NUCHAL TRANSLUCENCY
Patient Information & Consent Form

WHAT IS A NUCHAL TRANSLUCENCY?
The nuchal translucency (NT) is the normal fluid accumulation at the back of the baby's neck. Extensive studies and research have shown that a large NT can be associated with chromosomal abnormalities such as Down's Syndrome. To be able to use the NT measurement to assess your baby’s risk of Down’s Syndrome, the scan must be performed between 11 weeks + 1 day and 13 weeks + 6 days of your pregnancy, when your baby measures between 45 - 85mm in length.

The Screening Program Explained
As the name suggests, the NT screening program is carried out to help in assessing whether a baby has either a low or high risk for some chromosomal abnormalities such as Down’s Syndrome. It does NOT diagnose or exclude Down’s Syndrome but gives a calculated risk percentage.

The NT test combines three factors to obtain your baby’s overall risk rating for this pregnancy:

1. Your age - there is an increased risk of chromosomal problems with increasing maternal age
2. The Nuchal Translucency measurement
3. Maternal blood test results

Once all the data is available, a numerical risk can be calculated. NT screening will indicate 85-90% of fetuses that are at high risk of Down’s Syndrome.

What does the Ultrasound involve?
There are strict guidelines as to how to measure the NT and it can often take up to an hour to achieve the most accurate measurement. On rare occasions due to baby's position we may be unable to obtain an accurate measurement and may need to perform a vaginal scan or even re book your scan to try again on another day.

At Sound Radiology, all of our Sonographers are either fully accredited to perform your scan or are completing the stringent requirements for accreditation. This gives you the peace of mind that we are well credentialed to perform your examination.

THE BLOOD TESTS
The blood test is a very important part of the nuchal translucency screening process. The components of the blood test (free BhCG and PAPP-A), combined with the NT measurements, are both necessary for a more accurate risk assessment.
Your blood test can be performed any time after 9 weeks. However, it must be taken at least 5-7 days prior to your ultrasound appointment to ensure that all results are available to us at the time of your scan. If your blood test results are not available on the day of your nuchal translucency scan, your risk assessment cannot be calculated and a follow up appointment may need to be made to go through the risk assessment results with you.

WHEN WILL THE RESULTS BE AVAILABLE?
Your ultrasound results will be delivered to your Obstetrician the next working day. The risk assessment will be discussed with you at your next antenatal appointment with your referring doctor unless your Obstetrician has requested that we provide a risk assessment analysis service to you at the time of your appointment. In this case we allow 15 minutes after the scan to collate and process the data before discussing the results with you.

WHAT DO THE RESULTS MEAN?
Your risk assessment analysis does not give you a yes or no result but indicates a low risk or high risk category which will aid your Obstetrician in the care of your pregnancy.

LOW RISK
If your number comes back as 1:300 or more (e.g. 1:750), then you are deemed to be at low risk of the major chromosomal abnormalities. However, this does not mean that your baby has no risk.

HIGH RISK
A high risk result is when your risk rating is lower than 1:300. (e.g. 1:50) This does not mean that your baby has Down’s Syndrome. Our staff will discuss with you what these results mean and you will need to return to your Obstetrician to decide whether more definitive testing such as an amniocentesis or CVS may be appropriate for you.

CVS & AMNIOCENTESIS
Chromosomal abnormalities can be definitively assessed by either CVS (Chorionic Villus Sampling) or Amniocentesis (amnio).

CVS is usually performed between 10-14 weeks. A needle is passed through your lower abdomen into the placenta and some cells are taken. There is a risk of miscarriage associated with this procedure and results take up to 2 weeks to acquire.

An amnio is performed after 15 weeks. A needle is passed into your lower abdomen with ultrasound guidance to take a sample of the amniotic fluid that surrounds your baby. Again, results can take up to 2 weeks and there is a risk of miscarriage which is slightly lower than that of a CVS.

Many of your questions will be addressed when your results are being discussed with you by our team. However, please feel free to call us if you have any immediate concerns.

Please feel free to speak with the staff or Radiologist regarding any questions or information you require before proceeding with examination.
NUCHAL TRANSLUCENCY
Personal Details

Name: _____________________________________________________________

Partner’s Name: ___________________________________________________

Phone Number: __________________________________ Date of Birth: ____ / ____ / _______

Weight: ______ kgs Height: ______ cm Pregnancy Due Date: ____ / ____ / _______

Are you a smoker? Yes / No
Are you Diabetic? Yes / No
Do you have: Chronic hypertension? Yes / No
Systemic lupus erythematosus? Yes / No
Antiphospholipid syndrome? Yes / No

Did your mother have preeclampsia? Yes / No / Unsure

Have you had any previous pregnancies with preterm delivery? Yes / No If so, at what gestation, ____
Is this a multiple pregnancy? ................................................................. Yes / No If yes, 2 / 3 / 4?
Previous pregnancy with chromosomal problems?................................ (E.g. Down Syndrome) Yes / No

When was your blood test performed? ____ / ____ / ______

Have you had ovulation induction for this pregnancy? ...........................................(E.g. Clomid) Yes / No
Is this an IVF Pregnancy? ..............................................................................Yes / No
  If yes, Donor / Fresh / Frozen Egg?
  If donor, age of donor at egg retrieval? _______
  If frozen, what was the date of egg retrieval? ____ / ____ / ______

Occupation: ______________________________________________________________________

Ethnic Origin:  □ White (European, Middle Eastern, North African, Hispanic)
                 □ Black (African, Caribbean, African American)
                 □ South Asian (Pakistani, Bangladeshi)
                 □ East Asian (Chinese, Korean, Japanese)
                 □ Indian
                 □ Greek

Referring Doctor: __________________________________________________________________

I ____________________ consent to undertake the Nuchal Translucency screening program. I am fully
aware that this is a screening test and not a definitive diagnosis for Down Syndrome. I also give Sound
Radiology permission to communicate with the laboratory to obtain blood results or further information
on my behalf.

Signature: ___________________________________________ Date: ____ / ____ / ______