

CA Prenatal Screening Program

NT Practitioner Bulletin

NT Data Submission: Preventing Delayed Results

Updates and Reminders:

- The California Prenatal Screening Program has an *NT Exam Data Form* (see attachment) which can be used to document and transmit NT exam data for use in Prenatal Screening risk assessment to referring clinicians. Consistent use of this form makes it easier for clinician staff and Prenatal Screening staff to process the data. Please always use this form instead of, or in addition to, your own internal forms to ensure that data is processed quickly and accurately.

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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Whether you submit data online, on the Test Request Form or to the referring clinician, you play a role in ensuring that patient results are not delayed. When the California Prenatal Screening Program is provided with incomplete or discrepant information about a case, screening results will be delayed until the case coordinator can verify the correct information. It is important that all of the required data fields are not only provided, but that they are provided accurately and in the correct format. The following nuchal translucency (NT) data fields are required to calculate a screening result:

NT Practitioner Credential #: Provide the credential ID of the person who performed the NT exam. Risk assessments are calculated with practitioner specific medians, so it is important that the correct credential ID is provided. Include the credential ID on all documents that you send to the referring clinician's office, so that case coordinators can quickly verify NT data with the clinician for screen positive cases.

NT Exam Date: Provide the date on which the NT exam was conducted. Gestational dating cannot be calculated unless the NT exam date is provided.

Twin Pregnancy?: Answer either yes or no. If you answer "yes," you must also indicate if the twins are monochorionic or dichorionic or if the chorionicity cannot be determined. Also, be sure to fill in CRL and NT data for both Fetus A and Fetus B. You may indicate "Unable to Measure" for the CRL and/or NT for one of the two fetuses, but both CRL and NT measurements must be present for at least one fetus in order for the data to be valid. If there is evidence of a fetal demise (resulting in either a twin or singleton pregnancy), report this to the referring clinician on the NT Exam Data Form or the case coordinator. The pregnancy may not be screenable.

CRL Measurement: CRL measurements must be provided in *millimeters*. The valid range for an NT exam to be used in a risk assessment is 44.6 mm—84.5 mm. If you measure a CRL outside of the valid window, reschedule the patient for an exam in the appropriate window (if possible), and either provide the CRL and NT exam date to the referring clinician on the NT Exam Data Form, or write the gestational age and NT exam date in the "6. Pregnancy Dating" section (under Ultrasound) of the Test Request Form. For twins, the larger CRL is used for gestational dating.

NT Measurement: NT measurements must be provided in *millimeters*. "Unable to Measure" *cannot* be provided for a singleton pregnancy. If you are unable to measure the NT on a singleton pregnancy, reschedule the patient for an exam in the appropriate window (if possible), and either provide the CRL and NT exam date to the referring clinician on the NT Exam Data Form, or write the gestational age and NT exam date in the "6. Pregnancy Dating" section (under Ultrasound) of the Test Request Form. For twins, the larger CRL is used for gestational dating.

Risk of Critical Congenital Heart Defects by Nuchal Translucency Norms (Jelliffe-Pawlowski et al., 2015)

Jelliffe-Pawlowski et al. evaluated 76,089 pregnancies that were part of the California Prenatal Screening Program and found that the use of a NT \geq 99th percentile cutoff was associated with a > 200% increase in critical congenital heart defect detection compared to detection obtained with the traditional NT \geq 3.5 mm cutoff. The increase in detection was accompanied by an increase in the false positive rate from 0.2% to 1.1%.

Read the complete article in the April 2015 issue of [American Journal of Obstetrics & Gynecology](#):

Jelliffe-Pawlowski LL, Norton ME, Shaw GM, Baer RJ, Flessel MC, Goldman S, Currier RJ. Risk of critical congenital heart defects by nuchal translucency norms. *Am J Obstet Gynecol.* 2015 Apr;212(4):518.e1-10.