

# Urine Testing

## Urine Dipstick Tests

We will ask you to perform a “dipstick” test on your urine at every prenatal visit. This test checks for:

- ✓ Protein
- ✓ Glucose

### Here’s why:

**Protein** in your urine can be a sign of **hypertension (high blood pressure)**. Some people who have never had problems with their blood pressure develop **pregnancy-induced hypertension**. If this condition worsens, it can restrict blood flow to the placenta and lead to maternal seizures. These complications can be minimized with early treatment.

**Glucose** in your urine can be a sign of **diabetes**. If your body is not creating enough insulin to help your cells use glucose for energy, glucose may be excreted in your urine. Some people who have never had problems with their blood glucose develop **gestational diabetes**.

The dipstick test, in combination with the **Glucose Challenge Test (GCT)** done at 24 – 28 weeks, can help you to identify and manage diabetes.

## Urinalysis

**If your dipstick result is abnormal**, we may recommend sending a urine sample to a laboratory for more detailed analysis. In addition to testing for protein and glucose, the laboratory can check for:

- ✓ Ketones
- ✓ White blood cells
- ✓ Red blood cells
- ✓ Nitrates
- ✓ Bacteria

### Here’s why:

**Ketones** are produced when your body burns fat for energy. You may burn fat if your body is not creating enough insulin to help your cells use glucose for energy. **Ketoneuria** (ketones in your urine) can occur with severe stress, dieting, or illness— however, ketoneuria may be a sign of diabetes.

**White blood cells, red blood cells, nitrates, or bacteria** in your urine indicate a urinary tract infection (UTI). UTIs are common during pregnancy because your growing uterus sits on top of your bladder and blocks the flow of urine. However, a UTI that spreads to your kidneys can cause preterm labor. Early detection and treatment can prevent complications.