

**California Prenatal Screening Program**  
(Integrated Screening Now Available)  
March, 2009

**For Prenatal Care Provider  
Clinical Staff**

For Patients without Nuchal Translucency (NT)	Time Frame	Results
<p><b>Quad Marker Screening</b>  (Or Quad + NT)</p> <p>Second trimester blood specimen</p> <p>Risk Assessments for T21, T18, SCD, NTD</p> <p>Analytes: AFP, hCG, uE3, Inhibin</p>	<p>Second trimester blood specimen:  15 wks 0 days to 20 wks 0 days</p>	<p>“<b>Screen Negative</b>” <b>not at increased risk</b> for screened birth defects; No follow-up.</p> <p>“<b>Screen Positive</b>” <b>increased risk</b> for screened birth defects; Free follow-up at a State-approved Prenatal Diagnosis Center.</p>
<b>OR</b>		
<p><b>Serum Integrated Screening</b></p> <p>First trimester blood specimen <i>Plus</i>  Second trimester blood specimen</p> <p>Risk Assessments for T21, T18, SCD, NTD</p> <p>First trimester analytes: PAPP-A, hCG,  Second trimester analytes: AFP, hCG, uE3, Inhibin</p>	<p>First trimester blood specimen:  10 wks 0 days to 13 wks 6 days</p> <p style="text-align: center;"><b>PLUS</b></p> <p>Second trimester blood specimen:  15 wks 0 days to 20 wks 0 days</p>	<p><b>No results until 2nd trimester blood draw</b></p> <p>“<b>Screen Negative</b>” <b>not at increased risk</b> for screened birth defects; No follow-up.</p> <p>“<b>Screen Positive</b>” <b>increased risk</b> for screened birth defects; Free follow-up at a State-approved Prenatal Diagnosis Center.</p>
For Patients with Nuchal Translucency (NT)	Time Frame	Results
<p><b>Full Integrated Screening</b></p> <p><b>Step 1 First Trimester Screening</b></p> <p>First trimester blood specimen combined with Nuchal Translucency (NT)</p> <p>Risk Assessment for T21 and T18</p> <p>Analytes: PAPP-A, hCG</p>	<p>First trimester blood specimen:  10 wks 0 days to 13 wks 6 days</p> <p style="text-align: center;"><b>PLUS</b></p> <p>NT Ultrasound:  11 wks 2 days to 14 wks 2 days  by a State-registered  NT Practitioner</p>	<p><b>First Trimester Screening Results</b></p> <p>“<b>Preliminary Risk Assessment</b>” (<b>Screen Negative</b>)- Draw a second trimester blood specimen for a Full Integrated Screening Result.</p> <p>“<b>Screen Positive</b>” - Patient/Clinician chooses either <b>REFERRAL</b> to a State-approved Prenatal Diagnosis Center <b>OR</b> <b>DRAW SECOND TRIMESTER</b> blood specimen for a Full Integrated Screening result.</p>
<p><b>Step 2 Second Trimester Screening</b></p> <p>Second trimester blood specimen</p> <p>Refined Risk Assessments for T21, T18  Additional Risk Assessments for SCD, NTD</p> <p>Analytes: AFP, hCG, uE3, Inhibin  Second trimester analytes: AFP, hCG, uE3, Inhibin</p>	<p style="text-align: center;"><b>PLUS</b></p> <p>Second trimester blood specimen:  15 wks 0 days to 20 wks 0 days</p>	<p><b>Full Integrated Screening (Includes 1st Trimester results)</b></p> <p>“<b>Screen Negative</b>” <b>not at increased risk</b> for screened birth defects; No follow-up.</p> <p>“<b>Screen Positive</b>” <b>increased risk</b> for screened birth defects; Free follow-up at a State-approved Prenatal Diagnosis Center.</p>

# For Prenatal Care Providers - Clinical Staff

## Prenatal Care Provider Responsibilities

1. Give every prenatal patient the [booklet](#) supplied by the California Prenatal Screening Program.
2. [Discuss](#) with the patient which of the types of screening are available and appropriate for her.
3. Have the patient [sign the consent/decline](#) form in the booklet. Put in patient chart.
4. Arrange for [testing](#) using a “1st Trimester” or “2nd Trimester” lab form.
5. Ensure the lab form is completed and accurate.
6. If a screening result is “positive”, [discuss options](#) with the patient and refer her to a State- approved Prenatal Diagnosis Center ASAP.

**Note: Serum Integrated Screening or Quad Marker Screening are good screening options when NT is not feasible or available.**

**Optional:** Nuchal Translucency ultrasound for use in the California Prenatal Screening Program.

- ◆ The California Prenatal Screening Program **does not pay** for Nuchal Translucency (NT).
- ◆ The only NT measurements accepted are those provided by a credentialed NT Practitioner who is listed on the California Prenatal Screening Program website (below).
- ◆ Many of the State-approved NT practitioners have the ability to enter the NT and CRL measurements directly into the Program’s computer, using the form number of the first trimester blood specimen.
- ◆ When there is no blood specimen yet, the NT Practitioner can:
  1. Put the NT information directly on the lab form, or
  2. Send NT results to the prenatal provider, who must put the NT information on the lab form.

## WHAT IF THE PATIENT HAS HAD CVS?

These patients can elect a second trimester blood test to screen only for NTD and SCD. (Mark the lab form “yes” for CVS)

## WHAT IS THE COST?

There is only one Program fee: **\$162** as of March, 2009, regardless of the number of blood tests. This fee includes authorized follow-up services at a State-approved Prenatal Diagnosis Center (up to 24 wks gestation) if any screening result is “positive”. REMINDER: The Program does not pay for nuchal translucency.

**What are the Detection Rates** (Based on diagnostic tests done after screen positive results)

	Trisomy 21	Trisomy 18	Anencephaly	Open spina bifida	AWD	SLOS
<b>Quad Marker Screening</b>	80%	67%	97%	80%	85%	60%
<b>Serum Integrated Screening</b>	85%	79%	97%	80%	85%	60%
<b>Full Integrated Screening: TOTAL from 1st + 2nd trimester screen positive tests</b>	90%	81%	97%	80%	85%	60%
<b>First Trimester serum + NT</b>	75%	59%	NA	NA	NA	NA
<b>Additional detection after 2nd Trimester Specimen</b>	15%	22%	97%	80%	85%	60%

**California Prenatal Screening Program Website:** [www.cdph.ca.gov/PROGRAMS/pns](http://www.cdph.ca.gov/PROGRAMS/pns)

Call your Prenatal Screening Coordinator for questions. The phone number is listed at the bottom of the test results.