Prenatal Testing Choices

This handout is a guide to help you know more about options available to learn more about your baby's health before birth. Please read the following and ask our physicians or nurse practitioners any questions you may have.

Noninvasive Screening

These tests do not harm the fetus in any way. There is a small risk of a false alarm and no 100% guarantee of a normal fetus, but overall, these are very accurate tests. A screening test points toward those pregnancies that may need further testing.

First Trimester Screening (FTS) is offered to every pregnant women between 11 and 14 weeks of pregnancy. It has two (2) parts: an external **ultrasound** and **one tube of the mother's blood**. The ultrasound measures a space in the fetal neck and the blood measures two hormones. Together, the results give information about the *chances (odds)* that the fetus could have Down syndrome, Trisomy 13, or Trisomy 18. If the neck space is larger than average, the fetus will also need to be checked for possible heart defects. We may also discover placental (afterbirth) problems if one of the blood tests (PAPP A) is low.

Noninvasive Prenatal Testing (NIPT) is a test for detecting chromosome (genetic) problems in the fetus. **Panorama** is the brand of NIPT used by Women's Care Group. It uses small parts of fetal DNA **in mother's blood** to indicate the *chances (odds)* of Down syndrome, trisomy 13, trisomy 18, sex chromosome abnormalities such as Turner's syndrome, as well as some additional rare chromosome conditions. There is **NO ultrasound** involved in this test. Although this test can also determine fetal gender, it is *not* the primary reason for the test. Women's Care Group recommends this test *only* in certain situations such as advanced maternal age or previously abnormal screening tests. A physician or nurse practitioner can answer more questions regarding this test which can be done any time after 10 weeks.

Quad Screen is a **blood only** test done between 16 and 18 weeks of pregnancy that screens for Down syndrome (trisomy 21), trisomy 18, open neural tube, and abdominal wall defects. This test is offered to patients who begin their care after 14 weeks who still desire genetic tests.

Invasive Testing

Invasive genetic testing is usually recommended for patients at increased risk for genetic abnormalities such as women over age 35 or those with a prior abnormal pregnancy. These tests carry some degree of risk for miscarriage but provide a virtually 100% accurate diagnosis of a fetal chromosome disorder such as Down syndrome. These tests are not routinely offered for low risk pregnancies and are done by specialists in high risk pregnancies. If a Women's Care Group patient needs/ wants this testing, we will refer for these types of tests.

Chorionic Villous Sampling (CVS): This test is done at 11 weeks of pregnancy and involves taking a very small amount of the placental (afterbirth) tissue through a small needle inserted into the tissue through the mother's vagina or lower abdomen. The initial results are known in 48 hours and the final result in one week. The risk of miscarriage with this test is about 1% (1:100).

Amniocentesis: This test is usually done around 16 weeks of pregnancy and involves taking a small amount of amniotic fluid around the fetus with a small needle. The results are known in two weeks. The risk of miscarriage with this test is 1:300 to 1:500.