

Prenatal Genetic Screening Questionnaire

The following questions and their answers will help in the care of your pregnancy. Please review these with your partner and families. Your answers may tell us whether certain tests would be appropriate in helping to evaluate the health of your baby. Make note of any “yes” answers and discuss these with your provider.

1. Will you be age 35 or older at the time of your due date?
2. Was the father of the baby 40 years or older at conception?
3. Are you or the baby's father
 - Asian, Greek, Italian Middle Eastern or from India?
 - Jewish or French Canadian?
 - Latino or African-American?
4. Have you, the baby's father or anyone in either of your families had a pregnancy or a child diagnosed with Down syndrome?
5. Do you, the baby's father or anyone in either of your families have hemophilia or a bleeding disorder?
6. Do you, the baby's father or anyone in either of your families have a history of blood clots or a clotting disorder?
7. Do you, the baby's father or anyone in either of your families have a history of autism learning disabilities or mental retardation?
8. Do you, the baby's father or anyone in either of your families have an inherited disorder or chromosome abnormality not listed above?
 - Blindness
 - Deafness
 - Chromosome conditions: Trisomy 13 or 18, Klinefelter or Turners
 - Seizure or epilepsy
 - Hydrocephaly
 - Cystic Fibrosis
 - Neuromuscular disease or muscular dystrophy
 - Neurofibromatosis
 - Kidney disease
 - Marfan's syndrome
 - Metabolic disorders (PKU)
9. Do you, the baby's father or anyone in either of your families have a birth defect (congenital heart defect, cleft lip, spina bifida, etc.)?
10. Have you or the baby's father had a stillborn child or three or more pregnancy losses in this or any other relationship?
11. Since conception, have you taken or been exposed to any medication, drugs, alcohol or tobacco?
12. Are there any other exposures during this pregnancy that you are concerned about (radiation, lead, anesthetic gases, high fevers, birth control, infections, etc.)?
13. Do you or the baby's father have concerns about other conditions in either of your families?
14. Are you related to the father of the baby in any way?