

## **Notice: New Referral Policy**

**As of July 01, 2013 the Genetics and Metabolism Program will no longer be accepting referrals for Advanced Maternal Age (AMA) as the sole indication.**

We will still be accepting prenatal referrals for other indications such as positive maternal serum screens, family history concerns and ultrasound abnormalities.

### **How this will affect your practice:**

First trimester nuchal translucency (NT) ultrasounds will no longer be organized through the Program of Genetics and Metabolism and must be organized through your office for eligible patients (see supplementary information).

Women's Hospital Fetal Assessment Unit will accept NT referrals via fax.

Referral must include:

- last menstrual period (LMP) or expected date of confinement (EDC)
- pelvic ultrasound reports from current pregnancy (if any)
- records of in-vitro fertilization (if applicable)

NT ultrasound can only be done between 11<sup>+3</sup> and 13<sup>+6</sup> weeks gestation.

Requests must be received in advance.

Until further notice, St Boniface Fetal Assessment Unit will not be accepting referrals for NT ultrasound.

### **Please see attached information pages for further details.**

\*\*\*We realize your office may still have questions regarding this new process and encourage you to call our offices for further information. In addition, we are happy to visit your office for an in person visit or short presentation regarding these changes and the status of Maternal Serum Screening in Manitoba\*\*\*

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## Supplementary Information

### **Basis for this change:**

Per the Joint SOGC-CCMG Clinical Practice Guideline No. 261 published in July 2011 titled: Prenatal Screening for Fetal Aneuploidy in Singleton Pregnancies:

- *Maternal age alone is a poor minimum standard for prenatal screening for aneuploidy, and it should not be used as a basis for recommending invasive testing when non-invasive prenatal screening for aneuploidy is available.*
- *All pregnant women in Canada, regardless of age, should be offered, through an informed counselling process, the option of a prenatal screening test for the most common clinically significant fetal aneuploidies in addition to a second trimester ultrasound for dating, assessment of fetal anatomy, and detection of multiples.*

The Program of Genetics and Metabolism feels these services can be more appropriately offered through a patient's primary care physician, obstetrician/gynecologist or midwife at their first prenatal visit.

Positive Maternal Serum Screen results should still be referred to Genetics for follow up as done previously. Referral forms can be obtained from the genetics and metabolism program website <http://www.wrha.mb.ca/prog/genetics/>.

### **References and further recommended readings:**

SOGC-CCMG Clinical Practice Guideline No. 261, July 2011. Prenatal Screening for Fetal Aneuploidy in Singleton Pregnancies

SOGC Opinion: Counselling Considerations for Prenatal Genetic Screening May 2012

## Maternal Serum Screening Options in Manitoba:

### Second Trimester Quadruple Marker Screening

- A maternal blood test **offered to all pregnant women between 15w0d-20w6d gestation** (blood samples drawn from 21w0d to 23w6d will be interpreted for spina bifida screening only)
- Screens for Open Spina Bifida, Down syndrome, Trisomy 18 and Smith-Lemli-Opitz syndrome (SLOS)

### Nuchal Translucency + Second Trimester Quadruple Marker Screening (offered on a limited basis)

- Includes a first trimester nuchal translucency (NT) measurement done between 11w3d-13w6d gestation (CRL must be 45-84 mm) combined with the second trimester blood test as described above
- **Eligible individuals include:**
  - Women  $\geq 35$  years at estimated date of delivery
  - Pregnancies conceived via IVF or ICSI
  - Women who have had a previous child with a major anomaly or syndrome
  - Women with viral hepatitis or HIV infection
  - Multiple gestation pregnancies
- **How to organize a nuchal translucency scan for eligible patients:**
  - Women's Hospital Fetal Assessment Unit will accept NT referrals via fax
  - Referral must include:
    - last menstrual period (LMP) or expected date of confinement (EDC)
    - pelvic ultrasound reports from current pregnancy (if any)
    - records of in-vitro fertilization (if applicable)
  - NT ultrasound can only be done between 11<sup>+3</sup> and 13<sup>+6</sup> weeks gestation
  - Requests must be received in advance

### Please note:

It is inappropriate to request an NT scan for those patients who don't wish to have maternal serum screening

Prenatal screening tests are voluntary and women should be informed of the testing, consent to it and be given the option to decline testing if they wish

In the future, nuchal translucency might be offered to a wider range of patients, and might be performed at other ultrasound laboratories