

**February 2010: Update to radiologists, sonographers and obstetricians
providing ultrasound services**

Quality improvements to antenatal screening for Down syndrome and other conditions

In November 2009 we sent you a copy of the “*Guidelines for maternity providers offering antenatal screening for Down syndrome and other conditions in New Zealand*”. That document outlined the quality improvements to screening to be implemented from 8 February 2010. This update gives more information to those of you offering ultrasound services and details how this new approach will impact your service provision.

What’s new?

Quality improvements for antenatal screening for Down syndrome and other conditions includes **1st trimester combined screening**, which combines the results of a first trimester maternal serum test with a nuchal translucency (NT) scan result and other parameters such as crown-rump length, maternal age and weight, and gestation to give a single first trimester risk result. This combined result provides a significantly better risk assessment than NT scanning in isolation.

The new approach involves a shift in the relationship between providers, including ultrasound providers and LMCs, and women.

Providers of ultrasound services will:

- i. provide a written report to the woman and her referrer which includes: assessment for gestational age, diagnosis of multiple pregnancy, type of twins, NT measurement, crown-rump length and/or biparietal diameter (if scanning is after 12 weeks).
- ii. no longer be required to complete a calculation of risk for Down syndrome or other chromosomal conditions based on the NT scan measurements
- iii. fax their report results (NT, crown-rump length and/or biparietal diameter if scanning is after 12 weeks) direct to LabPLUS for Taupo and North of Taupo (NDHB, WHDHB, CMDHB, ADHB, WKDHB, LDHB, BOPDHB) or Canterbury Health Laboratories (CHL) for South of Taupo (All other DHBs).

The laboratories will:

- i. combine analytes, NT measurements and other pregnancy data to calculate a single risk assessment for Down syndrome and other conditions
- ii. following combined analysis, include on the report if there is an outlier in relation to one of the analytes or NT measurements and comment on any residual risk. An example of an additional comment where the combined analysis indicates a low risk result for Down syndrome or other conditions but there is an increased NT would be: "The NT is significantly elevated and this can be associated with adverse obstetric outcomes. Specialist consultation is indicated if this has not already occurred."
- iii. send the Down syndrome or other conditions risk assessment report direct to the referrer
- iv. collect data for monitoring purposes.

The referrer is responsible for discussing the results of screening for Down syndrome and other conditions with the woman.

What stays the same?

- i) Communication between ultrasound service providers and women should not be compromised, and the ultrasound scan itself should still be discussed.
- ii) Ultrasound service providers will still provide the scan report to the woman and her referrer, but it will not contain a calculation of risk for Down syndrome or other conditions (nor should they discuss the NT scan measurements). Discussion of the NT risk result could be confusing as the woman would be receiving two different risk assessments when she is expecting a combined one from her maternity provider.
- iii) If the NT measurement is $>95^{\text{th}}$ centile, a careful anatomy scan should be completed with particular attention paid to the fetal heart.
- iv) If the ultrasound scan indicates the probability of fetal anomaly or pregnancy complication, even if 1st trimester combined screening has been agreed to, the ultrasound service provider may discuss the results with the woman and inform her they will liaise with the LMC to discuss a referral to a specialist.
- v) In both instances (iii and iv above) the radiologist must still fax their report results (NT, crown-rump length and/or biparietal diameter if scanning is after 12 weeks) to either LabPLUS or CHL and also provide a written report to the woman and her referrer. This will enable the combined risk result to be considered as part of the overall clinical picture.
- vi) Where a frank, clear anomaly is identified such as an anencephaly, ultrasound service providers may inform the woman directly and/or advise the LMC/GP that urgent referral to Maternal Fetal Medicine is required. In these instances, a copy of the report will be sent to the Laboratory and the woman will exit screening. A written report still needs to be sent to the referrer.

Primary Maternity Services Notice 2007

The Notice states that practitioners performing or supervising NT ultrasound scans must have obtained the appropriate accreditation recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and the Royal Australian and New Zealand College of Radiologists and be using the appropriate quality of equipment. Participation in audit and accreditation programmes continues to be encouraged.

The current claiming and fee structures will remain the same.

We are considering amendments to the wording of the Notice to:

- a. change the DC5 reference which states that a NT ultrasound scan must be undertaken by a practitioner with access to risk estimation software
- b. insert a new requirement DC10 (e) that a faxed copy of the written interpretation of all antenatal scans completed for the purposes of 1st trimester combined screening be sent to the laboratory, and
- c. amend the codes under the DC11 payment rules as follows:

Existing Wording

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| NT | Dating and early evaluation for chromosomal abnormality | Nuchal translucency assessment at 11-13+6 weeks, assessment for gestational age, diagnosis of multiple pregnancy. |
| NF | Early evaluation for chromosomal abnormality follow up | In cases where the first scan was technically unsuccessful. |

Proposed Wording

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| NT1 | Assessment for gestational age, diagnosis of multiple pregnancy. | |
| NT2 | 1st trimester combined screening | Nuchal translucency measurement at 11-13+6 weeks, crown-rump length and/or biparietal diameter (if scanning is after 12 weeks) to be combined with maternal serums to provide a single risk assessment for Down syndrome and other conditions. |
| NF | Early evaluation for chromosomal abnormality follow up | In cases where the first scan was technically unsuccessful. |

National Screening Unit Liaison with Colleges

We are working with RANZCR, RANZCOG and ASUM and have met with the MRTB. These meetings are designed to identify areas of mutual interest in relation to 1st trimester combined screening and to prioritise further action required to resolve implementation and wider sector issues.

We plan to establish a NT expert working group to progress the agreed workplan and aim to provide joint communications to the sector as that work progresses. This workplan will include the development of NT guidelines by December 2010.

Flowchart

The attached flowchart summarises the information contained in this update.

For more information about antenatal screening go to our website at www.nsu.govt.nz, or email us with any questions: screening@moh.govt.nz

QUALITY IMPROVEMENTS TO ANTENATAL SCREENING FOR DOWN SYNDROME AND OTHER CONDITIONS: HOW THE NT COMPONENT OF THE 1ST TRIMESTER COMBINED SCREENING PROCESS FITS IN TO THE NEW PROCESS BEING IMPLEMENTED FROM 8 FEBRUARY 2010

