

2. Non-invasive Prenatal Testing (NIPT), also known as cell-free DNA, which uses the mother's blood instead of fetal tissue. There are three options that include:
  - NIPT: Particles of your baby's DNA from the placenta are circulating in your blood. These can be separated and analyzed for extra or missing chromosomes. Results are reported as either "low-risk" or "high-risk". Since this test looks at your baby's DNA, it is possible to determine your baby's gender.
  - Carrier testing: Some families have a genetic condition that is passed through the generations. Let us know if you are aware of any genetic conditions in your family. Carrier testing checks if the mother has a gene for a condition that can be passed on to the baby. A mother is a "carrier" when she has a gene, but is not personally affected. If testing shows you are a carrier, the next step is to test the father to see if he is also a carrier. You can be tested for the most common conditions that are often passed on, even if there is no family history. These include Cystic Fibrosis, Spinal Muscular Atrophy, Duchenne Muscular Dystrophy, and/or Fragile X Syndrome.
3. Diagnostic testing done by specialist and involves taking tissue from the placenta (chorionic villi sampling; may be an option to follow up on initial findings) or fluid around the baby (amniocentesis). These tests cannot find structural defects. This is the most accurate but has a slight risk of miscarriage.

These tests are optional and if a result comes back as "high-risk", it does not mean your baby has a birth defect. If the result is "high-risk", we will offer a referral to a specialist for counseling about more extensive testing. In addition, "low-risk" results cannot offer complete reassurance that your baby will not have problems.

## ASPIRIN THERAPY

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Low-dose aspirin therapy has been shown to decrease the chances of developing a condition called preeclampsia and lowers the risk of having your baby born too early. Preeclampsia is a sudden rise in blood pressure during pregnancy or right after delivery that can affect multiple organ systems in your body. In severe cases, it can lead to seizures. Studies have shown low-dose aspirin can reduce the risk of developing preeclampsia and having your baby too early (before 37 weeks) by as much as 25%.

If a provider tells you to begin taking low-dose aspirin, it's because you have risk factors that increase your likelihood of developing preeclampsia. Low-dose aspirin works best if started between 12 - 28 weeks of pregnancy. You will take one low-dose aspirin (81mg) once a day, up until the day you have your baby. Aspirin is safe in pregnancy when taken as directed.

Your insurance may cover the cost of the aspirin so you may be given a prescription. It is also available over-the-counter.

## WILL I HAVE AN APPOINTMENT AFTER I DELIVER?

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Depending on the delivery provider, they may see you in their office or you may be seen at your local health department. If you are seen at the health department, we would like to see you 1-2 weeks after you deliver and again at 6 weeks. The 1-2-week appointment ensures you are not having problems and are handling the transition of a new baby well. We will discuss different options for birth control at this visit and will solidify these plans at your 6-week visit.

At your 6-week appointment, we will check that you are not having any signs of postpartum depression, that you have healed from any incisions/tears from delivery and decide plans for birth control.