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Center For Women's Health

NUCHAL TRANSLUCENCY (NT) SCREENING TEST

Nuchal (pronounced “new-cal”) translucency or “NT” is a relatively new screening test. It uses ultrasound to visualize and measure a fluid filled sac at the back of the unborn baby’s neck during early pregnancy. NT can be done as early as 10 weeks + 3 days of pregnancy, but is more accurate when performed after 11 weeks + days, and before 13 weeks + 6 days. After 14 weeks, the lymph system of the baby develops, making the fluid naturally drain away, meaning the test can no longer be done.

Nuchal Translucency is used to estimate if a baby is at increased risk of having a chromosomal abnormality. The main genetic disorder screened for is Down Syndrome (also called “trisomy 21”). People with Down Syndrome have an extra chromosome. This can make the person have specific physical features and various levels of intellectual disability and possibly other physical problems. However, many people with Down Syndrome lead active and full lives in semi-dependent manner. Other extremely rare genetic disorders that may be detected are Edward’s Syndrome (“trisomy 18”) and Patau Syndrome (“trisomy 13”).

NT+ Blood Test

When a woman is offered a nuchal translucency, she will also be offered a blood test. A nuchal translucency alone is about 75% accurate, but if it is combined with the blood test the accuracy can be increased up to 85%. The blood test measures the level of two proteins in the woman’s blood. These are called “pregnancy associated plasma protein –A or “PAPP-A” and the “free-beta human chorionic gonadotropin” or “free BHCG”.

Nuchal means “neck”. The nuchal translucency (or NT) measures the depth of the fluid at the back of the baby’s neck by using the ultrasound. You need to have a full bladder at the time of the test; this helps to lift the uterus up and out of the pelvis to better view the baby.

What will at NT tell me?

The nuchal translucency measurement, along with the woman’s age and the estimated age of the baby (measured by the ultrasound) are combined to calculate a “risk figure”, or the chances of the baby having a genetic disorder. The result will be given as a negative or a positive.

A nuchal translucency is only a screening test; it aims to identify babies that may be at increased risk of having a genetic disorder, but it cannot definitely tell if the baby does have a genetic disorder. Nuchal translucency alone is about 75% accurate, but if it is combined with the blood test, this increases the accuracy up to 85%. This means that around 15-25% of babies with a genetic disorder will be missed, meaning the woman will be estimated as “low risk” and yet still carry a baby with a genetic disorder. About 5% (or 1 in 20) women will be estimated as positive, yet most of these babies will be very healthy and normal (this is called a “false positive”).

The results of a nuchal translucency may be given immediately after the test or a letter may be sent to your caregiver. If you have the blood test at the same time, the results from the blood test can take several working days. If your nuchal translucency is positive, you will be contacted and offered further genetic counseling to discuss the options of having diagnostic genetic test such as an amniocentesis. It is your choice whether you accept these tests, however you will need to meet with the maternal-fetal specialist to discuss these options.