

NON-INVASIVE PRENATAL TESTING

NIPT

Information for Your Pregnancy



KEY FACTS



- NIPT is an optional screening test that can tell you if there is a high or low chance of having a baby with certain chromosome differences.
- Involves a blood test, done any time after 9 - 10 weeks gestation.
- More accurate than other forms of screening - enhanced First Trimester Screening (eFTS) or Maternal Serum Screening (MSS).
- Not diagnostic. A diagnostic test, such as chorionic villus sampling (CVS) or amniocentesis, can give you a definite "yes" or "no" answer about chromosome differences.
- OHIP-funded if you meet criteria, or private-pay.

WHAT DOES NIPT SCREEN FOR?

NIPT involves screening for the following chromosome differences. Screening for other conditions is not recommended by current Canadian guidelines.

- trisomy 21 (Down syndrome)
- trisomy 18 (Edwards syndrome)
- trisomy 13 (Patau syndrome)
- sex chromosome differences may be included (e.g. 45,X or Turner syndrome)

HOW WELL DOES NIPT WORK?

CHROMOSOME DIFFERENCE	DETECTION RATE	FALSE POSITIVE RATE
trisomy 21	more than 99% ¹	less than 0.1% ²
trisomy 18	96%	less than 0.1%
trisomy 13	92%	less than 0.1%

1. More than 99% of people that are carrying a pregnancy with trisomy 21 will get a "high risk" result.
2. Less than 0.1% of people that are not carrying a pregnancy with trisomy 21 will get a "high risk" result

WHO CAN HAVE OHIP-FUNDED NIPT?

If you meet any of the [criteria](#) listed on our website, the cost to have NIPT will be covered by Ontario Health Insurance Plan (OHIP). You may also be offered other options, such as diagnostic testing (CVS or amniocentesis).

EXAMPLES OF CRITERIA

- You will be age 40 or older at the time of birth.
- You had a past pregnancy with trisomy 21, trisomy 18, or trisomy 13.
- Your result from another screening test (eFTS or MSS) is flagged as "screen positive".
- Your ultrasound shows there is an increased chance of having a baby with trisomy 21, trisomy 18, trisomy 13 or a sex chromosome difference.
- You are pregnant with twins.

If you do not meet any criteria, you can choose to have a different OHIP-funded screening test (eFTS or MSS) or pay for NIPT out-of-pocket (private-pay).



LEARN MORE

- Visit our [website](#) to read more about chromosome differences, available tests, and factors to help you decide if prenatal genetic screening is right for you.
- Reach out to one of our Genetic Counsellors by phone or email.



Address: —
www.prenatalscreeningontario.ca

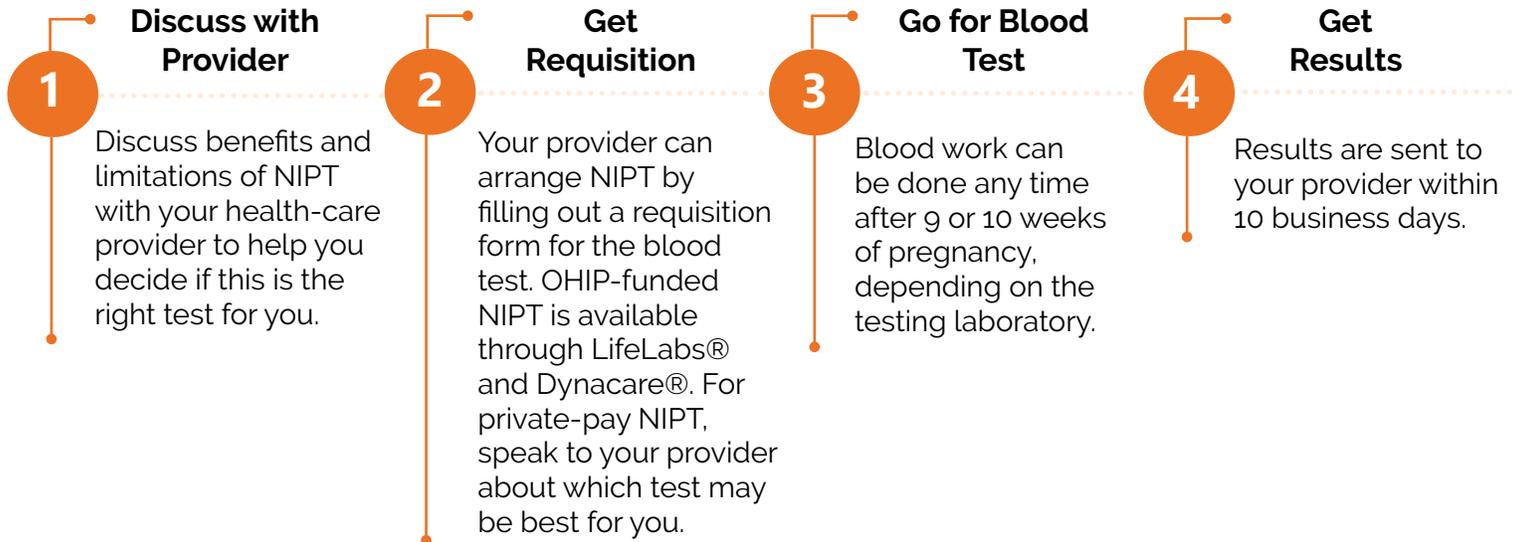


Phone: —
1-833-351-6490



Email: —
psob@bornontario.ca

HOW DO I GET NIPT?



WHAT DO MY NIPT RESULTS MEAN?

“HIGH RISK” RESULT



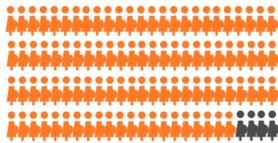
A “high risk” result does not mean for sure the baby has a chromosome difference.



Your health-care provider will offer a referral for genetic counselling to discuss your results, and options for further testing if desired. Only a diagnostic test can tell you for sure if your baby has a chromosome difference.

trisomy 21

96%



Out of 100 people who get a “high risk” result, 96 actually have a baby with trisomy 21.

trisomy 18

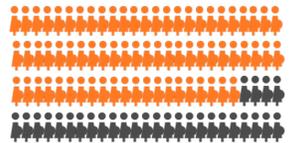
93%



Out of 100 people who get a “high risk” result, 93 actually have a baby with trisomy 18.

trisomy 13

71%



Out of 100 people who get a “high risk” result, 71 actually have a baby with trisomy 13.

“LOW RISK” RESULT



Generally, a “low risk” result means the chance for the baby to actually have trisomy 21, trisomy 18 or trisomy 13 is less than 1 in 10,000. A “low risk” result does not guarantee the birth of a baby without a genetic condition or other health concerns.



You will get routine pregnancy care if there are no other pregnancy concerns. You should be offered a nuchal translucency (NT) ultrasound in the first trimester and a detailed anatomy ultrasound in the second trimester.

NO RESULT



Sometimes, a result cannot be obtained. This can happen for many reasons. Most of the time, the baby does not have a chromosome difference.



Your options may include: repeat NIPT, a different screening test, ultrasounds, referral for genetic counselling, and diagnostic testing. Talk with your health-care provider.

Notes:

1. Statistics in this document were obtained from Ontario pregnancies (except twins) with a due date between 09/2016 and 03/2021.
2. The terms “high risk” and “low risk” reflect the language used in reports generated by the Ontario laboratories.

LEARN MORE

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