



### Description

The figure is a flow chart with 13 boxes linked by arrows, outlining the paths that can be taken after an offer of prenatal screening is made. The chart is multi-directional. At each step, arrows point forward to one or more boxes.

If prenatal screening offer is declined, nuchal translucency ultrasound should still be offered if possible.

If prenatal screening offer is accepted, the options are:

1. Multiple Marker Screening (MMS) - eFTS is the optimal MMS modality. STS is offered if the pregnant individual presents after 14 weeks gestation. MMS is only done for singleton pregnancies.
2. First-tier NIPT - NIPT may be OHIP-funded or private-pay. It is recommended that a NT ultrasound should still be performed. Eligibility criteria for OHIP-funded NIPT include advanced maternal age (defined as 40 years or above at EDD), increased nuchal translucency (3.5 mm or more), previous pregnancy/child with aneuploidy (trisomy 21, trisomy 18 or trisomy 13), twin pregnancy. NIPT for other clinical indicators may be available through a genetics or maternal fetal medicine (MFM) specialist. Please refer to [www.prenatalscreeningontario.ca](http://www.prenatalscreeningontario.ca) for more details.

MMS can give a screen negative or screen positive result. If screen negative, the next step is routine care and 18-20 week ultrasound. If screen positive, the option is NIPT (OHIP-funded) or prenatal diagnosis.

NIPT can give a high risk or low risk result. If low risk, the next step is routine care and 18-20 week ultrasound. If high risk, one option is to have prenatal diagnosis.

All prenatal screening and diagnostic tests are optional and the patient may decline testing at any point in this algorithm