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### ***1<sup>st</sup> Trimester Maternal Screening***

*In addition to the standard tests that are performed at the first prenatal visit, there are additional tests which can help identify some of the abnormal conditions that may occur in pregnancy. There are more detailed materials available, but we want to provide an overview of the tests offered to you. These tests are optional, and we respect your decision for those you choose to perform or forgo.*

#### ***Maternal Serum Alpha Fetal Protein (MSAFP)***

*This measures the amount of a fetal protein in the mother's blood. An elevated level may reflect a condition in which fetal development is incomplete, leaving vulnerable tissue exposed.*

*For example: Spina Bifida and Gastroschisis are conditions which have incomplete closure of the spinal canal and the abdominal wall. If not recognized, the spinal cord or exposed bowel may be injured during a vaginal delivery.*

*Placental abnormalities can produce an elevated **MSAFP** as well, and may increase the risk of a fetal demise. Because of these concerns, an elevated **MSAFP** will prompt more intensive evaluation of your baby throughout the pregnancy.*

#### ***Integrated Prenatal Risk Profile (IPRP) and Quad Screen***

*There is testing available to help detect chromosomal abnormalities as well. "Trisomy" describes a condition in which there are three copies of a particular chromosome. Most Trisomies will end in early miscarriage, but a few do not. Most are familiar with Down's Syndrome, or Trisomy 21. Trisomy 13 and 18 are incompatible with life, and do not survive long after delivery. Many do not tolerate labor, and prompt an emergency cesarean delivery. There are two tests which address the risk of these chromosomal abnormalities. The **Integrated Prenatal Risk Profile (IPRP)** combines ultrasound and serologic (blood) markers in both the first and second trimester. Alternatively, the **Quad Screen** is limited to serologic testing in the second trimester. The **IPRP** Will identify >90% of chromosomal abnormalities, versus >70% with*

*the **Quad Screen** alone. The **IPRP** is more specific, with a lower rate of false positive results, as well.*

*As may be expected, testing that suggests an increased risk of a chromosomal abnormality can create significant anxiety in parents. Although detailed ultrasounds provide reassurance that a chromosomal abnormality does not exist, ultrasound is not definitive, and many parents choose to proceed with amniocentesis. Unfortunately, amniocentesis has a small but definite risk of miscarriage. Because of the greater sensitivity and specificity of the **IPRP**, if you are interested in testing for chromosomal abnormalities, we recommend that you perform this test. As time is of the essence with this testing, please let us know your desire to have this done before 13 weeks into your pregnancy.*

### **Cystic Fibrosis-**

*Is an autosomal recessive condition with a 1 in 30 carrier rate. However, the risk of having an affected baby is only 1 in 3600. This testing picks up on about 80% of the genetic variations of Cystic Fibrosis. Because it is rare, the diagnosis of Cystic Fibrosis is often delayed in affected children. Prenatal Testing may facilitate an earlier diagnosis. All newborns are screened for Cystic Fibrosis.*

### **Human Immuno-deficiency Virus (HIV)-**

*We offer testing for **HIV**. In affected mothers, transmission to the baby can be markedly reduced with treatment. Because it is impossible to identify affected individuals by clinical symptoms or risk factors alone, this test may provide peace of mind.*

*Again, all of these tests are optional, we respect any and all decisions you make. Please do not hesitate to ask any questions you may have.*