

11-13⁺⁶ Weeks Scan Project

United States Newsletter

Please feel free to contact me for more information about upcoming courses, the NT and nasal bone film submission processes and forms, question regarding the audit process, or any of the information or publications referred to in this newsletter.

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Fetal Medicine Foundation United States Nuchal Translucency Accreditation and Certificate Renewal Processes

Let me welcome you to the first issue of the Fetal Medicine Foundation (FMF) United States newsletter.

Over the years, the Fetal Medicine Foundation and its branches in many countries around the world have participated in setting up training courses and quality assurance programs designed to improve the quality and consistency of screening for fetal abnormalities at 11-13+6 weeks' gestation. Since 1998, I have been coordinating the FMF United States Nuchal Translucency (NT) Accreditation Program. Prof. Nicolaides, the Fetal Medicine Foundation director, has recently asked me to assume even more administrative responsibilities, which include the Nasal Bone Accreditation and

yearly Certificate Renewal Processes. Thus the whole program, from education and training to accreditation and ongoing quality assurance is being administered within the United States. This results in streamlining the process, increasing communication, and makes the FMF more approachable. Thank you for your ongoing support of the 11-13+6 weeks scan project.

Sincerely,

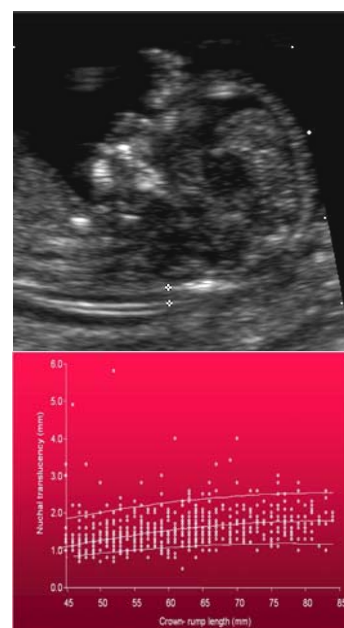
Naomi Greene

For information on the Fetal Medicine Foundation's United States Nuchal Translucency and Nasal Bone Accreditation Processes, please go to www.fetalmedicine.com/usa or contact Naomi Greene at NaomiHG@fetalmedicine.com

First Trimester Nasal Bone Assessment: How and When to Apply

In late 2004, the FMF introduced nasal bone (NB) assessment as part of the Down syndrome risk assessment algorithm. This was done after data on over 15,000 cases was evaluated and published. Ultrasound assessment of the NB can be used to adjust the risk of

Down syndrome - NB absence increase the risk whereas NB presence decreases it. The accreditation and ongoing audit for NB evaluation is similar to NT accreditation. However, it can be completed only in conjunction with or after completion of the NT certification process.



For information on FMF-approved course listings in your area please go to:

www.genecare.com

www.ntdlabs.com

www.mfmedicine.com (online)





Top: normal ductus venosus flow
Middle: 4-chamber view 12 wks
Bottom: tricuspid regurgitation

“Pregnant women are able to use sophisticated screening information to make rational decisions about invasive testing for Down syndrome.”

Two-Stage Screening Utilizing Multiple First-Trimester Ultrasound Markers

A recent publication from the FMF* used data from 75,000 pregnancies to estimate the efficacy of a two-stage screening approach in the first trimester. The first stage involves combined screening with NT, PAPP-A, and free beta hCG. The results are subdivided into three groups of risk for Down syndrome: high (>1:100), intermediate (101-1,000), and low (<1000). The high-risk group would be offered an invasive procedure such as chorionic villus sampling (CVS) and the low risk group would be reassured. The intermediate group would undergo further screening looking for the presence or absence of one of three additional ultrasound markers: nasal bone, tricuspid valve regurgitation, or a normal A-wave within the ductus venosus. Those with abnormal

results would be offered invasive testing whereas normal testing would place the patient in the low risk category. This approach would result in a detection of 92-94% with a false positive rate of 2.1-2.7%. The first stage necessitates the need for proficiency in NT by all. However, patients in the intermediate risk group could be referred to centers that specialize in the second-stage ultrasound markers.

*Ultrasound Obstet Gynecol 2005;25:221-226

Informed Decision-Making by Pregnant Women after First-Trimester Assessment of Risk

Evidence based on an evaluation of over 30,000 women* undergoing first trimester screening showed that pregnant women faced with sophisticated information are able to make scientifically and ethically rational decisions regarding invasive testing.

In this report, women underwent combined first trimester screening (nuchal translucency, PAPP-A, and free beta-hCG). They also underwent standard counseling regarding the risk of aneuploidy in a non-directive fashion. The risk cut-off for offering a CVS was 1:300. It was found that the frequency with which women decided to have an invasive procedure done closely correlated with the actual risk assessment. The rate of invasive testing increased exponentially with

increasing estimated risk. Conversely, more than 90% of women over the age of 35 whose risk based on first trimester exceeded 1:300 chose not to have an invasive procedure.

This article underscores the importance of appropriate non-directive counseling, which provides evidence-based information in a timely fashion and preserves women’s autonomy in making decisions regarding their options. All FMF-approved courses include lectures and guidance dealing counseling women about their risk and options based on first trimester screening.

* American J Obstet Gynecol 2005;193(2):322-6

Question and Answer / Interesting Cases

Question: Is the Fetal Medicine Foundation committed to a long-term involvement in training and quality assurance in the United States?

Answer: Yes

Future issues of the Newsletter will primarily include updates on new developments and publications. We will also include a list of courses and events.

Please, feel free to send us questions regarding first trimester screening in general and Fetal Medicine Foundation process, which will be addressed upcoming issues. The readers are encouraged to send in interesting cases and/or

images and diagnostic dilemmas in the first trimesters.

We have extensive experience with setting up a wide variety of ultrasound machines for NT and NB scanning . Please, let us know if you need assistance in optimizing images in your specific circumstances. Please, address all questions / comments to NaomiHG@fetalmedicine.com .

