

Specialists in Women's Healthcare, P.C.

Congratulations! You recently found out that you are pregnant. This is an exciting time, but also a time that can make you anxious. You may wonder about the health of your baby, and the possibility of certain birth defects. Below are tests offered during pregnancy to give you information about certain birth defects. The information below is just basic descriptions of available tests. We will discuss these options with you in further detail during your first several visits.

FIRST TRIMESTER SCREENING (up to 13 weeks of pregnancy)

First trimester screening is a combination of an ultrasound exam and a simple blood test. The results will estimate the chance that your baby has Down Syndrome or Trisomy 18. These are both birth defects that occur due to a mistake in the chromosome pattern of the developing baby. The tests can be done between 11 weeks and 13 weeks of pregnancy. Knowing your first trimester screening results will allow you the opportunity to consider further diagnostic and definitive testing, if necessary. It CANNOT be used to test for problems along the brain or spine, like Spina Bifida.

THE QUAD SCREEN

The Quad Screen is a blood test performed between 15 and 21 weeks of pregnancy to detect women whose pregnancies may be at higher risk for 3 problems: neural tube defects (such as Spina Bifida which is an opening in the spinal cord covering), Down Syndrome, and Trisomy 18. This test only tells you if your baby is at increased risk. It DOES NOT tell you if your baby has these conditions. If this test shows a risk other diagnostic tests (amniocentesis or special ultrasound) will be offered to tell if your baby really has these problems or not.

CHORIONIC VILLUS SAMPLING (CVS)

This test is done between 9 ½ - 12 weeks. CVS is used to collect a small sample of placental tissue. This tissue contains chromosomes of the baby which give us genetic information. It can test for some genetic disorders such as Cystic Fibrosis, Down Syndrome, and Trisomy 18. It CANNOT be used to test for neural tube defects. This test carries a small risk of miscarriage (1/100).

AMNIOCENTESIS (Amnio)

Amniocentesis is a procedure used to obtain a small sample of the fluid around the baby which contains genetic information. This information can be used to diagnose chromosomal problems (such as Down Syndrome and Trisomy 18) and open neural tube defects such as Spina Bifida. It is most commonly performed between 15 and 20 weeks of pregnancy. This procedure carries a small risk of miscarriage (1/200).

TARGETED ULTRASOUND (LEVEL II ULTRASOUND)

A high level ultrasound that is done by a specialist in obstetrics. This test is done to further evaluate uncertain or concerning findings on regular ultrasounds, or on the quad screen test, or when high risk situations arise in the pregnancy.

YOU ARE RESPONSIBLE FOR CHECKING YOUR INSURANCE COVERAGE FOR ANY TESTS.

Patient Name _____ DOB _____

Informed Consent/Refusal for Quad Screen

The purpose of second trimester maternal serum screening (also referred to as a Quad Screen or AFP4 test) is to identify pregnancies that may be at increased risk for open neural tube defects (ONTD – this includes Spina Bifida and Anencephaly), Down syndrome (Trisomy 21), or Trisomy 18. The AFP4 test detects 80% of ONTD, 81% of Down syndrome, and 60-80% of Trisomy 18.

Maternal serum screening may also be helpful in identifying:

1. Women at risk for having a baby with Smith-Lemli-Opitz syndrome, a low birth-weight baby, premature delivery, placental abnormalities, or fetal loss.
2. Women who may be carrying twins.
3. Women whose pregnancies are farther along or not as far along as expected.

It is important to know that not all affected fetuses will be detected, and that some women with normal fetuses will have abnormal screening results. This testing **does not diagnose birth defects**. An abnormal result is only an indication that further, diagnostic testing should be performed.

This test is performed by a drawing a sample of blood from the mother. This test should ideally be performed between 15-18 weeks of pregnancy, however it can be calculated up to 21 weeks and 6 days gestation.

My signature below indicates that I have read, or have had read to me, the above information and I understand it. I have had the opportunity to discuss it with, and to ask any questions of, my doctor, nurse-midwife, nurse-practitioner, or someone designated by my provider. I have all the information I want, and all of my questions have been answered. I know that I may choose to separately seek professional genetic counseling.

YES, I request that I have the Quad Screen test.

Patient_____
Date_____
Witness

NO, I decline the Quad Screen test. I understand and accept the consequences of this decision.

Patient_____
Date_____
Witness

I am undecided regarding the AFP4 test. I understand and accept that it is my responsibility to contact the office prior to reaching 21 weeks and 6 days gestational age if I desire the Quad Screen test. If I do not contact the office, it will be considered a declination of the Quad Screen test.

Patient_____
Date_____
Witness