

Fetal Diagnostics Unit

5th Floor



Ronald Reagan UCLA Medical Center

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About Our Center

The Fetal Diagnostics Unit provides a range of antepartum diagnostic services, including biophysical profiles and amniocentesis. The most common tests performed are the non-stress fetal-heart-rate test (NST) and measurement of the amniotic fluid index (AFI). Procedures are performed by a nurse who specializes in fetal testing.



Frequently Asked Questions

Why do I need these tests?

Your physician or midwife may order antenatal testing if you or your baby requires special medical care or extra attention during your pregnancy. Your physician or midwife might refer you for evaluation for one or more of the following factors:

- Exceeding your due date
- Diabetes
- High blood pressure
- Small baby or baby not growing
- Less active baby
- History of prior stillbirth
- Low amniotic fluid index
- Multiples (twins, triplets, etc.)



Frequently Asked Questions

What are the NST and AFI tests?

A NST is a non-invasive procedure to monitor and record your baby's heartbeat for a minimum of 20 minutes. An AFI measures the amount of amniotic fluid surrounding your baby. The purpose of these tests is to assess fetal well-being and fetal oxygenation.

How are these tests done?

The AFI involves a limited ultrasound that provides information on four areas of your uterus to determine if you have a healthy level of amniotic fluid. The AFI will also help us examine the location of the placenta, the baby's heartbeat and his or her position.

For an NST, you lie on your left side and elastic belts are placed around your abdomen to monitor and record the baby's heart rate, movements and any uterine activity such as contractions. You will be asked to eat before the test because some babies move more after mothers have eaten. The NST is "reactive" if the baby's heart rate increases at least two times in 20 minutes. If your baby is not moving, we may





give you water to drink or change your position to continue monitoring. The NST is “non-reactive” if the baby’s heart rate does not increase with movement or if the baby continues to be still. “Non-reactive” **does not mean that something is wrong**. It simply means the NST has not provided sufficient information. After consultation with your physician or midwife, further tests such as a biophysical profile or prolonged monitoring may be ordered.

NSTs and AFI are usually performed once or twice a week. Your physician or midwife will determine when during your pregnancy the tests should be started and the frequency of testing. We will try to schedule your tests on the same day as your appointment with your doctor or midwife.

Can I monitor my baby’s movements when I am away from the hospital?

Yes, you can. It is important to be aware of and keep track of your baby’s movements in order to help prevent stillbirth. If you don’t feel your baby moving at the times of day he/she usually moves or is active, you should perform a fetal kick/movement count. Ideally, this should be done after you have eaten a snack or small meal. If, after eating, you cannot feel at least 10 movements in less than two hours, come to the Fetal Diagnostic Unit or Labor and Delivery Unit for testing.

Notes



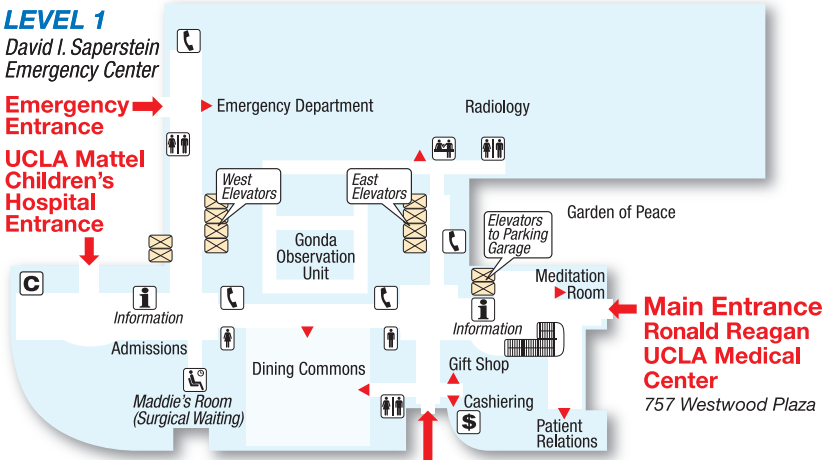
Floor Guide

LEVEL 1

David I. Saperstein
Emergency Center

Emergency Entrance

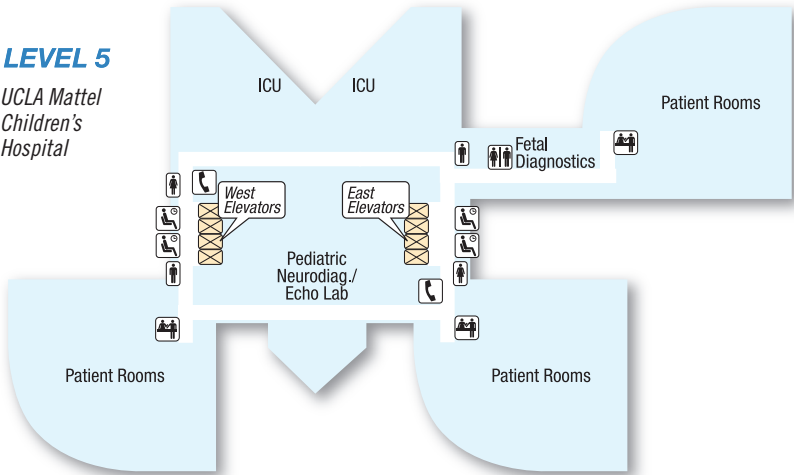
**UCLA Mattel
Children's
Hospital
Entrance**



Resnick Neuropsychiatric Hospital at UCLA Entrance
150 UCLA Medical Plaza

LEVEL 5

UCLA Mattel
Children's
Hospital



Information	Public Elevators	<p>Room Numbers Level 4-8</p>
ATM	Stairs	
Telephone	Waiting Area	
Restrooms	Reception Desk	
Conference/Library	Vending	