Prenatal Screening Options

Patient Name:_____

This sheet provides information about prenatal screening options for OB patients. Please be aware that there are specific time frames for these tests. If you have any questions, or if you need counseling regarding these tests, please discuss them with your doctor at your 1st appointment. Importantly, this is your decision to make, so please be well informed and let us know how we can assist you.

Integrated Screening: This test must be started between 12 weeks and 13 ½ weeks (The time window can be extended slightly in certain cases depending on the actual size of the fetus when measured by ultrasound). This test combines 2 blood draws and an ultrasound to assess the risk of having a baby born with Down Syndrome (Trisomy 21), Trisomy 18 or open neural tube defects like Spina Bifida. Part 1 of the integrated screen is an ultrasound (referred to as an **NT or Nuchal Translucency**) which is a measurement of the back of the fetal neck. The NT scan also provides an initial view of fetal anatomy to help identify certain severe defects that can be seen early in a pregnancy. Please know that if you decline this screen, you will likely not have another ultrasound until much later in your pregnancy, at approximately 18-20 weeks. Part 2 of the integrated screen is blood work drawn from the mother. The first blood draw is on the day of the NT ultrasound (12 – 13 ½ weeks) and the second blood draw is performed between weeks 16-18. The integrated screen test detects approximately 92% OF Down Syndrome, 90% of Trisomy 18 and 80% of open neural tube defects (i.e. open spina bifida). The false positive rate is 3.3%.

Maternal Serum Tetra Screening: This is a blood test performed on the mother between 15 – 21 weeks of pregnancy that can help determine the risk of Down Syndrome, Trisomy 18 or open neural tube defects like Spina Bifida. The Maternal Serum Tetra Screening detects approximately 75% of Down Syndrome, 73% of Trisomy 18 and 80% of open neural tube defects. The false positive rate is about 6%.

Both tests above are screening tests. They assess risk; however, they do not rule in or rule out the defects in question. They will miss some defects and they will also have some "false positives". If an elevated risk is found, patients generally choose to be evaluated by a Maternal Fetal Medicine specialist and they may also opt to have diagnostic testing such as amniocentesis. Patients may choose the Integrated Screen, the Tetra Screen, or neither. The primary advantage of Integrated Screening is the higher accuracy rate and the fact that certain severe defects may be picked up early during the ultrasound scan itself. The primary advantage of the Tetra Screen is that it has a much wider window of opportunity when it can be run.

Amniocentesis: This is a diagnostic test used to identify chromosomal disorders and certain other genetic disorders. Amniocentesis is usually performed between 15-18 weeks of pregnancy and involves inserting a thin needle through the mother's abdomen to withdraw a small amount of amniotic fluid. This test is greater than 99% accurate in diagnosing a chromosome problem in the fetus. Amniocentesis is available, but not required, if any of the above screens give a positive result. Although typically used for patients with identified high risk factors, it is ethically acceptable for low risk patients to have an amniocentesis if the patient feels the test is necessary for her. The risk of pregnancy loss due to amniocentesis is considered to be about 1 chance in 600.

Cystic Fibrosis (CF) screening: This is a DNA blood test which can be done at any point in the pregnancy. The American College of Obstetricians and Gynecologists has recommended that CF carrier screening be offered to women who are pregnant or considering pregnancy. It is used to determine if an individual is a carrier for CF. CF is a recessive genetic disorder, meaning both parents would have to carry the gene for the baby to be affected. If a mother tests positive, we would then want to test the father. If both parents are carriers, each of their offspring would have a 1 in 4 chance of having CF. Current testing finds approximately 90% of carriers in the Caucasian population. Detection is lower in other ethnic backgrounds.

I have read the above information, I am aware that my doctor is available to answer any questions that I may have, and this is my decision to make.

	Accept	Decline
Integrated Screening	☐	☐
Maternal Serum Tetra Screening	☐	☐
Cystic Fibrosis Screening	☐	☐

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____