

# All pregnant women deserve cell-free DNA screening

Making cell-free DNA screening available to all pregnant women can lead to better care, improved outcomes, and fewer invasive, costly procedures. It's time to reduce inequity by making it accessible to all.

## Screening: an important part of pregnancy

With every pregnancy, there's a chance that the baby will be born with a serious medical condition. If a mother and her doctor know ahead of time that a baby may have a condition, they can consider early treatment and/or delivery management recommendations that may improve the baby's health. That's why, for example, we check every pregnancy with several ultrasounds.

## Cell-free DNA screening

Cell-free DNA screening, also known as non-invasive prenatal screening (NIPS), is another simple and relatively inexpensive screening test. With just a sample of mom's blood, cell-free DNA screening identifies whether a pregnancy has an increased risk of Down syndrome, Edwards syndrome, and Patau syndrome. When compared to the older technology of serum screening, cell-free DNA screening leads to:

- A lower false-positive rate, which decreases invasive and costly follow-ups like amniocentesis<sup>1-3</sup>
- Improved perinatal outcomes
- Reduction in specialist referrals

## Recommended for all pregnant patients

The American College of Obstetricians and Gynecologists (ACOG) recommends offering a prenatal genetic screening (like cell-free DNA screening) to all pregnant patients.<sup>4,\*</sup>

## Unfair, unequal coverage

Yet many health insurance plans do not cover cell-free DNA screening for women who are under 35 or don't have known risk factors. That leads to unnecessary inequality based on a mothers' income, age or geographic location.

### AGE

Although women over 35 are more likely to experience fetal chromosomal abnormalities, younger women are still at risk. In fact, most children with Down syndrome are born to women 35 and under.<sup>4</sup>

### GEOGRAPHIC LOCATION

There are no geographic boundaries for who can have a child with a fetal chromosomal abnormality. So why is it that screening is covered for a 32-year-old mother-to-be in Oregon but not a similar mother in Indiana?

### INCOME

When not covered by insurance, only mothers who have the financial resources to pay out-of-pocket can get testing today. That's the definition of inequality.

## All women, no matter their income, age, or geographic location, deserve access to cell-free DNA screening.

Advocate for more equitable coverage of cell-free DNA screening by sending a letter to your health plans today. We make it easy.

- Just share your contact information and select your plans.
- We'll create a templated letter and even send the email to the medical director(s) at the health plan(s) you select.

If you're a patient, visit [capsprenatal.com/patient-advocacy](https://capsprenatal.com/patient-advocacy)

If you're a healthcare provider, visit [capsprenatal.com/provider-advocacy](https://capsprenatal.com/provider-advocacy)

Together, we can make change.



1. Benn P *et al.* *PLoS One*. 2015;10(7):e0132313.

2. Fairbrother G *et al.* *J Matern Fetal Neonatal Med*. 2015;1-5.

3. Walker BS *et al.* *PLoS One*. 2015;10(7):e0131402.

4. Screening for Fetal Chromosomal Abnormalities: ACOG Practice Bulletin Summary, Number 226. *Obstet Gynecol*. 2020 Oct;136(4):859-867.

\*Please contact your provider to discuss the best screening options for triplets and/or higher order multiples.