

PRENATAL GENETIC SCREEN

NAME \_\_\_\_\_ DATE \_\_\_\_\_

- 1. Will you be 35 years or older when the baby is due? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2. Have you, the baby's father, or anyone in either of your families ever had any of the following disorders?
  - \*Downs Syndrome (mongolism) Yes \_\_\_\_\_ No \_\_\_\_\_
  - \*Other chromosomal abnormality Yes \_\_\_\_\_ No \_\_\_\_\_
  - \*Neural tube defect, i.e. spina bifida (meningomyelocele or open spine, anencephaly) Yes \_\_\_\_\_ No \_\_\_\_\_
  - \*Muscular dystrophy Yes \_\_\_\_\_ No \_\_\_\_\_
  - \*Cystic fibrosis Yes \_\_\_\_\_ No \_\_\_\_\_
 If yes, indicate the relationship of the affected person to you or to the baby's father \_\_\_\_\_
- 3. Do you or the baby's father have a birth defect? Yes \_\_\_\_\_ No \_\_\_\_\_
- 4. In any previous marriages, have you or the baby's father had a child, born dead or alive, with a birth defect, not listed in question 2 above? Yes \_\_\_\_\_ No \_\_\_\_\_
 

If yes, indicate the relationship of the affected person to you or to the baby's father \_\_\_\_\_
- 5. Do you or the baby's father have any close relatives with mental retardation? Yes \_\_\_\_\_ No \_\_\_\_\_
- 6. Do you, the baby's father, or a close relative in either of your families have a birth defect, any familial disorder, or a chromosomal abnormality not listed above? Yes \_\_\_\_\_ No \_\_\_\_\_
 

If yes, indicate the condition and the relationship of the affected person to you or to the baby's father: \_\_\_\_\_

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- 7. In any previous marriages, have you or the baby's father had a stillborn child or three or more first-trimester spontaneous pregnancy losses? Yes \_\_\_\_\_ No \_\_\_\_\_
 

Have either of you had a chromosomal study? Yes \_\_\_\_\_ No \_\_\_\_\_
- 8. If you or the baby's father are of Jewish ancestry, have either of you been screened for Tay-Sachs disease? Yes \_\_\_\_\_ No \_\_\_\_\_
 

If yes, indicate who and the results: \_\_\_\_\_
- 9. If you or the baby's father are Afro-American, have either of you been screened for sickle cell trait? Yes \_\_\_\_\_ No \_\_\_\_\_
 

If yes, indicate who and the result: \_\_\_\_\_
- 10. If you or the baby's father are of Italian, Greek, or Mediterranean background, have either of you been tested for B-thalassemia? Yes \_\_\_\_\_ No \_\_\_\_\_
 

If yes, indicate who and the results: \_\_\_\_\_
- 11. If you or the baby's father are of Philippine or Southeast Asian ancestry, have either of you been tested for A-thalassemia? Yes \_\_\_\_\_ No \_\_\_\_\_
 

If yes, indicate who and the results: \_\_\_\_\_
- 12. Excluding iron, folic acid, and vitamins, have you taken any medications or recreational drugs since being pregnant or since your last menstrual period? (including nonprescription drugs) Yes \_\_\_\_\_ No \_\_\_\_\_
 

If yes, give name of medication and time taken during pregnancy: \_\_\_\_\_

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<u>MATERNAL AGE</u>	<u>RISK FOR DOWNS SYNDROME</u>	<u>TOTAL RISK FOR CHROMOSOMAL ABNORMALITIES</u>
20	1/1,667	1/526
21	1/1,667	1/526
22	1/1,429	1/500
23	1/1,429	1/500
24	1/1,250	1/476
25	1/1,250	1/476
26	1/1,176	1/476
27	1/1,111	1/455
28	1/1,053	1/435
29	1/1,000	1/417
30	1/952	1/385
31	1/909	1/385
32	1/769	1/322
33	1/602	1/286
34	1/485	1/238
35	1/378	1/192
36	1/289	1/156
37	1/224	1/127
38	1/173	1/102
39	1/136	1/83
40	1/106	1/66
41	1/82	1/53
42	1/63	1/42
43	1/49	1/33
44	1/38	1/26
45	1/30	1/21
46	1/23	1/16
47	1/18	1/13
48	1/14	1/10
49	1/11	1/8