

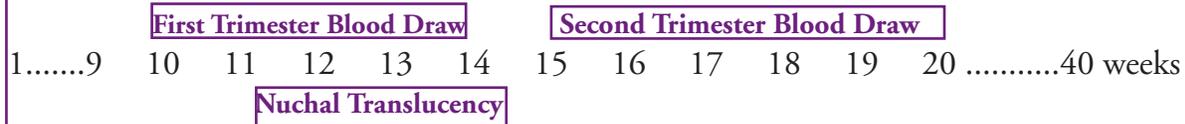
California Prenatal Screening Program
 (Integrated Screening Now Available
 March, 2009)

**For Prenatal Care Providers
 Support Staff**

For Patients without Nuchal Translucency (NT)	Results	Birth Defects Screened
<p>Quad Marker Screening (Or QUAD + NT)</p> <p>Blood specimen drawn: 15 weeks 0 days to 20 weeks 0 days.</p> <p>----- OR -----</p> <p>Serum Integrated Screening</p> <p>First trimester blood specimen drawn: 10 weeks 0 days to 13 weeks 6 days</p> <p><i>Plus</i></p> <p>Second trimester blood specimen drawn: 15 wks 0 days to 20 wks 0 days</p>	<p>“Screen Negative” not at increased risk for screened birth defects; No follow-up</p> <p>“Screen Positive” increased risk for screened birth defects; Free follow-up at a State-approved Prenatal Diagnosis Center. Discuss results with clinician.</p> <hr/> <p>No results until 2nd trimester blood draw</p> <p>“Screen Negative” not at increased risk for screened birth defects; No follow-up</p> <p>“Screen Positive” increased risk for screened birth defects; Free follow-up at a State-approved Prenatal Diagnosis Center. Discuss results with clinician.</p>	<p>◆ Trisomy 21 (Down syndrome)</p> <p>◆ Trisomy 18</p> <p>◆ Neural Tube defects</p> <p>◆ SCD (Smith-Lemli-Opitz syndrome, Congenital abnormalities, fetal Demise)</p> <hr/> <p>◆ Trisomy 21 (Down syndrome)</p> <p>◆ Trisomy 18</p> <p>◆ Neural Tube defects</p> <p>◆ SCD (Smith-Lemli-Opitz syndrome, Congenital abnormalities, fetal Demise)</p>
For Patients with Nuchal Translucency (NT)	Results	Birth Defects Screened
<p>Full Integrated Screening</p> <p>Step 1 First Trimester Screening:</p> <p>First trimester blood specimen drawn: 10 wks 0 days to 13 wks 6 days</p> <p>PLUS NT Ultrasound: 11 weeks 2 days to 14 weeks 2 days by a State approved NT Practitioner</p> <p>.....</p> <p>Step 2 Second Trimester Screening:</p> <p>Second trimester blood specimen drawn: 15 weeks 0 days to 20 weeks 0 days</p>	<p>First Trimester Screening Results</p> <p>“Preliminary Risk Assessment” (Screen Negative)- Draw a second trimester blood specimen for a Full Integrated Screening Result.</p> <p>“Screen Positive” - Patient/MD chooses either REFERRAL to a State-approved Prenatal Diagnosis Center OR DRAW SECOND TRIMESTER blood specimen for a Full Integrated Screening result. Discuss results with clinician and screening coordinator.</p> <hr/> <p>Full Integrated Screening (Includes 1st Trimester results)</p> <p>“Screen Negative” not at increased risk for screened birth defects; No follow-up</p> <p>“Screen Positive” increased risk for a screened birth defect; Free follow-up at a State-approved Prenatal diagnosis Center. Discuss results with clinician.</p>	<p>◆ Trisomy 21 (Down syndrome)</p> <p>◆ Trisomy 18</p> <hr/> <p>◆ Trisomy 21 (Down syndrome)</p> <p>◆ Trisomy 18</p> <p>◆ Neural Tube defects</p> <p>◆ SCD (Smith-Lemli-Opitz syndrome, Congenital abnormalities, fetal Demise)</p>

For Prenatal Care Providers - Support Staff

Screening Time Line - Weeks of Pregnancy



A patient is **not required** to have Nuchal Translucency in order to have screening. Serum Integrated screening (two blood specimens) or Quad Marker screening (one specimen) are **good screening options** when NT is not available.

NUCHAL TRANSLUCENCY (NT)

- ◆ NT is performed 11 wks 2 days to 14 wks 2 days. NT is a special ultrasound which measures a thickness at the fetus' neck. There is also a measurement of the fetus' body called Crown/Rump Length (CRL).
- ◆ The California Prenatal Screening Program **does not pay** for Nuchal Translucency. The clinician can refer the patient to a state-approved NT practitioner using the patient's insurance, Medi-Cal, or other payment.
- ◆ For Screening, the NT practitioner **must** be listed on the Program's website (below).

THERE ARE 4 WAYS TO REPORT AN NT RESULT

1. **Before blood draw** patient takes completed lab form to NT Practitioner who adds NT information.
2. The NT practitioner puts NT result directly into the Program's computer.
3. The NT practitioner sends the NT result to the referring clinician. This NT result must be put on the Program's lab form with either the first or second trimester blood draw.
4. Call your Prenatal Screening Coordinator with the NT information sent by the NT practitioner.

FIRST TRIMESTER LAB FORM

This form can only be used for blood specimens drawn between 10 wks 0 days and 13 wks 6 days. Include NT information if available.

SECOND TRIMESTER LAB FORM

This form can only be used for blood specimens drawn between 15 wks 0 days and 20 wks and 0 days. Include NT information **only** if not already reported to the Program. Apply pink sticker from the pink page of the 1st trimester form or write in 1st trimester form number or call your Prenatal Screening Coordinator for questions.

WHAT IF THE PATIENT HAS HAD CVS? (Chromosomal test for T21 and T18)

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.

California Prenatal Screening Program Website: www.cdph.ca.gov/PROGRAMS/pns

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