Indications for Referral for Genetic Services: <u>Preconception / Prenatal</u>

- Advanced maternal age *(35 years or older at delivery)*
- Abnormal serum multiple marker screening results *(e.g. triple screen, quad screen, MSAFP. 1st trimester screen)*
- Fetal abnormalities on prenatal ultrasound *(e.g. structural malformations, hydrops, oligohydramnios, growth retardation with no known etiology)*
- Personal or family history of a known or suspected genetic disorder, birth defect, or chromosomal abnormality
- Family history of mental retardation of unknown etiology
- Exposure to a known or suspected teratogen *(e.g. alcohol, parvovirus, rubella, anticonvulsants, Accutane, lithium)*
- Mother with a medical condition known or suspected to affect fetal development *(e.g. diabetes, alcoholism,PKU, etc)*
- Either parent or other family member with a chromosome rearrangement
- Parent is a known carrier or has a family history of a genetic disorder for which prenatal testing is available *(e.g. Tay-Sachs disease, cystic fibrosis, sickle cell disease, alpha and beta thalassemia)*
- Unexplained infertility or multiple pregnancy losses (three or more miscarriages) or previous stillbirths
- Absence of the vas deferens
- Premature ovarian failure

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