**Nuchal Translucency Screening**

***What is NT screening?***

This is an ultrasound ideally performed between 11-14 weeks to assess early anatomy of the developing fetus (fetal size, early assessment of 4 limbs, developing brain and fetal abdomen). The NT or nuchal translucency is a skin area in the back of the neck that should be less than 3 mm. If the fetus has Down’s syndrome, Trisomy 13, Trisomy 18, Turner’s syndrome or other chromosomal abnormalities, this can be increased. If this early ultrasound detects abnormalities then there are more choices for testing to determine the problem.

***What is the Nuchal Translucency?***

This is a normal area in the back of the fetal neck at 11-14 weeks that is increased if there are structural concerns for the baby or Down’s syndrome or other chromosomal abnormalities.

***Why is there a blood test as well?***

Ultrasound is a screening tool and can be very effective but adding a blood test increases the chances of detecting a problem. There are TWO blood tests that are done that can increase the detection rate of Down’s syndrome. One test called serum screening is done between 11-14 weeks and the cell free DNA (Panorama or Maternity 21) can be done anytime after 10 weeks.

1. Serum screening is a blood test in conjunction with NT ultrasound and gives a risk assessment for Down’s syndrome. This result takes about 3-7 days from when the ultrasound and blood is drawn. This is a timed test and must be done prior to 14 weeks. The detection rate is >90% and the false positive result is about 5%.
2. Cell free DNA is done by blood test in conjunction with NT ultrasound and results take 10-14 days. Most tests return with a normal result; maternal weeks of gestation, obesity, vanishing twins and blood thinners can affect these results. This has a very high > 99% detection risk for Down’s syndrome and a low false positive about 1%.

***Where is the test performed?***

This test is performed at AFA Ob Gyn and you will have the opportunity to ask questions about your results.

***How do I schedule the test?***

We will schedule this for you. Please call our office when you have made the decision to have this testing.

***What are the drawbacks of this screening?***

The biggest drawback for most patients is that this test is screening only. Only after amniocentesis or CVS (chorionic villus sampling) can we be certain that the fetus does not have Down Syndrome or any other chromosome abnormality. In addition, both early ultrasound and blood work will not always detect structural anomalies and there is always a risk of a false positive result.

***Will my insurance pay for these tests?***

As with all testing, insurance usually covers these tests but it is up to you to understand your deductibles, co-pays and co-insurance as these tests are billed individually.

***What do we need to think about to help us make a decision?***

Before you agree to have a test, you should think about what you will do with the information. Because this is a screening test only, abnormal results could warrant further testing which can be invasive. Therefore, although it’s difficult, we advise our patients to think about these questions:

* Is this information I want to know prior to delivery?
* How do I feel about pregnancy termination?
* How do I feel about raising a child with special needs? What impact will this have on my family? Who will care for an adult with special needs when I am no longer able?
* If I decide not to have the test, will I worry about this until the baby is born?
* If I decide to have this test and the results are inconclusive, will I worry about this until the baby is born?
* Ultrasound alone for NT screening can be helpful in guiding decisions as well, and some patients chose to have ultrasound for early screening to detect obvious and severe issues to avoid surprises at 18-20 weeks

Overall, it is important to remember that all of these tests are optional. It is entirely your choice what test to have, if you choose any. Discussing these options with your significant other and your obstetrician or midwife is recommended.

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