

Abnormal screening results next steps



What an abnormal screening result does and does not mean

Screening tests are built to identify people who may benefit from more evaluation. They are usually not intended to prove that a condition is present. This distinction matters because many screening tests prioritize sensitivity: they try not to miss a potential problem, even if that means some results are false positives. An abnormal result therefore means your estimated risk is higher than expected, your value is outside the reference range, or the sample needs more context.

In pregnancy, this can apply to maternal blood work, urine testing, infectious disease screening, cervical screening, genetic screening, ultrasound markers, gestational diabetes screening, and, after birth, newborn screening. Each has a different follow-up pathway. A mildly low hemoglobin result, for example, is handled very differently from a positive antibody screen, a high-risk cell-free DNA result, an abnormal glucose screening result, or a critical newborn screening notification.

The most useful question is not "Is this bad?" but "What is the next decision this result is meant to guide?" Sometimes the decision is whether to repeat the test. Sometimes it is whether to obtain diagnostic testing. Sometimes it is

whether to refer to a specialist, change monitoring frequency, or plan delivery in a facility with specific neonatal resources.

First step: confirm the result and the level of urgency

Before assuming the meaning of a result, confirm the basics with your care team. Ask which test was abnormal, the exact value or category, the reference range, and whether gestational age affects interpretation. Pregnancy changes blood volume, kidney handling of substances, insulin resistance, thyroid physiology, and immune markers, so "normal" is often pregnancy-specific.

Your clinician may also check whether the sample could have been affected by timing, fasting status, medication, recent vaccination or illness, laboratory handling, or insufficient sample quality. Some screening results are repeated because the first sample was too early, too late, hemolyzed, contaminated, or technically inconclusive.

Clarify urgency. A result can be emotionally alarming but medically nonurgent, or it can require same-day action even if you feel well. Good questions include:

Does this require action today, this week, or at the next routine visit?

Is this a screening result or a diagnostic result?

What conditions are being considered, and how likely are they?

What follow-up test is recommended, and what are its benefits, limitations, and risks?

Should I change anything now, or wait until confirmatory testing is complete?

Common pregnancy screening results and typical next steps

Routine blood tests in pregnancy often include a complete blood count, blood type and Rh status, red blood cell antibody screen, infectious disease testing, and sometimes thyroid, immunity, or other tests depending on history. Abnormal findings may lead to repeat blood work, iron studies, antibody identification and titers, partner testing, infectious disease confirmatory testing, or referral to obstetrics, maternal-fetal medicine, hematology, or infectious disease specialists.

For gestational diabetes screening, a one-hour glucose challenge is commonly

used as a screening test. An elevated value often leads to a diagnostic oral glucose tolerance test, unless the value is high enough that the clinician follows a local protocol for diagnosis or immediate management. A glucose screening test and OGTT are related but not identical: the first estimates risk, while the longer test evaluates glucose handling more definitively.

Urine screening may identify protein, glucose, blood, or bacteria. Depending on the pattern, next steps may include a urine culture, blood pressure assessment, kidney or preeclampsia labs, treatment for confirmed infection, or repeat testing. Do not self-treat based only on a dipstick or portal flag; interpretation depends on symptoms, gestational age, and the full clinical picture.

Infectious screening, such as hepatitis B, HIV, syphilis, rubella immunity, or other tests based on region and risk, may require confirmatory assays and time-sensitive planning. Many infections have effective pregnancy and newborn interventions, but the right steps depend on the specific organism and confirmatory results.

Genetic and ultrasound screening: risk assessment versus diagnosis

Prenatal genetic screening estimates the chance of chromosomal or genetic conditions; it does not usually confirm them. Cell-free DNA prenatal screening, first trimester combined screening, second trimester serum screening, and carrier screening all have different performance characteristics. A "high risk," "screen positive," or "at increased risk" result usually leads to counseling about diagnostic options, the condition being considered, and how the result might affect pregnancy care.

This is where prenatal screening versus diagnostic testing becomes especially important. Screening can suggest increased probability. Diagnostic testing, such as chorionic villus sampling and amniocentesis, can examine fetal or placental genetic material more directly. These procedures have benefits, limitations, timing considerations, and procedure-related risks that should be discussed with a qualified clinician or genetic counselor.

Ultrasound findings also vary widely. A soft marker may modestly change risk and lead to a detailed anatomy scan, genetic counseling, or no further action

if prior screening was reassuring. A structural anomaly may prompt targeted ultrasound, fetal echocardiography, diagnostic genetic testing, serial growth scans, consultation with pediatric subspecialists, or delivery planning at a center with neonatal expertise.

It is reasonable to ask for numbers rather than labels. "High risk" may sound absolute, but the actual positive predictive value depends on the condition, the test, maternal age, gestational age, and prior probability. Understanding absolute risk can make decisions more grounded and less fear-driven.

Abnormal cervical screening during pregnancy

Some people have Pap or HPV screening before pregnancy, early in pregnancy, or as part of routine preventive care. An abnormal cervical screening result can be frightening, but it does not automatically mean cancer. According to the National Cancer Institute, next steps after abnormal HPV or Pap testing depend on the person's risk of developing severe cervical cell changes. Options may include repeat testing, colposcopy with biopsy, or treatment in selected circumstances.

Pregnancy adds nuance. Colposcopy can be performed during pregnancy when indicated, but management is individualized because the cervix is more vascular and because many precancerous changes can be monitored until postpartum if cancer is not suspected. Your clinician may refer you to a colposcopy specialist familiar with pregnancy.

If you receive an abnormal Pap or HPV result while pregnant, ask whether the result suggests low-grade change, high-grade change, persistent high-risk HPV, or concern for invasive disease. Also ask whether biopsy is recommended now, whether treatment should wait until after delivery, and how postpartum follow-up will be scheduled. Do not skip follow-up because you are pregnant, but also do not assume immediate treatment is always needed.

When follow-up is urgent

Some abnormal screening results require prompt action because early intervention can prevent serious harm. In pregnancy, urgency may apply to severe anemia, very low platelets, positive infectious disease screens needing

confirmation and treatment planning, blood pressure and protein findings concerning for preeclampsia, significant fetal growth or fluid abnormalities, or abnormal fetal testing late in pregnancy. Your own symptoms matter too; headache with visual changes, chest pain, shortness of breath, heavy bleeding, severe abdominal pain, fever, or decreased fetal movement should be addressed immediately according to your clinician's instructions.

After birth, newborn screening follows the same principle: an abnormal screen is not necessarily a diagnosis, but it may require urgent confirmatory testing. HRSA explains that abnormal newborn screening results are communicated for follow-up, and some findings need rapid referral to specialists because early treatment can be critical. If your baby's newborn screen is abnormal, respond promptly even if the baby looks well.

Urgency does not mean certainty. It means the condition being screened for is important enough that waiting could reduce options. If you are told to go to triage, repeat a test quickly, or meet a specialist, that recommendation is about safety and clarification, not a declaration that the worst outcome has happened.

How to prepare for the follow-up appointment

Waiting for follow-up can be one of the hardest parts. Preparation can help you regain some control. Bring or download the actual report, not just the portal flag. Note your gestational age, medications and supplements, prior pregnancy history, relevant family history, and any symptoms. If a partner or support person can attend, they can help listen and remember details.

Consider asking your clinician to explain the pathway in steps: what is known now, what is uncertain, what test comes next, what results would change management, and what timeline to expect. If a referral is made, ask whether it is urgent, whether the specialist needs records in advance, and who will call with results.

It is also appropriate to ask about alternatives. Some people want the most definitive information as soon as possible; others prefer staged testing if clinically safe. Informed decision-making should include medical accuracy, timing, procedure risks, personal values, and how the information would be used.

While waiting, avoid making major changes based solely on an unconfirmed screen unless your clinician advises it. Continue routine prenatal care, take prescribed medications as directed, and seek urgent care for concerning symptoms. Emotional support is not optional; anxiety after an abnormal screen is common, and you deserve clear communication and compassionate care.