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Increased NT at 11-13+6 Weeks: Management Policy

Hutt Maternity Policies provide guidance for the midwives and medical staff working in Hutt Maternity Services. Please discuss policies relevant to your care with your Lead Maternity Carer.

Purpose

To provide clinical guidance for management of pregnant women with raised nuchal translucency at 11-13+6 weeks gestation

Scope

All obstetric staff

Definition

Raised nuchal translucency: > 95th centile ($\geq 3.5\text{mm}$) at 11-13+6 weeks gestation

Acronyms

NT: Nuchal Translucency

ECHO: Echocardiography

CVS: Chorionic villus sampling

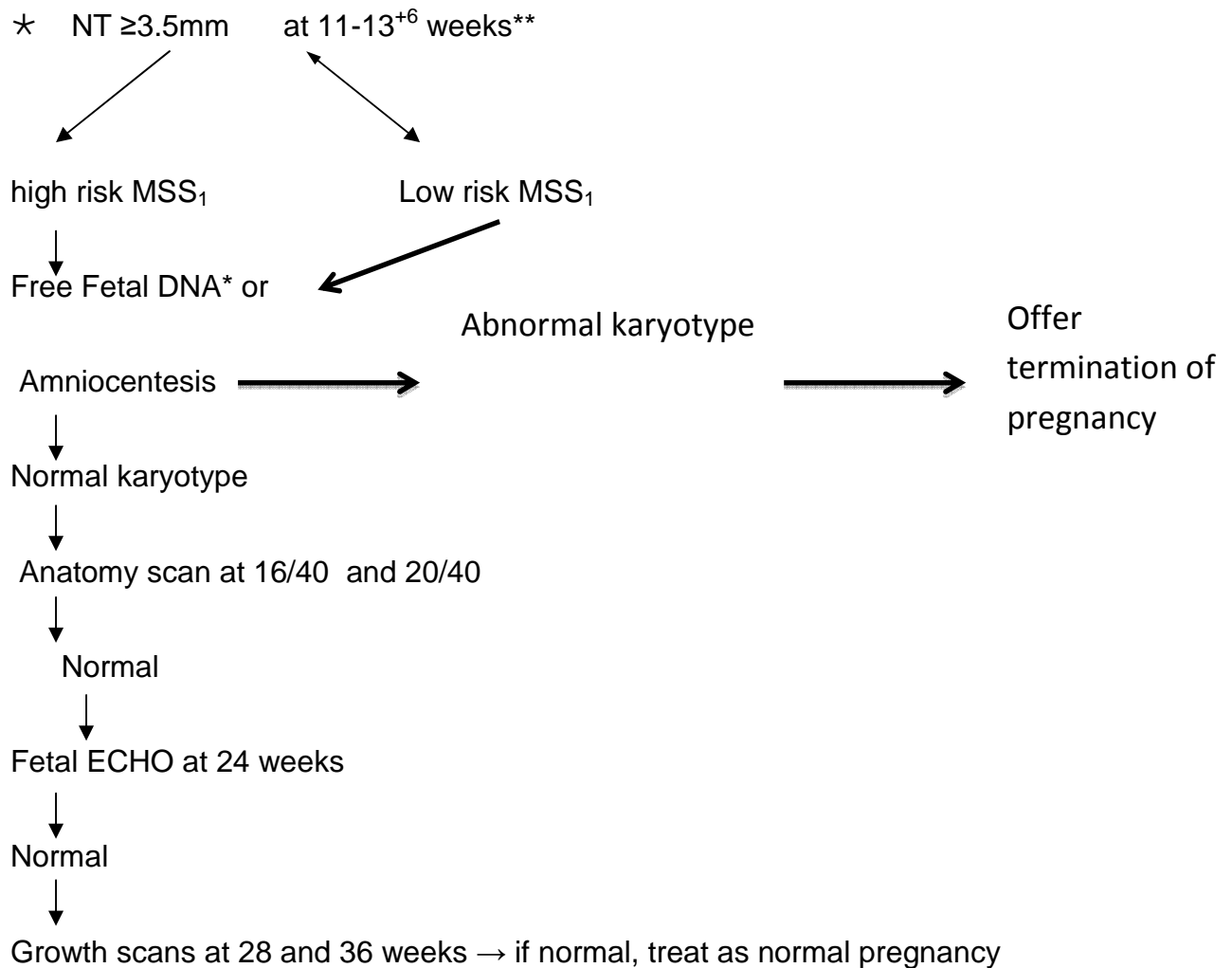
MSS1: Maternal serum screen in first trimester

NZMFM: New Zealand Maternal Fetal Medicine network

Reference

NZMFM network: Nuchal translucency ≥ 3.5 mm Pathway.

Algorithm for management of women with raised nt at 11-13+6 weeks



*If cell free fetal DNA in maternal serum shows abnormal karyotype, amniocentesis is indicated to confirm the diagnosis.

** If the nuchal translucency is significantly increased i.e.>5-6 mm, it is an indication for early CVS. (Refer to Wellington Hospital for the same)

Other causes of increased nuchal translucency are: cardiac, skeletal abnormalities and genetic syndromes

Informed Consent

The right of a consumer to make an informed choice and give informed consent, including the right to refuse medical treatment, is enshrined in law and in the Code of Health and Disability Consumers' Rights in New Zealand. This means that a woman can choose to decline treatment, referral to another practitioner, or transfer of clinical responsibility. If this occurs follow the process map on page 18 of the Referral Guidelines (Ministry of Health, 2012).