

### **Screening Programmes**

**Fetal Anomaly** 

# Isolated and increased nuchal fold

## Information for healthcare professionals

#### Aim of leaflet

The aim of this document is to provide information for healthcare professionals about isolated and increased nuchal fold (NF) identified at the 18<sup>+0</sup> to 20<sup>+6</sup> weeks fetal anomaly scan.

#### What is it?

NF (sometimes referred to as nuchal oedema) is the term used to describe the tissue or fat pad at the posterior aspect of the fetal neck in the second trimester of pregrancy. Increased nuchal fold is not to be confused with increased nuchal translucency (NT) at the NSt Mimester Scale.

An 'increased' NF is where the distance between the tkin and the scripital bone measures greater than 6mm in diameter at the 18<sup>+0</sup> to 20<sup>+6</sup> weeks tetal anomaly ultrasound scan. Unlike NT it should be measured in the transverse plane at the level of the cerebilium.

#### What causes it?

The majority of fetuses identified with a molated and increased nuchal fold of more than 6mm at the mid-trimester scan are normal.<sup>2</sup> An increased NF can be associated with:

- chromosomal or genetic colditions
- congenital heart abnormality
- other conditions which may cause hydrops fetalis

#### How common is it?

Isolated and increased NF is seen in less than 1% of pregnancies at 18<sup>+0</sup> to 20<sup>+6</sup> weeks gestation and the majority of these have a normal outcome.



#### Care following the ultrasound examination

It is important that the woman is given clear information about what has been found at the ultrasound examination. Initially, this explanation will be given by the sonographer who undertook the scan.

Information should be tailored to the individual and given in a staged, unhurried and sympathetic way. The woman may be shocked or upset and, for this reason, might not absorb what the sonographer says. She should be offered an information leaflet about the finding which she can take away and read in her own time.

The woman should be offered another appointment to see her obstetrician (or midwife) to further discuss the findings and then referred to an ultrasound specialist and/or fetal medicine specialist for a more detailed ultrasound examination where further tests such as amniocentesis may also be offered.

Contact information about agencies that can provide external support such as Antenatal Results and Choices (ARC), should be offered to the woman.<sup>3</sup>

#### Antenatal Results and Choices (ARC)

parents rosed with a ARC provides impartial information and individual support to pa antenatal screening or whose unborn baby has been diag

73 Charlotte Street

London W1T 4PN

Helpline: 0207 631 0285 Email: info@arc-uk.org Website: www.arc-uk.org

#### Reference list

- C, Ville Y. Relationship between nuchal translucency 1. Saloman L, Bernard J, Taupin P, between 11-14 weeks and nuc 20-24 weeks of gestation. Ultrasound in Obstetrics and Gynaecology (White Journal). 2001:18:636-7.
- Ref Type: Journal (Full)
- 2. Smith-Bindman R, Chu P, Goldberg J. Second trimester prenatal ultrasound for the detection of pregnancies at increased risk of Down's syndrome. Prenatal Diagnosis. 2007;27(6):535–44. Ref Type: Journal (Full)
- 3. Kirwan D, NHS Fetal Anomaly Screening Programme. 18<sup>+0</sup> to 20<sup>+6</sup> Weeks Fetal Anomaly Scan National Standards and Guidance for England. Exeter: NHS Fetal Anomaly Screening Programme; 2010.

