

### **The Fetal Anomaly Scan**

The best way to detect structural problems including spina bifida is a scan at 18-20 weeks. Whatever your nuchal scan shows it is recommended that you have this scan to check the structure of the baby in more detail.

If the nuchal measurement is increased we recommend a detailed heart scan too. Sometimes a heart abnormality can be the cause of increased nuchal fluid.

### **How do you arrange the combined test?**

You can contact Chris at Mencom House on 01782 614174 to book the test. We prefer you have the blood test taken before the scan so that we have the blood results when you come for the scan. This way we can calculate the risks and talk you through the whole report face to face. If you cannot get the blood test done before, we can take it for you on the day you come for the scan, but the result will not be available until the next working day (or Tuesday if taken on Friday or Saturday).

You will need to collect the blood bottles from Mencom House. You can then arrange to have your blood taken by your GP. The blood test then needs to be posted by '**Guaranteed Next Day Delivery**' to the lab so that they can process the blood test. The lab will contact us with your blood results so that we can use the information to assess your risk for Down syndrome.

The nuchal scan is performed at the University Hospital of North Staffordshire. Please come to Maternity Reception.

### **After you have delivered**

Please help us by returning the outcome of pregnancy form once you have delivered your baby so that we can monitor our service. We are always looking for ways to improve our service too and welcome any comments or feedback you may have.

### **Cost**

#### **Combined First Trimester Screening Test**

Nuchal scan + blood test

£175

All scans at PRAMS are performed by Consultant Obstetricians



## **Nuchal Scan**

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The vast majority of babies are healthy, but about 1 in 100 are born with a serious mental or physical handicap. One of the commonest conditions is Down syndrome, when the baby receives an extra chromosome 21 (Trisomy 21). It is more common with older mothers, but can occur whatever the age of the mother (see table below).

*Maternal age related risks of having a live born child with Down syndrome and the risk of carrying a fetus with Down syndrome at 12 weeks gestation.*

| Maternal Age | At 12 weeks | At birth  |
|--------------|-------------|-----------|
| 20           | 1 in 1070   | 1 in 1530 |
| 25           | 1 in 950    | 1 in 1350 |
| 30           | 1 in 630    | 1 in 900  |
| 35           | 1 in 250    | 1 in 360  |
| 36           | 1 in 200    | 1 in 280  |
| 38           | 1 in 120    | 1 in 170  |
| 40           | 1 in 70     | 1 in 100  |
| 42           | 1 in 40     | 1 in 55   |
| 44           | 1 in 20     | 1 in 30   |

### The Nuchal Scan

The ultrasound scan is performed between 11<sup>+3</sup> and 13<sup>+6</sup> weeks of pregnancy. The fluid at the back of the baby's neck (nuchal translucency) is measured. All babies will have some fluid at the back of the neck but in babies with Down syndrome the fluid tends to be increased. The nuchal scan combined with the mother's age is more accurate in detecting Down syndrome than just using the mother's age.

### What else can the scan do?

At the time of the scan we can:

- Confirm your dates
- Check the baby is developing normally
- Check to see how many babies there are

### The Combined First Trimester Screening Test

We measure the levels of two hormones (free beta-hCG and PAPP-A) in the mother's blood. By combining this with the results of the mother's age risk and the nuchal scan result we can increase the detection rate of Down syndrome to over 85%.

At the end of the combined screening test you will be given a number which tells you what the chance is of your baby having Down syndrome. It will not tell you whether or not your baby has Down syndrome, but it can be used to help you decide whether to have a diagnostic test. A diagnostic test is one which will tell you for certain whether the baby has Down syndrome or not.

Proceeding to an invasive test is a personal decision. As a guide we would normally offer an invasive test if the chance of the baby having Down syndrome is 1 in 250 or higher. This, of course, means that even with a high risk result most women will still have a completely normal baby.

**We would not recommend that you have the 16 week triple test performed if you have the nuchal scan. It is possible to have just the AFP test (for spina bifida) performed at 16 weeks.**

### Diagnostic Tests

A diagnostic test will tell you for certain whether the baby has Down syndrome or not. This can either be chorionic villus sampling (CVS) or an amniocentesis.

**Chorionic villus sampling** is performed between 11 and 13<sup>+6</sup> weeks of pregnancy. It involves taking a small amount of tissue from the placenta.

**Amniocentesis** is usually done after 15 weeks of pregnancy and involves taking fluid from around the baby.

Both procedures provide a sample that contains tissue that has the same genetic make up as the baby and will allow the baby's chromosomes to be looked at in detail. The problem with these tests is that they can cause a miscarriage, even if the baby is normal.