatal panel**, which is a whole workup and it *includes* the CBC. So, I started with the CBC, but really the prenatal panel is like, *the big one*, and that would include what we just talked about. So, a prenatal panel - that's what it's called - a prenatal blood panel, includes the CBC, plus other testing. You know, all from the same vial of blood: Rubella, syphilis, in some places HIV. You can opt to have it added or it's just part of it. Hepatitis B, and also an antibody screen: so, again, women that are Rh-negative, to screen them for antibodies. So, yeah, that's a big one and, you know, it's really expensive. So, I don't think we should base our decisions solely on expense but, again, we're talking about the *unnecessary* aspect of some of this testing and how it's creating, you know, financial ruin in the economy because it's not necessary. And this is an *expensive* one and I know because I work with women that don't have insurance and it can be hundreds of dollars, should they choose this. And if they don't know what it's about, you know, how can they choose?

So, **Rubella**, all this means is it's testing your Rubella *status*. So are you positive? I mean, do you have antibodies or do you not? So are you immune, or are you not? It's not, it's just a *screening* tool. It can't tell you much else and it can't tell you if you're going to get Rubella or any such thing. It's just simply saying, is this woman immune or not? Now, Rubella can be dangerous to pregnant women in the first trimester. So, some would say, "Well, knowing her status is helpful. She would wanna know if, you know, she is at risk for that. Can she get Rubella from a little kid? " Well, she could, but, most kids *are* vaccinated, unfortunately. In this case, you know, it does protect pregnant women. But, you know, most pregnant women just aren't going to contract Rubella because kids are being vaccinated against it. *And*, you have to consider that some of this prenatal testing, where, for some women might be done at 8 weeks, for some women it's not being done 'til 16 weeks. And they're already past the first trimester, so it doesn't even *matter!* I mean, unfortunately, it doesn't matter at that point. All it can tell a

woman is, you're immune or not. So she can decide after the baby's been born and if she plans to get pregnant again, if she's going to vaccinate herself against Rubella or not. So some of these are really long-winded issues that, you know, we really have to just *think* more about.

You know, I feel the same, in a sense, about **Syphilis** and **Hepatitis B**. You know, where they *can* be really important to know in high-risk women. Again, I think it's in identifying the high-risk women and asking women to identify themselves, you know, not necessary *to* midwives or doctors, but for their *own* benefit. You know, if you have a lifestyle where you may be at risk for these things, then, that's what you need to know to make the decision to take the test or not.

Antibody screen again, if someone is Rh-negative, then that might be something they want to look at, especially if they've had a positive baby before or a miscarriage, or, you know, something. That may mean they have antibodies to their own blood type floating through their blood stream. But again, if women understood that, they could make their own choice. And the antibody screen can certainly be ordered *alone*. You don't need this whole expensive panel unless you really want it. But, again, it's becoming required and routine in some places, which is my biggest problem, I suppose. That we don't lose the right to say what we think we need and what we want. Because certainly, any woman that is *explained* these things will make an informed choice for her. I don't think any woman would intentionally sabotage her health, especially when pregnant. So, that kind-of is the bloodwork, there, the prenatal panel, the CBC. I think a lot goes into just thinking about, you know, your own, your own history. What you feel you're at risk for; what you feel other people deserve to know, as far as this being *their* knowledge, as well. Because, you know, with few exceptions, women aren't ordering their own bloodwork. It's sort of *property of* Dr So-in-So, or Midwife So-in-So. So, that plays into it. The expense of these tests certainly plays into it.

Let's talk a little bit about some other testing. So, some **cultures** that are done by urine testing or swab, vaginal swabs. And **Gonorrhea** and **Chlamydia**, the two sexually-transmitted infections, can be done either way. It can be done via vaginal swab and that usually involves a pelvic exam, you know, a vaginal exam. So I think women need to be aware of that, too. Why are pap smears part of the initial testing? That's initial, first trimester, standard, routine testing. *Why?* Why would we want some one *up* and *in* our bodies, near our cervix, when our body is doing the *best* it can at *protecting* everything in there in *every* possible way it can? You know, again, unless there are risk factors, unless a woman has history of something, especially with a pap smear, as far as cervical cancer goes, then why? Why? Do women even *know* why they're, you know, why they're putting their legs up in stirrups at the first visit? And that it's dangerous! You don't need a doctor or midwife to introduce an infection into your body and up into your uterus, because that's the risk of a vaginal exam, at *any* point. And why would you risk that in early pregnancy? You know, when pregnancy is obviously more fragile. *And*, who wants to spend their whole pregnancy with some kind of brewing infection that came from a vaginal exam? I think we have to have *really* good reasons for these things. And the thing is, with the gonorrhea and chlamydia, it's *not* that we should *not* be testing.

There are *certainly* women at risk. These diseases can lay dormant. Sometimes women don't *know* they have them because their partners are not being honest. So we need to talk about all these issues, and women need to understand, that, you know, there's multiple ways to test. And again, a urine test for gonorrhea or chlamydia is *a lot less invasive*. However, it's a lot more expensive. So if you *do* want to be tested for these things, and you *don't* want a vaginal exam, you don't need to have one! You can get a urine test. You know, it's just, it's a tricky issue because the medical world treats STI's, in particular, as, *nobody is to be trusted!* You know, they will test several times in a pregnancy for gonorrhea and chlamydia, in the beginning and at the end, and sometimes in-between. Just because they don't trust that the woman *couldn't* be brewing an STI. And, of course, I think, you know, every woman knows what's best for her. And if she *doesn't* know what's going on in her relationships, as far as what her partner's doing, then she needs to know that *that's* a risk factor. And you know, she can always be tested at any point in the pregnancy. And I've certainly worked with women that, you know - at the first visit when their partner was present - didn't talk a whole lot about the possibility of those infections or talk about the testing. But privately would say, "Yes, I privately *do* want to be tested. I understand what it's about and I understand that I may be at risk." So, again, it's talking about these things. And to me, it's leaving these choices up to us, the women. And not assuming that everybody falls, you know, under the same category.

So, the **pap smear**, a little bit about that again. It's just a pet-peeve of mine, actually. I don't; I would never think of doing such a thing, you know, unless somebody wanted one for some reason that I can barely think of. Again, maybe they've had cervical issues. But again, it's, it's an individual discussion with each woman, in my opinion, even if they *have* had issues. Because it's about, you know, how the cervical cells might change with the hormones of pregnancy. And, you know, how that alters the test. And just plain old getting up there in the cervix and what the risks of that are, versus the risks of whatever you're testing for. So, a pap smear *should not be routine!* Should not be routine! And I just wish that that would get through to all the women seeing doctors that walk in there for that first visit and just, you know. No one even tells them what it's about. They're given a gown, and this is just part of the first visit. It's dangerous! And, you know, if you want one, that's your business. But, please consent to it and understand what it's about, and what these tests are for. Because, a pap smear, I just can't see the reasoning, routinely, for that in early pregnancy. It's one of the *stupidest* ideas, frankly, I have ever heard.

So the last possible routine testing in the first trimester that we'll talk about today is a **urine culture**. So we're talking before about getting a urine culture for gonorrhea or chlamydia. And you don't have to want to be tested for gonorrhea or chlamydia to just get a plain old urine culture. So, you know, women that have had a history of urinary tract infections or Group-B strep infections may opt for a urine culture early on. And that's not completely crazy, in my opinion, when there's a *history* there. You know, some urinary tract infections *are* asymptomatic. And they *can* cause miscarriage and pre-term birth and really awful intrauterine infection. So, that's not meant to be scary. It's just a *fact* that some women are at risk for that and that finding that out earlier may be

better. But, again, *across the board*? I don't know. I think it's really about looking at your own risk factor and, you know, turning within.

Again, it's not all science and medical history. Sometimes it's turning within and saying, "Do I need this test?" And not looking for anybody else's opinion or thoughts and just listening to yourself. And I think women know. Sometimes there's no reason that they can give voice to, other than, "Yes, I think I need to do this test. I'd like to do this test." And other times women know without a doubt, they don't need this test; they don't want it. So, that is a *very valid way* of making your decisions. And that's something that's not honored in the culture that we're in. Especially here, in the U.S., with medical mainstream birth. It would be *ridiculous!* However, it's pretty ironic that women *aren't* being given information. So, how *are* we supposed to choose? You know, we're not being *asked* to choose based on information and education. And then we *may* be ridiculed for *purely* making a decision intuitively. So I say we need them both or *can* use them both. We have access to both, and that's *wonderful!* And at different times we can use them *both*. We can access what we know intellectually and we can access what we know intuitively, with *anything* in pregnancy. But choosing to take some tests can be helpful, choosing in that way. Because the mainstream, you know, *buzz over* tests - such as the Group-B strep test, which is for another time, because that's third trimester - is quite large and scary depending on what you read, especially online. So, sometimes women have to work a lot harder to tune into their intuitive sense when the *screaming*, you know, mainstream is outside their window.

So, that's it for today, as far as testing. Again, **ultrasound** is a *very serious* first trimester way of testing. And that we just have to save for another time. All I'm going to say about that for today is *please* don't consent to ultrasound testing at your first visit, or at *any* visit unless you have a really valid medical reason. And that's, again, a whole 'nother topic. Please don't consent to ultrasound for *dating*. So you walk in for your first visit and they plop you down with the ultrasound machine because *they* want a date. They don't trust what you said your last period or your conception date was. They want a date from a machine. *Please don't do it.* Just say "I'm not interested in that." Or "I need to think about it." Or, whatever you have to say. But *that is why*, - I'd guess, I mean, I'm making a total guess here, you know - over 90% of ultrasounds are being done at the first visit. It's not because anything is *wrong* or they're *able* to see *anything* at that point - as far as baby development - because the baby hasn't *developed*, yet. So it's not *about* any of that, yet. It's about *dating* and it's putting your baby at risk, for, we don't even *know* the effects of ultrasound. So *please*, please, please please, *don't* do that. Get your information about ultrasound before. Because dating is *not* a good reason. And it's *for them*. It's never, really, for you.

A few other things: You *can* order your own tests, such as your own bloodwork. I know, when I was in Arizona, there was a mobile bloodwork sort-of unit, called Health Check. And that may be in your area, I don't know. You could just Google "self-order bloodwork" or "order own bloodwork tests" or whatever. Your insurance, if you have any, most likely won't cover those kind of tests because they're not being ordered by somebody else. But, you have privacy, which I think can go a long way. And you can order what you

think you need. And especially if you're doing your own care or not seeing a medical professional, you may choose to still have some of these tests and not know how to get ahold of them.

So, to wrap it up, thanks for listening today. In all of these cases, I say, take responsibility for your own health. Realize your own risk factors. Look at your own history. Talk to your self. Listen to your own voice. Realize that a lot of this is political in this day in age. That it's about covering people's butts, and not necessarily doing the good thing, or the right thing, or the safe thing or the healthy thing for women and babies. But, it's about keeping everybody together and not looking at *anybody* as an individual. But you have *every right* to that. So if somebody isn't able to look at you like that, you either find another person to work with, or you go off on your own, or you do it for yourself. And you understand what you're doing and what you're looking at.

Always, always, always, if you consent to a blood test, get your own results. Don't wait for the doctor's office or the midwife's office to call you and say, "Oh, we got your result and everything's fine." I can't tell you how many times I've looked at people's lab reports that they've gotten from their doctor or midwife, and there's something on there that they should have known! So, maybe the pap smear said they had a yeast infection. Nobody ever told them! Or, I don't know, maybe the platelet count on their CBC was *really low*. Nobody ever told them! So don't trust anybody. Get your own bloodwork. And, if you need help, you know, interpreting it, there are certainly books and resources. You know, we are *not* medical professionals here at Indie Birth but we can possibly help, you know, just look at basic lab results and explain *generalities* to you, so that you can make your own interpretation. So don't take someone's word for it. Get your own results. *Get a hard copy*. Get a copy! These are *yours*, you need to understand them. You need to know where they're at and you need to *know* if there's something to know. This is *your* information.

There may or may not be a need for this testing or *any* testing in your pregnancy. There *may* be. I have no idea, because everybody's different. And so the point of this isn't to say that any of this is stupid or unnecessary, but that it's *largely* unnecessary for, you know, *women as a whole*. We need to *each* make our own choices and understand what we're choosing for ourselves. So please, discover this for yourself. Empower *yourself* by taking control of your own information. And best of luck with that. Thank you so much for listening. Have a great day.

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