



**Queensland
Government**

PATIENT INFORMATION SHEET ONLY

NO DOCUMENTED CONSENT REQUIRED

Nuchal translucency scan

Adult (including Gillick competent young person under 18 years)
Informed consent: patient information

A copy of this form should be given to the patient/substitute decision-maker to read carefully and allow time to ask any questions about the procedure. The patient information sheet should be included in the patient's medical record.



1. What is a nuchal translucency scan and how will it help me/the patient?

The nuchal translucency scan is an ultrasound scan and is one part of the Combined First Trimester Screening Test. A nuchal translucency scan must be performed during weeks 11–13 of a pregnancy.

The other part is a specific blood test from the mother.

All unborn babies have a collection of fluid found under the skin at the back of the baby's neck. The thickness of this fluid layer is called the 'nuchal translucency' and is measured with ultrasound.

Ultrasound imaging uses soundwaves to take pictures. It does not use radiation.

Nuchal translucency is measured because research has shown a link between the thickness of the fluid and an increased risk of common chromosomal abnormalities such as Down Syndrome.

Factors such as the mother's age, weight, blood test results, and the nuchal translucency details, are combined to give you a result.

This is a screening test and will not tell you if your baby definitely has an abnormality but may help decide if further testing is needed.

A nuchal translucency scan is a painless procedure, no anaesthetic is required.

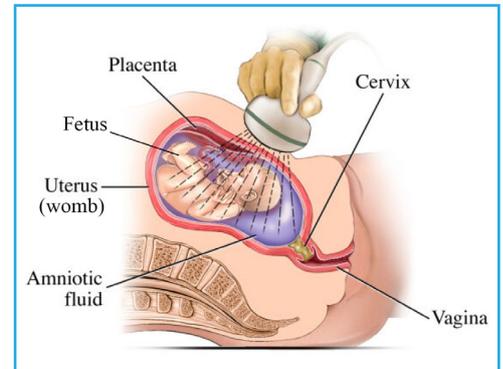


Image 1: Ultrasound (adapted). Illustration Copyright © 2019 Nucleus Medical Media, All rights reserved. www.nucleusmedicalmedia.com

Preparation for the procedure

The medical imaging department will give you instructions on how to prepare for your scan.

Your referring doctor/clinician will give you a request form for a specific blood test. You should have this blood test done one week before the scan.

Please wear a loose fitting, two-piece outfit because only your lower abdomen needs to be bare for the procedure.

During the procedure

The lights in the room will be dimmed so the pictures can be seen more clearly on the display screen.

Ultrasound gel will be put onto your abdomen. The gel allows the transducer to slide easily over the skin and helps to produce clearer pictures.

Ultrasound pictures are taken.

Once the scan is complete, the gel will be wiped off your skin.

The ultrasound scan will take between 30 and 60 minutes. The time frame depends on the position and movement of your unborn baby.

Sometimes a transvaginal ultrasound scan may be needed to improve the detail of the ultrasound pictures. A transvaginal ultrasound scan will not harm you or your baby. If you are having a transvaginal ultrasound scan, the procedure will be explained to you and your consent will be obtained for that part of the procedure. A second staff member may be in the room during the transvaginal ultrasound scan. Transvaginal ultrasound is similar to a gynaecological examination. You will be covered with a sheet. A small ultrasound transducer will be inserted into the vagina and will be moved inside the vagina to get better ultrasound pictures of your baby.



2. What are the risks?

There are no known risks to you or your baby from having an ultrasound.

The procedure may not be possible due to medical and/or technical reasons.

What are the risks of not having a nuchal translucency scan?

There may be consequences if you choose not to have the proposed investigation. Please discuss these with the doctor/clinician.



3. Are there alternatives?

Making the decision to have a procedure requires the patient/substitute decision-maker to understand the options available. Please discuss any alternative treatment options with your doctor/clinician.



4. What should I expect after the procedure?

Make an appointment to visit your referring doctor/clinician with your results at least one week after having the procedure. It is important that your doctor/clinician sees and discusses the results of the tests with you.



5. Who will be performing the procedure?

A doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate investigation. This could be a doctor/clinician undergoing further training, all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing the procedure, please discuss with the doctor/clinician.



6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website www.qld.gov.au/health/services/hospital-care/before-after where you can read about your healthcare rights.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss with your doctor/clinician.

Queensland Health recognises that Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.



7. Questions

Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your/the patient's medical condition, treatment options and proposed investigation.



8. Contact us

In an emergency, call Triple Zero (000).

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.