

- Advanced maternal age, defined as ≥40 years at EDD for singleton pregnancies
- Increased nuchal translucency (≥3.5mm)
- Previous pregnancy/child with aneuploidy (trisomy 21, trisomy 18 or trisomy 13)

Please refer to www.prenatalscreeningontario.ca for more details regarding eligibility criteria, including temporary changes implemented during the COVID-19 pandemic.

All prenatal screening and diagnostic tests are optional and the patient may decline testing at any point in this algorithm





Description

The figure is a flow chart with 13 boxes linked by arrows, outlining the paths that can be taken after an offer of prenatal screening is made. The chart is multi-directional. At each step, arrows point forward to one or more boxes.

If prenatal screening offer is declined, nuchal translucency ultrasound should still be offered if possible.

If prenatal screening offer is accepted the options are:

- 1. Multiple Marker Screening (MMS) eFTS is the optimal MMS modality. MSS offered to singletons if patients presents after 14 weeks gestation OR NT ultrasound is not available.
- 2. First tier NIPT NIPT may be OHIP-funded or self-paid. It is recommended that a NT ultrasound should still be performed.

MMS can give a screen negative or screen positive result. If screen negative, the next step is routine care and 18-20 week ultrasound. If screen positive, the option is NIPT (OHIP-funded) or prenatal diagnosis.

NIPT can give a high risk or low risk result. If low risk, the next step is routine care and 18-20 week ultrasound. If high risk, one option is to have prenatal diagnosis.

A red stamp was added on top of the flow chart with the following instructions: If nuchal translucency (NT) ultrasound is not available during COVID-19 pandemic: Singletons: offer second trimester Maternal Serum Screening (MSS)

Twins: NIPT will temporarily be funded for twin pregnancies, and can be ordered by all physicians and nurse practitioners.

