Perinatal Services BC Nuchal Translucency Ultrasound Reporting – Quick Reference Guide

September 2019

1. REPORT CONTENT

First trimester ultrasound reporting standards are described in the Provincial Obstetrical Ultrasound Assessment Standards for BC (Perinatal Services BC, 2012, revised August 2015). This includes the reporting standards for a Nuchal Translucency (NT) ultrasound.

www.perinatalservicesbc.ca/health-professionals/guidelines-standards/standards/ultrasound-assessments

The minimum required content for a 1st trimester report (up to 14wks 0d) must include the items listed in "ALL OB Ultrasound Reports" in addition to the following:

 Presence/absence of yolk sac or embryo Fetal number: if multiple: chorionicity and amnionicity Location of gestational sac Cardiac activity: presence/absence fetal heart rate (FHR) CRL Maternal pelvic anatomy (adnexa, ovaries, cervix) 	If greater than 11 wks of gestation, attempt to include:	With Nuchal Translucency (NT) measurement* report to also include: *performed only if CRL is between 45.0 – 84.0 mm
	 HC BPD Choroid plexus filled ventricles Stomach Symmetrical lung fields Presence of 4 limbs each with 3 segments Abdominal wall cord insertion 	 NT measurement in mm to 1 decimal point FMF# of person performing the NT measurement Standard comments established by the BC Prenatal Genetic Screening Program (PGSP)

Standard Comments (or Equivalents) for Inclusion on all NT Reports		
If NT measurement is	Standard Comment on NT Report would be	
Below Cut-Off ≤ 2.9 mm	The risk of Down syndrome associated with this NT measurement will be integrated with other parameters [maternal age, first trimester (PAPP-A) and second trimester (AFP, uE3, HCG, inhibin A) blood test results] to generate a pregnancy specific risk level for Down syndrome (trisomy 21). The C&W Prenatal Biochemistry Laboratory will issue this report after receiving the second blood sample (to be ideally collected between 15 weeks 2 days – 16 weeks 6 days gestation). See www.bcprenatalscreening.ca for more info and to download lab requisition.	
Above Cut-off ≥ 3.0 mm	The NT measurement is 3.0 mm or above. An immediate risk assessment for Down syndrome and trisomy 18 will be determined by C&W Prenatal Biochemistry Laboratory based on age and the NT only, OR age, NT, and PAPP-A (as part 1 serum availability permits). If screen risk for Down syndrome and/or trisomy 18 is positive (risk is $\geq 1/300$), a lab report will be sent to the ordering care provider.	
≥ 3.5 mm, (add additional comment)	An NT measurement greater than or equal to 3.5 mm is a risk factor for a congenital heart defect or other genetic conditions. A referral to the Dept. of Medical Genetics (Vancouver or Victoria), and a detailed fetal ultrasound and echocardiogram at 18-20 weeks gestation, are recommended.	

NOTE: When the Prenatal Biochemistry Laboratory (PBL) receives reports from NT ultrasound sites that are missing elements of the above described Standards, the laboratory will identify the missing elements and send a fax back to the NT site or call the center's contact person requesting the information. Amended NT reports will be re-issued and faxed to the PBL (Fax: 604-875-3008).

2. REPORT DISTRIBUTION

- The NT ultrasound site will distribute all NT reports to the HCP(s) who ordered the patient's scan, as per usual means.
- The NT ultrasound site will distribute all NT reports to the Prenatal Biochemistry Lab (PBL) located at Children's and Women's Health Centre, Vancouver. The process to be followed will depend on whether the NT measurement is 2.9 mm or less OR 3.0 mm or greater.

Distribution of NT reports 3.0 mm or greater

These NT measurements should be considered as abnormal. The PBL should be notified on the same day as the scan. These reports are triaged on an urgent basis. Notification of the PBL can be done by:

Faxing the NT report immediately following the scan to the PBL at 604-875-3008 and phoning the PBL at 604-875-2331 extension #6 to ensure the fax was received.

Distribution of NT reports 2.9 mm or less

The NT site will fax these NT reports to the PBL (Fax: 604-875-3008) within 3 working days. This includes all OB scans which contain an NT measurement even if the patient does not meet the eligibility criteria for an NT. Reports can be faxed in the following way:

a) Faxing the NT reports in batches with the cover letter indicating the number of reports included with each fax transmission. The PBL will then fax the cover sheet back to the NT site to confirm receipt.

OR

b) If the diagnostic imaging site is on an electronic system and can program the PBL fax number onto each NT report, then once electronically signed-out by the radiologist, the NT report will be automatically faxed to the lab. No cover letter, receipt or confirmation will then be needed or produced.

3. SPECIAL NOTES

- All risk calculations will be done by the PBL. Physicians reporting NT measurements will not provide women with a risk calculation at the time of the NT ultrasound.
- □ If the NT site is made aware of the patient choosing private pay NIPT at the time of booking, the NT site should not book an NT but rather inform the ordering provider that according to the BC prenatal screening guidelines, NT ultrasounds are not indicated for patients opting for private pay NIPT.





