

FAQs about Organizing Prenatal Genetic Screening

For Family Practitioner, Midwife and OB Offices

1. Are all women eligible for prenatal genetic screening in BC? What screening tests are available?

Yes. All women, *regardless of age and location*, can choose to have Serum Integrated Prenatal Screening (**SIPS**) – which is *two* blood tests: one in the 1st and the other in the 2nd trimester. SIPS measures 5 proteins in the mother's blood (PAPP-A in the 1st trimester, and AFP, uE3, hCG, and inhibin A in the 2nd trimester).

For women at higher risk of Down syndrome, or pregnant with twins, an NT ultrasound is added to the SIPS (which is then called Integrated Prenatal Screen or **IPS**). For the current eligibility criteria for having an NT ultrasound, please see FAQ #7.

If patients present after 14 weeks gestation, they can proceed to have the 2nd blood draw only (which is then called the **Quad** screen).

2. When should patients go to have their blood drawn?

For SIPS / IPS: patients will be going *twice* to the lab:

- Part 1 blood is drawn between 10 – 13⁺⁶ weeks gestation (best at 10⁺² – 11⁺⁶ weeks)
- Part 2 blood is drawn between 15 – 20⁺⁶ weeks gestation (best at 15⁺² – 17 weeks)

For pregnancies which have *had an early dating ultrasound* - the best time for the Part 1 blood draw is at 10⁺² weeks gestation. For pregnancies where there is *no early ultrasound available* - the best time for the Part 1 blood draw is at approximately 11 weeks gestation. Waiting until 11 weeks will not delay results as they are not available until after the Part 2 sample has been received.

Please do not send patients for the Part 1 sample at 10⁺⁰ to avoid samples being drawn too early for interpretation due to minor differences between pregnancy wheels or between LMP and ultrasound dating. Similarly, please do not send patients for the Part 2 samples at 15⁺⁰.

TWO Prenatal Biochemistry Lab requisitions are needed for SIPS / IPS testing – **one for each blood draw**. The first requisition must be filled in completely, including early ultrasound information if available, weight and diabetes status. The second requisition must include information to identify the patient and any updated information, such as an ultrasound performed after the first blood draw.

For Quad or serum AFP alone: the patient will be going *once* to the lab:

- To be drawn between 15 - 20⁺⁶ weeks gestation (best at 15⁺² – 17 weeks).

ONE Prenatal Biochemistry Lab requisition is needed for this testing.

3. Why does the Prenatal Biochemistry Lab requisition ask for such things as the patient's weight, race, diabetes status and whether or not they smoke? Is it OK to leave these blank?

Maternal weight, race, diabetes and whether the patient smoked at any time during the pregnancy affect the serum protein marker values. It is important to incorporate these factors into the prenatal risk calculation to reduce false positives and make the result as accurate as possible. *Any missing information on the requisition may reduce the accuracy of the screening result; therefore, please answer every question.*

4. How do I calculate the dates that patients' blood should be drawn?

You can either use your obstetrical wheel to determine the ideal time period for the blood collections OR you can access the online 'Dating Tool' on our website which will give you the ideal dates. If a dating ultrasound has been done, use ultrasound dating rather than menstrual dates to determine the timing of the blood tests. If an ultrasound has been done, please add the CRL or BPD information to the requisition.

5. How can I help the patient have her blood drawn at the correct time?

At the top right of the lab requisition, there is a box to fill out for the ideal calendar dates for patients' blood to be drawn, to correspond with either Part 1 blood (in the 1st trimester) and/or Part 2 blood (in the 2nd trimester). Show this box to patients so they will remember the right time to go.

6. Where can patients go to have their blood drawn?

Any local community blood collection lab (e.g. Lifelabs, BC Biomedical Labs or any out-patient hospital lab) will be able to draw the required blood for prenatal genetic screening. You must provide patients with a **completed** Prenatal Biochemistry Lab requisition for **each** blood test to take with them to their chosen local lab. No appointment is necessary for the blood draw. The patient does not need to be fasting.

7. How do I know which patients are eligible for an NT ultrasound?

Women age 35 years or older at their estimated date of delivery are eligible for an NT, as well as women (at any age) with a multiple gestation pregnancy, women with a previous pregnancy history of chromosomal abnormalities, and women with particular medical histories (e.g. HIV positive, IVF with ICSI conception).

8. How do I book an NT ultrasound? Is it also done through the lab requisition?

Booking the NT ultrasound must be done separately from the lab requisition by calling a certified NT site and making an NT ultrasound appointment, similar to how you book dating and detailed scans. Call the NT site(s) closest to where the patient lives to book an appointment. Certain ultrasound sites may have their own referral forms for you to use. *It is important to phone and book the NT as early as possible since some of the NT sites are full a few weeks in advance.* Please indicate on the Prenatal Biochemistry Lab requisition whether an NT ultrasound is being done and where.

9. What if a patient has screening done at a private centre?

If a patient had a complete first trimester screen (blood work and NT):

Please answer "Yes" to question 2 on the lab requisition. In this case, a SIPS / IPS or Quad screen provided through the provincial program *should not be done*. The "maternal serum AFP only" screen can be done to screen for an open neural tube defect.

If a patient paid privately for only an NT ultrasound and wants the blood work done through the provincial program:

Please answer "No" to question 2 and "Yes" to question 3 asking if an NT ultrasound was done or is planned. It is important that a copy of the private NT ultrasound report is sent to the lab so that this information is included in the risk assessment.

10. If I have additional questions about how to organize prenatal screening for patients, who can I contact?

Prenatal Biochemistry Lab Phone: 604-875-2331 Fax: 604-875-3008

NT Sites as of May 2011			
City	Site	Phone Number	Fax Number
Comox	St. Joseph's General Hospital	250-339-1421	250-339-1512
Coquitlam	MedRay Imaging	604-941-7611 x722	604-942-4612
Cranbrook	East Kootenay Regional Hospital	250-489-6446	250-426-5610
Kelowna	Kelowna Regional Fertility Centre	250-861-6811	250-861-6814
	Kelowna Medical Imaging	250-860-3543	250-860-3449
Nelson	Kootenay Lake Hospital	250-354-2316	250-354-2328
New Westminster	Royal Columbian Hospital	604-520-4132	604-520-4140
North Vancouver	North Shore Medical Imaging	604-987-9729 (XRAY)	604-984-8395
Quesnel	GR Baker Memorial Hospital	250-985-5680 or 5619	250-992-2972
Prince Rupert	Prince Rupert Regional Hospital	250-622-6172	250-622-6178
Surrey	Surrey Memorial Hospital	604-930-7884	604-930-7886
Vancouver	Greig Associates	604-321-6774	604-321-6626
	BC Women's Hospital	604-875-2900	604-875-3013
	St. Paul's Hospital	604-806-8161	604-806-8524
Victoria	Victoria General Hospital	Central booking fax only	250-519-3472
	Royal Jubilee Hospital		
	Island Ultrasound		
Prince George (In development)	Prince George Regional Hospital	250-565-2626	250-565-5775