

CA Prenatal Screening Program

NT Quarterly Bulletin

Multiple Fetus Pregnancies

Updates and Reminders:

- On rare occasions, 2nd trimester blood draw dates have printed incorrectly on the screening interpretation printout. A possible fix has been implemented in SIS, but please continue to check for obvious errors. If you find that your patient's 2nd trimester blood draw dates are incorrect on the interpretation printout, please notify the Program by faxing the printout to 510-412-1551.
- SIS Users:** Please keep your SIS username and password confidential. Allowing others to access your SIS account not only violates the Oath of Confidentiality, but it also opens up opportunities for data entry errors which can compromise the quality of your patients' screenings. To get your staff setup with their own SIS account, please contact [Jamie Matteson](#).

We're Online

Visit our website for instructions on how to enter NT data online; tools for calculating the valid gestational age window; and various guidance documents for NT practitioners.

<http://www.cdph.ca.gov/programs/pns/pages/ntpractitioner.aspx>

Questions or Comments?

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The NT exam may be the patient's first ultrasound and the first time that multiple fetuses are detected. Having a multiple fetus pregnancy may result in an adjustment to the screening risk calculation, or it may result in a specimen or the entire pregnancy being unscreenable. As such, it is important that details of a multiple fetus pregnancy be communicated to the Prenatal Screening Program. The following is a guide for reporting NT exam data to the Program for multiple fetus pregnancies:

If **two fetuses** are found, please indicate if the twins are monochorionic or dichorionic or if the chorionicity cannot be determined. You must enter numeric values for both the CRL and NT for at least one twin. For the other fetus you may enter "Unable to Measure" for the CRL or the NT or both. When both fetuses have measurable CRLs, the larger CRL is always used for gestational age dating for the purposes of screening.

Fetal demise may affect the interpretation of screening results. If there is evidence of fetal demise where there is a reduction of twins to a singleton, and the **non-viable fetus has no measurable CRL**, report the results as you normally would with a singleton pregnancy.

If the **non-viable fetus has a measurable CRL and is less than 8 weeks old (CRL < 16.0 mm)**, proceed with the exam and report the fetal demise and the NT data to the referring clinician and to the Case Coordinator. Inform the patient that she will be unable to obtain a 1st Trimester Combined risk assessment, but she should schedule a 2nd Trimester blood draw to obtain Quad + NT Screening.

If the **non-viable fetus is 8 weeks old or greater (CRL ≥ 16.0 mm)**, the pregnancy is not screenable. Do not enter data into SIS for this pregnancy. Call the Case Coordinator to report the results of your exam and send the information to the referring clinician in the ultrasound report.

An **exception to the fetal demise rules** is made if the remaining viable twin has a **Large (≥ 3.5 mm) NT**. If you determine that there has been a fetal demise (twins to singleton) and the remaining viable twin has a Large NT, contact the Case Coordinator to report the results of your exam. The case will be *Large NT: Screen Positive*, and your patient will be eligible to receive follow-up services through the Program.

For screening purposes, an **empty gestational sac** is not a fetal demise. If one empty gestational sac and one viable fetus are detected, report the results as you normally would with a singleton pregnancy. If one empty gestational sac and two viable fetuses are detected, report the results as you normally would with a twin pregnancy.

Risk assessment cannot be conducted on any pregnancy in which there has been a **fetal reduction**, regardless of the gestational age at the time of the reduction. Risk assessment also cannot be conducted on any pregnancy with **three or more viable fetuses**. If your patient has undergone fetal reduction in this pregnancy or if you identify that the pregnancy started with three or more viable fetuses, do not submit NT data to SIS; instead, call the Case Coordinator so that information on the pregnancy can be entered into SIS.

A printable Quick Reference Guide for Multiple Fetus Pregnancies is included in this document and can also be found on our website at <http://www.cdph.ca.gov/programs/pns/pages/ntpractitioner.aspx>.

The California Prenatal Screening Program

Multiple Fetus Pregnancies

Quick Reference Guide for NT Practitioners

Pregnancy started with...	Empty gestational sac, fetal demise, or fetal reduction?	NT practitioner should:
Singleton	One empty gestational sac in the presence of one viable fetus.	Submit NT exam data as usual for a singleton pregnancy. Answer "No" to the question, "Is This a Twin Pregnancy?" 1 st Trimester Combined Screening is available for the viable fetus. Patient should schedule a 2 nd Trimester blood draw to obtain Sequential Integrated Screening.
Twins	No fetal demise or reduction	Submit NT exam data for the twin pregnancy. Answer "Yes" to the question, "Is This a Twin Pregnancy?" Enter chorionicity as well as CRL and NT data for Fetus A and B.
	Fetal demise (twin to singleton) with no measureable CRL.	Submit NT exam data as usual for a singleton pregnancy. Answer "No" to the question, "Is This a Twin Pregnancy?" 1 st Trimester Combined Screening is available for the viable fetus. Patient should schedule a 2 nd Trimester blood draw to obtain Sequential Integrated Screening.
	Fetal demise (twin to singleton) at < 8 weeks (CRL < 16.0 mm)	Notify Case Coordinator, and send information to the referring clinician. 1 st Trimester Combined Screening cannot be provided. Patient should schedule a 2 nd Trimester blood draw to obtain a Quad + NT Screening. *
	Fetal demise (twin to singleton) at ≥ 8 weeks (CRL ≥ 16.0 mm)	Notify Case Coordinator, and send information to the referring clinician. Prenatal screening based on blood specimens cannot be provided for this pregnancy. *
	Fetal reduction	In pregnancies in which there has been a fetal reduction, regardless of gestational age at the time of the reduction, please notify the Case Coordinator. Prenatal screening cannot be provided for this pregnancy.
	One empty gestational sac in the presence of two viable fetuses.	Submit NT exam data as usual for a twin pregnancy. Answer "Yes" to the question, "Is This a Twin Pregnancy?" Enter chorionicity as well as CRL and NT data for Fetus A and B.
Three or more fetuses	N/A	In pregnancies that start with three or more fetuses, please call the Case Coordinator to determine if the pregnancy is screenable.

* In the case of a twin to singleton fetal demise, if the remaining viable fetus has an NT measurement of ≥ 3.5 mm, this case will be **Large NT: Screen Positive**, regardless of when the demise took place. If you encounter this situation, please call the Case Coordinator.