NHS

Screening Programmes

Fetal Anomaly

Programme Statement	12/09/02
Best Practice Guidance	Normal variant (previously known as 'soft markers')
Date:	01/07/09
To take effect from	01/04/2010
Distributed to	UK NSC; Regional Antenatal and Child Health Coordinators; SHA's - CE, RDPH; PCT's - DPH, Screening Leads, Commissioners; FASP Working Groups and Members; Hospital Trusts; RCOG; RCR; SCoR; RCM; RCN; Royal College of General Practitioners; RCP; BMUS; CASE; MIDIRS; BMFMS; FMF

Normal variant screening in pregnancy

Supersedes *'Ultrasound for Screening for Aneuploidy: Guidance for the professional'* (RCOG 2000)

The introduction of a national Down's syndrome screening programme in early pregnancy has changed the way in which the 18^{+0} to 20^{+6} fetal anomaly scan findings should be interpreted. The Programme Centre has recommended that an established Down's syndrome screening test result should **not be recalculated at this time**.[1]

There is now a universal offer of a nationally approved Down's syndrome screening test in all English hospitals.[2] The results are increasingly delivering higher detection rates for lower false positive rates. Therefore, women who are found to be 'low risk' through testing in either first or second trimesters, or who have declined screening for Down's syndrome **should not be referred for further assessment of chromosomal abnormality even** if normal variants such as the examples below (whether single or multiple) are seen at the 18^{+0} to 20^{+6} weeks fetal anomaly screening scan. Indeed **we encourage that the term ultrasound "Down's soft marker" is no longer used.**

1. Choroid plexus cyst(s)
2. Dilated cisterna magna

[1] UK NSC NHS FASP Programme Statement: *Recalculation of Down's syndrome screening risk following ultrasound examination at the mid-trimester ultrasound scan.*

[2] Women who have not had Downs screening (booked too late or are in a part of the UK in which this is not available) should have counselling based on maternal age and/or family history not on whether normal variants are found during scanning.

3. Echogenic foci in the heart
4. Two vessel cord

However, the appearances listed below (previously classified as “markers”) are examples of findings which **should be reported and the woman referred for further assessment** and treated as for any other suspected fetal anomaly.

1. Nuchal fold (greater than 6mm)
2. Ventriculomegaly (atrium greater than 10mm)
3. Echogenic bowel (with density equivalent to bone)
4. Renal pelvic dilatation (AP measurement greater than 7 mm)
5. Small measurements compared to dating scan (significantly less than 5th centile on national charts).