PRENATAL GENETIC TESTING:

As part of your early prenatal care at **Moscow Pullman OB/GYN**, you will be (or have been) offered prenatal genetic testing. Prenatal genetic testing refers to tests that are done during pregnancy to either screen for or diagnose a birth defect. The goal of prenatal genetic testing is to provide expectant parents with information to make informed choices and decisions. Genetic testing can also assist our providers in providing care and management of your pregnancy. ***It is important to remember that all genetic testing is optional.***

There are two types of prenatal genetic tests: **screening tests** and **diagnostic tests**.

SCREENING TESTS do NOT diagnose a birth defect, they only determine if a baby is at high or low risk for a specific condition.

DIAGNOSTIC TESTS can diagnose certain fetal conditions with a high degree of accuracy.

During your pregnancy, you have the option of **ONE** Of the following **screening** tests:

First trimester screening (nuchal translucency): This is a combination of a blood test and an ultrasound examination to help identify babies who may have Down Syndrome, Trisomy 18, or Trisomy 13. This test is performed at our office. If this screening test is abnormal, we will discuss further diagnostic testing that can be done.

Second trimester quadruple screen: This is a blood test to help identify babies who may have Down Syndrome or Trisomy 18. If this screening test is abnormal, we will discuss further diagnostic testing that can be done.

Maternal Serum Alpha-Fetoprotein Screen: This is a blood test to help identify babies who may have the potential for a neural tube defect such as spina bifida or anencephaly.

Cell-free fetal DNA: This is a blood test used to identify babies who may have Down Syndrome, Trisomy 18, Trisomy 13, Monosony X, or Triploidy. This is most commonly used as a screening test in women who are considered higher risk based on age, family history, or other factors. However, any woman may choose to have this screen. This test is frequently done in consultation with a genetic counselor.

Cystic Fibrosis Carrier Screen: This is a blood test used to tell women and men if they are carriers for Cystic Fibrosis, a recessive genetic condition (see pamphlet for full details).

Spinal Muscular Atrophy: This is a blood test used to tell women and men if they are carriers for Spinal Muscular Atrophy a recessive genetic condition (see pamphlet for full details).

During your pregnancy you have the option of the following **diagnostic** tests:

Chorionic Villus Sampling (CVS): This test involves a perinatologist obtaining a sample of the tissue surrounding the sac where the fetus develops. A sample of the cells from this tissue provides chromosomes and other material that may then be tested to diagnose chromosomal abnormalities, genetic birth defects, and other conditions. There is a small but real risk to the pregnancy from this procedure.

Amniocentesis: During this test a perinatologist will use a thin needle to remove a small amount of amniotic fluid. The cells from this fluid will be tested for chromosomal abnormalities, genetic birth defects and other conditions. There is a small but real risk to the pregnancy from this procedure.

BASED ON YOUR INSURANCE, THE COST OF THESE PRENATAL GENETIC TESTS MAY BE QUITE HIGH. YOU ARE RESPONSIBLE FOR CHECKING BENEFITS WITH YOUR INSURANCE BEFORE HAVING IT DONE.

Moscow Pullman OB/GYN

Patient Name: _____ Date of Birth: _____

Please choose from the following options (please see opposite page for description of tests, and the difference between a screening and diagnostic test):

Please check YES or NO for ***each*** screening option or diagnostic test & initial/date:

YES	NO		Initial	Date
☐	☐	I would like to have the 1st trimester nuchal translucency screening test	_____	
☐	☐	I would like the 2nd trimester quadruple screening test (includes AFP)	_____	
☐	☐	I would like the AFP screening test	_____	
☐	☐	I would like the cell-free fetal DNA screening test	_____	
☐	☐	I would like the Spinal Muscular Atrophy	_____	
☐	☐	I would like the Cystic Fibrosis	_____	
☐	☐	I would like the chorionic villus sampling diagnostic test	_____	
☐	☐	I would like the amniocentesis diagnostic test	_____	

If you would like further information on any one of these tests, please discuss it with one of our providers, or consult the pamphlets given to you.

Based on your insurance, the cost of these prenatal genetic tests may be quite high. You are responsible for checking benefits with your insurance before having it done.