WHERE CAN I HAVE THE FIRST TRIMESTER ULTRASOUND EXAMINATION?

**BUNBURY**
55 Spencer Street, Bunbury
T: 9722 3200  F: 9721 5385

**COCKBURN**
Cockburn Health & Community Centre
5 / 11 Wentworth Parade, Success
T: 9494 3500  F: 9499 3597

**CURRAMBINE**
1 / 1 Hobsons Gate, Currambine
T: 9301 7000  F: 9304 0387

**DUNCRAIG**
Suites 3-5,
54 Armitage Road, Duncraig
T: 9246 8800  F: 9448 0508

**FREMANTLE**
201 High Street, Fremantle
T: 9443 9500  F: 9430 6693

**KELMSCOTT**
2964 Albany Highway, Kelmscott
T: 9495 9300  F: 9495 4117

**MANDURAH**
160 Pinjarra Road, Mandurah
T: 9582 4500  F: 9534 8502

**MORLEY**
Units 5 & 6,
1-13 Marchant Way, Morley
T: 6278 0400  F: 9375 3148

**MT LAWLEY**
St John of God Mt Lawley Hospital
Thirlmere Road, Mt Lawley
T: 9471 6900  F: 9272 4255

**MURDOCH**
St John of God Medical Clinic
100 Murdoch Drive, Murdoch
ent. off Barry Marshall Parade
T: 9333 9200  F: 9333 9286

**ROCKINGHAM**
8b Leach Crescent, Rockingham
T: 9527 0000  F: 9592 5097

**SUBLIACO**
St John of God Subiaco Hospital
12 Salvado Road, Subiaco
T: 9286 6400  F: 9286 6481

**VICTORIA PARK**
771 Albany Highway, Victoria Park
T: 6253 9100  F: 9362 2096

**WEMBLEY**
5 Station Street, Wembley
T: 9489 0800  F: 6380 2036

**WEXFORD**
Wexford Medical Centre
Suites 10-12,
Barry Marshall Parade, Murdoch
T: 6436 2500  F: 9332 0047

WHAT DOES A LOW-RISK RESULT MEAN?
A low-risk result does not rule out the possibility of a fetus with a chromosomal abnormality, but the risk for these pregnancies is small. About one woman in 2,500 screened with a low-risk result will have a Down Syndrome fetus.

WHAT DOES A HIGH-RISK RESULT MEAN?
One in 20 women having the test will have a high-risk result. Even so, most of these women will still have a normal baby. A high-risk result means that further diagnostic tests will be offered to determine whether the fetus has an abnormality. These invasive tests carry a risk of miscarriage (about 0.5 to 1%). All these steps are optional and will be guided by your own preferences, and your referring doctor.

WHAT IF I HAVE HAD NON-INVASIVE PRENATAL TESTING (NIPT)?
Chromosomal abnormalities can also be detected by a special blood test. This is not currently covered by Medicare or private health funds. International guidelines do not recommend that you have Combined First Trimester Screening with Ultrasound if you have had NIPT already. However, the NIPT does not assess for structural or growth abnormalities. If you have had NIPT, we recommend that an ultrasound scan is still performed around 12 weeks to accurately date the pregnancy; assess for development, structural abnormalities and number of fetuses; and review pelvic anatomy.

YOUR GUIDE TO FIRST TRIMESTER ULTRASOUND SCAN (NUCHAL TRANSLUCENCY)
WHY HAVE A FIRST TRIMESTER ULTRASOUND EXAMINATION?

The First Trimester (Nuchal Translucency) Ultrasound examination is usually performed as part of combined first trimester screening to provide a risk assessment for chromosomal anomalies such as Down Syndrome (also known as Trisomy 21). All women, whatever their age, have a small risk of delivering a baby with a physical and/or intellectual disability. The screening test helps you assess your level of risk.

WHAT IS COMBINED FIRST TRIMESTER SCREENING?

The examination involves the combination of a special ultrasound measurement and a blood test.

During the ultrasound examination, a thin layer of fluid at the back of the neck called the Nuchal Translucency (NT) is measured. The blood test measures the levels of two proteins, free-beta-hCG (free beta Human Chorionic Gonadotropin) and PAPP-A (pregnancy associated plasma protein A). These proteins are found in the blood of all pregnant women but occur in irregular concentrations in most chromosomally abnormal pregnancies. A risk ratio is calculated from these factors as well as other information from your medical history.

WHAT CAN BE DETECTED BY THE EXAMINATION?

The examination is performed to detect a high risk of Down Syndrome (Trisomy 21) and also Trisomy 13 and Trisomy 18. These chromosomal abnormalities are caused by having an extra chromosome in each cell.

The extra chromosome, which contains hundreds of genes, can cause birth defects and intellectual disability. The examination is also performed to accurately date the pregnancy; assess for development, structural abnormalities and number of fetuses; and review pelvic anatomy.

WHEN IS COMBINED FIRST TRIMESTER SCREENING PERFORMED?

The NT ultrasound scan is performed ideally at 12 weeks (between 11 weeks 1 days and 13 weeks 6 days) of pregnancy. The blood test is recommended during the 10th week of pregnancy but may be done anytime up to the time of your ultrasound between 9 and 14 weeks.

IF YOUR DATES ARE TOO EARLY:

A dating scan will be done so you know what your new due date (Estimated Date of Delivery) is and when to rebook for your NT scan. This information will be provided for you at the time of your appointment.

This new appointment will also require a new referral from your doctor.

IF YOUR DATES ARE TOO LATE:

Unfortunately if the pregnancy is too advanced, the NT assessment cannot be performed. We recommend you return to your doctor to discuss alternative options including non-invasive pre-natal testing and 12-16 week structural ultrasound scan or a 16 weeks blood test and an anatomy ultrasound at 18–20 weeks.

HOW IS THE RISK ASSESSED?

Your risk is assessed by combining:
1. Your age
2. The ultrasound measurement of the nuchal thickness
3. The blood test results

These factors are entered into a computer software program which calculates a risk for Down Syndrome, Trisomy 18 and Trisomy 13. During the ultrasound, we also ask for information about you and your history. Factors such as smoking, weight, and a past history of a Down Syndrome fetus add reliability to the test's risk assessment. Approximately 90% of Down Syndrome fetuses can be detected by the screening test.