



**The Royal Australian
and New Zealand
College of Obstetricians
and Gynaecologists**
Excellence in Women's Health



**NUCHAL
TRANSLUCENCY**

ultrasound, education and monitoring program

NT Newsletter – Issue 1/2018

Nasal Bone Certification - Process Change

The Nuchal Translucency Program aims to improve the standard of nuchal scan performance in Australia. Updates have been made to the assessment procedures affecting the nasal bone scan.

Certification

Operators applying for nasal bone certification are now able to submit assessment images depicting an **absent nasal bone**. Previous versions of the image criteria stated that images should only demonstrate the presence of the nasal bone. Scoring frameworks are now in place to assess images where fetuses have either a present or absent nasal bone.

Audit

Operators licensed to perform the nasal bone scan are now required to undertake corrective measures where nasal bone images submitted for audit fail assessment. Operators who receive a fail for their nasal bone image will be required to reread the nasal bone section in the Nuchal Translucency Online Learning Program ([NTOLP](#)). Operators will also now be required to **resubmit images** per the instructions provided in the assessors' feedback of their audit report.

Nasal bone images will be marked as a fail when a score of less than 5 out of 7 is achieved relative to the Nuchal Translucency Program's [nasal bone assessment criteria](#).

UAPI Certification – Now Easier to Apply

Practitioners can now apply for Uterine Artery Pulsatility Index (UAPI) certification without any prerequisite NT Program accreditations. Previous requirements stated that applicants for the UAPI accreditation must first have attained Nuchal Translucency certification.

In an effort to offer predictive screening to more people, practitioners can now apply for UAPI certification with NT or NB certification.

Information outlining current UAPI certification requirements is available on the NT Program [website](#).

NT Teleconference Tutorials – Participation

The Nuchal Translucency Program hosts regular [teleconference tutorials](#) for operators to attend. Teleconference tutorials are a great opportunity for all operators to receive direction from an experienced facilitator in optimal NT scanning technique.

As well as reinforcing current understanding, operators are given the chance to ask questions, share and confer their knowledge. Teleconference tutorials are designed to be of benefit to operators at all levels of performance and experience. Information is also provided on the audit process from a senior member of the NT Program.

Please be aware of the protocols regarding teleconference tutorial attendance:

- Operators who have received a red flag on their most recent audit report must attend a teleconference tutorial.
- Operators who have received their second amber flag on their most recent audit report are instructed to attend.

NT Audit- What You Need to Know

As a requirement of maintaining accreditation, all operators performing the NT scan must participate in annual audit with the NT Program.

Annual audit for operators involves two parts:

- Assessment on the data distribution of NT measurements
- Assessment of images.

Feedback on how to improve NT measurement technique is provided based on the review of the submitted images.

All data is audited

Data can only be submitted for audit if there is a T21 risk calculated. **For patients who have had cfDNA screening (NIPT) the T21 risk needs to be calculated to facilitate audit.** Viewpoint and Astraia users should [calculate the risks for audit purposes only](#).

6 Golden Rules for Image Submission:

1. Operators submit three nuchal images during audit
2. Operators accredited to perform the Nasal Bone, Uterine Artery Pulsatility Index or Ductus Venosus scan are required to submit one image for each accreditation during audit
3. Only one image submission is required annually. For operators working at multiple centres, images should be submitted during the first centre audit that they are scheduled for each calendar year
4. Images can be submitted from any centre where an operator scans
5. Images must have original date and time stamps displayed
6. Images must be dated from within the current audit year (e.g. for an audit scheduled in August, an operator submits images from August the previous year onwards)

Additional information is available via the Audit Assessment Guide at [https://www.nuchaltrans.edu.au/Documents/Audit-Assessment-Guide-\(1\)](https://www.nuchaltrans.edu.au/Documents/Audit-Assessment-Guide-(1))

RISK cut-offs with combined first trimester screening

The combined first trimester screening algorithm produces individualised risks for women in relation to trisomies 21, 18 and 13. The false positive rate and detection rate of the test will depend on what cut-off is used to define the high risk group – and will affect who will be offered a CVS or amniocentesis. The traditional cut-off we have used in Australia is 1 in 300 (for trisomy 21), which places approximately 5% of women in a high risk group for an 85-90% detection rate for Down syndrome.

Some other countries, like the UK, have adjusted cut-offs to standardise across both first and second trimester screening processes. In the UK the current screening cut-off for cFTS is 1 in 100 (at the time of screening) – equivalent to a ‘live birth’ risk of 1 in 150. We have discussed whether we should move the cut-off for risk assessment within the NTUEMP program, but feel that at the moment, whilst there are other changes to the screening process (such as the inclusion of NIPT in the screening process) it is probably better to keep the status quo. One option for the use of NIPT may be to triage women into three groups after cFTS. The highest risk group (>1 in 50) would be offered an invasive test. The lowest risk group (less than 1 in 2500) would be reassured and advised that they don’t need further screening. The intermittent risk group (1 in 50 to 1 in 2500) would be informed about the availability of NIPT as a second tier screening tool. This approach, commonly known as contingent screening, would reduce overall invasive testing rates, improve the overall detection rate for trisomy 21 and minimise additional costs for NIPT testing.

For further information, please refer to the NIPT FAQs document at [https://www.nuchaltrans.edu.au/Documents/NIPT-FAQ-\(1\)](https://www.nuchaltrans.edu.au/Documents/NIPT-FAQ-(1))