



# NJPA

**New Jersey Perinatal Associates**  
**Compassionate Care. Clinical Excellence.**

## MFM Newsletter

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## *Zika virus testing updates*

On July 24, 2017, the Center for Disease Control (CDC) yet again revised its guidelines for the caring of pregnant women with possible Zika virus infection.

Recommendations that did not change include:

- Pregnant women should not travel to areas with risk of Zika infection.
- If a pregnant women must travel to one of these at risk areas, she should strictly follow steps to avoid mosquito bites and prevent sexual transmission of Zika during and after the trip.
- Pregnant women with Zika symptoms and with possible Zika exposure should be tested for Zika virus infection.
- Pregnant women with no Zika symptoms but who have ongoing Zika exposure should be offered Zika testing.
- Prenatal ultrasonography to evaluate for fetal abnormalities consistent with congenital Zika virus syndrome is recommended for all pregnant women with possible exposure to Zika virus

Recommendations that were revised include:

- Testing is no longer routinely recommended for pregnant women with no Zika symptoms who have recent possible exposure to Zika but no ongoing exposure.
- Testing is recommended if a Zika compatible abnormality is noted in the fetus on ultrasound.

The New Jersey Department of Health has endorsed the above recommendations.



# *Internet based Zika resources*

- [www.acog.org](http://www.acog.org)  
Zika virus Resource for Patients  
Zika virus Resource for Ob-Gyns and  
Health Care Providers
- [www.cdc.gov/zika](http://www.cdc.gov/zika)
- [www.cdc.gov/travel](http://www.cdc.gov/travel)  
Provides worldwide area specific Zika  
risk for patients considering travel
- [www.acog.org/About-ACOG/News-Room/Practice-Advisories](http://www.acog.org/About-ACOG/News-Room/Practice-Advisories)  
ACOG Practice Advisory Interim  
Guidance for Care of Obstetric Patients  
during a Zika Virus Outbreak

Please note that New Jersey Perinatal Associates (NJPA) has developed these best practice recommendations based on a review of current literature and expert opinion. They are not intended to establish standards or absolute requirements and these recommendations do not guarantee a specific outcome. All recommendations and best practices should be considered in the context of each patient's individual circumstances and clinical evaluation.



# Genetics Corner

## Fetal aneuploidy screening

Our practice recently revised our clinical management guidelines regarding screening for fetal aneuploidy. These guidelines were updated in May 2016 (Practice Bulletin #163) by the ACOG Committee on Genetics and the Society for Maternal-Fetal Medicine. In the revised bulletin, it is recommended that a woman with a normal screen not be offered additional aneuploidy screening as it increases the chance of a false positive result.

All pregnant women, regardless of age, will continue to receive pre-test counseling at New Jersey Perinatal Associates. Prior to reaching any decisions about testing, they will be counseled by either a perinatologist or a genetic counselor about prenatal screening and diagnostic options for fetal aneuploidy.

While NIPT (non-invasive prenatal testing) may appear to be “the easy choice” for prenatal screening because of its ease of use and increased detection, it is important to acknowledge that it **may not be suitable** for all patients. For example, women with a high BMI or anticoagulant use, have a higher incidence of a non-reportable result, which is an indication for invasive prenatal diagnosis. Also, a co-twin demise that occurred within 8 weeks or more can increase the false positive rate. In these cases, first trimester screening may be more appropriate. Furthermore, NIPT may have a considerable out-of-pocket expense for some patients (especially when it is applied to a high-deductible insurance policy).

In accordance with these guidelines, only **one form** of prenatal screening (i.e., first trimester screening, maternal quadruple screen *or* non-invasive prenatal test) will be offered. First trimester biochemistry will not be offered to patients who opt for or who have had NIPT. **For this reason, communication with our office about patient’s NIPT results (if ordered) is critical.** It is appropriate to offer NIPT to a patient whose risk of aneuploidy is increased by traditional screening methods (i.e., first trimester screening, maternal serum screening). However, it is important to also note that this approach may delay a definitive diagnosis and may cause some affected pregnancies to escape detection.

Ultrasound to measure the nuchal translucency, as well as screen for certain birth defects, in the first trimester is still recommended and will be performed between 11 and 14 weeks’ gestation at NJPA. As always, same day genetic counseling and diagnostic testing will be made available to those with significant ultrasound findings, whenever possible.

Visit our website at:

[www.njperinatal.com](http://www.njperinatal.com)



# Meet our perinatologist...

## Richard Miller, MD

Dr. Miller graduated from Georgetown University School of Medicine and completed his residency in Obstetrics and Gynecology at the National Naval Medical Center in Bethesda, Maryland. He completed his fellowship training in maternal-fetal medicine at the University of North Carolina at Chapel Hill in 1991.

Before moving to New Jersey, he spent four years as Director of the Division of Maternal-Fetal Medicine at the National Naval Medical Center and was a member of the faculty at the Uniformed Services University of the Health Sciences and the National Institutes of Health. Dr. Miller's research interests include outcome-based analysis of prenatal care and prenatal diagnosis.



[www.njperinatal.com](http://www.njperinatal.com)

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