



Monitor 2024

Prenatal screening: NIPT and structural ultrasound scan

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Conclusions

Figures

- In 94.9% of the 171,349 pregnancies, a counselling session was registered in the national database called Peridos (93.6% in 2023).
- NIPT participation was 73.5% and has continued to increase compared to previous years (from 51.2% in 2020 to 67.8% in 2023).
- The proportion of abnormal NIPT was 0.5% and comparable to previous years.
- Participation in the 13 week scan has increased further to 79.8% (78.0% in 2023).
- Participation in the 20 week scan is 86.9%, which is comparable to previous years (86.6% in 2023).
- The proportion of indications for abnormalities on the 20 week scan was 4.2% and comparable to previous years (4.0% in 2023).

Recommendations

- The monitor uses two different denominators for the number of pregnancies. In an additional advisory request is currently investigated whether the same denominator can be used for all indicators and which denominator is most appropriate. This advice can be implemented in the next monitor.
- In-depth analyses are currently being conducted to determine how many pregnancies are not eligible for an ultrasound scan, but are eligible for a GUO type 1 due to a medical indication. Based on this, a recommendation will be made as to whether or not these pregnancies should be excluded from the denomina-

tors for participation in the 13 week scan and 20 week scan. This recommendation can be implemented in the next monitor.

- In the indicators for incomplete 13 week scan and 20 week scan, the regional differences are remarkable. If the 13 week scan becomes part of the regular screening programme, the causes of the high percentage of incomplete examinations will need to be investigated. This is already a point of attention for the 20 week scan, and it is relevant to investigate whether there is a relationship with the pregnant woman's BMI and where there is room for improvement. It is important to pay particular attention to the outliers.
- Data on follow-up examinations are currently unavailable. It is important that this data becomes available again so that indicators involving this data on invasive diagnostics and GUO type 2 (the test characteristics) can be calculated.

Prenatal screening: NIPT and structural ultrasound scan

Since 2007, the obstetric care provider offers information about the prenatal screening program to each pregnant woman in the Netherlands who wishes this, in the so-called **counseling session**. The purpose of prenatal screening is to provide pregnant women, who wish so, with timely information about the possible presence of one or more abnormalities in the unborn child, so that they can decide about different treatment options.



The NIPT (Non-Invasive Prenatal Testing) is a test to assess whether the baby may have Down syndrome, Edwards syndrome or Patau syndrome and is conducted from 10 weeks into pregnancy. For the NIPT, a blood sample is drawn from the pregnant woman. The blood is tested in a laboratory. In case of indications of any disorders, the pregnant women may choose to have follow-up invasive diagnostic testing. As of April 1 2023 the NIPT is a part of the regular prenatal screening program and available for all pregnant women for free, without having to participate in a scientific study.

Around the 13th week, the **first trimester ultrasound scan** (13 week scan) is offered to examine the foetus for physical abnormalities. The **second trimester structural ultrasound scan** (20 week scan) consists of an ultrasound scan between 18 and 21 weeks of pregnancy, during which the foetus is also examined for physical abnormalities. If there are indications for abnormalities, follow-up diagnostics using advanced ultrasound examination (GUO2) will be carried out if desired. In this follow-up testing the suspicion of an abnormality may or may not be confirmed.

Participation counselling, NIPT, 13 week scan and 20 week scan

Counselling is offered to all pregnant women.

Women decide for themselves whether they want to participate in a counselling session. Even after counselling, women can choose not to participate in the screening. In 2024, a counselling session was registered in the Peridos database for 94.9% (n=162,612) of the 171,349 pregnancies. The median age of the pregnant women was 31 years. Participation rate of the NIPT was 73.5%. A 13 week scan was performed in 79.8% of pregnancies, and a 20 week scan was performed in 86.9% of pregnancies. There are women who do not receive a 13 and/or 20 week scan, but are immediately eligible for a diagnostic scan (advanced ultrasound examination type 1, GUO-1), because they have an increased risk of a congenital abnormality in their child based on their medical history.

Table 1: Key figures, participation numbers and rates 2020 t/m 2024

	2020	2021	2022	2023	2024
Total number of pregnancies ¹	179,188	180,453	172,212	170,721	171,349
Number of pregnancies with counseling session	166,347	170,446	160,957	159,877	162,612
Participation rate counseling (%)	9.8	94.5	93.5	93.6	94.9
Number of pregnancies with NIPT	91,658	99,516	99,549	115,828	126,023
Participation rate NIPT (%)	51.2	55.1	57.8	67.8	73.5
Number of pregnancies with 13 week scan	-	40,206 ²	129,977	133,172	136,438
Participation rate 13 week scan (%)	-	69.3 ²	75.5	78.0	79.8
Number of pregnancies with 20 week scan	154,751	154,691	147,441	147,799	148,899
Participation rate 20 week scan (%)	86.4	85.7	85.6	86.6	86.9

¹ The number of pregnancies is based on the data in the national database (Peridos). The participation rates are based on all pregnancies with a due date between 1 July 2024 and 30 June 2025.

² The 13 week scan was introduced from September 1, 2021. The total number of pregnancies from September 1, 2021 to December 31, 2021 is 58,023. This is the denominator for the percentage of participation in the 13 week scan in 2021

Participation: trends over time and by age

NIPT participation

NIPT was performed in 73.5% of pregnancies (Figure 1). As age increases (up to and including 34 years), NIPT was performed more often (Figure 2). In addition, there has been a further increase in NIPT participation in all age groups, particularly in the younger age groups, possibly due to the fact that NIPT became available free of charge to all pregnant women in 2023.

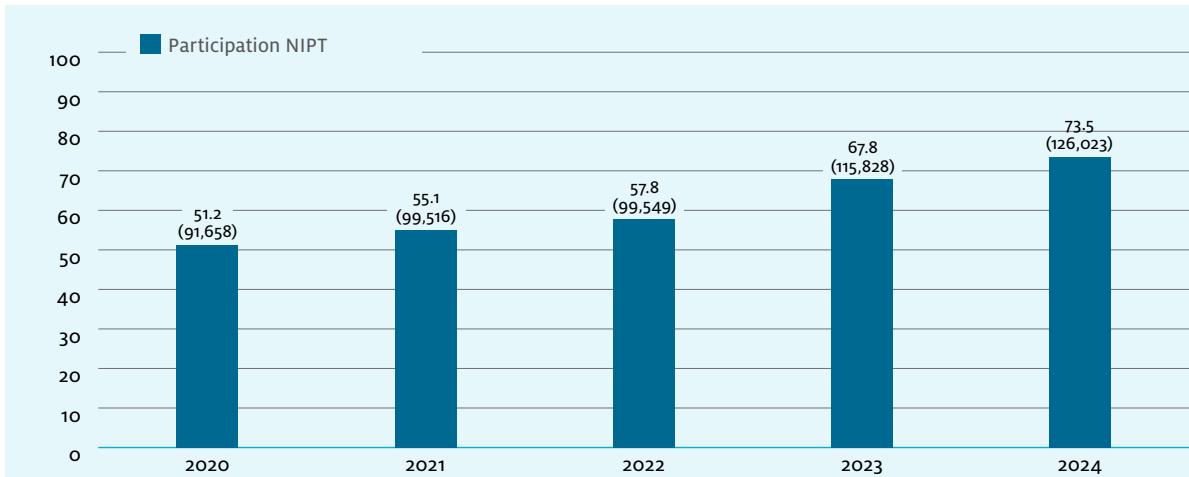


Figure 1 | Participation NIPT in 2020 t/m 2024, % and n

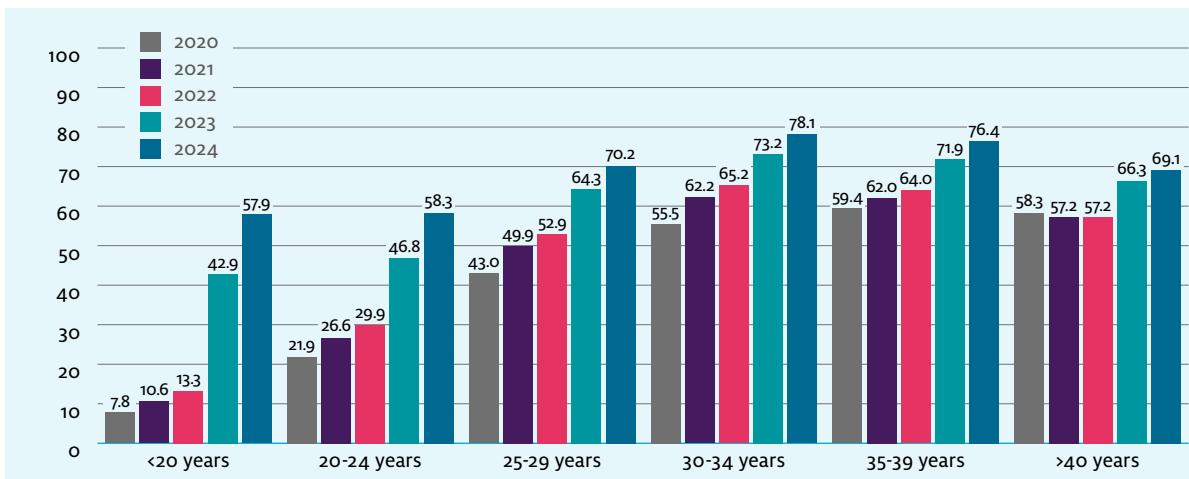


Figure 2 | Participation NIPT across age groups in 2020 t/m 2024, %

Participation: trends over time and by age

Participation 13 week scan and 20 week scan

In 2024 a 13 week scan was performed in 79.8% of pregnancies (Figure 3). A 20 week scan was performed in 86.9% of pregnancies. Figure 3 and Figure 4 show the trends in participation in 13 and 20 week scans over the past few years. In case no 13 week and/or 20 week scan was performed, the pregnant woman may have opted out, or there may have been a medical indication for performing a GUO in the first trimester, or a miscarriage may have occurred. With increasing age from 35 years onwards, participation in 13 week and 20 week scans decreases slightly, possibly because older pregnant women are more likely to have an indication for a type 1 GUO and therefore have a 13 week and 20 week scan performed less often (Figure 5 and Figure 6).

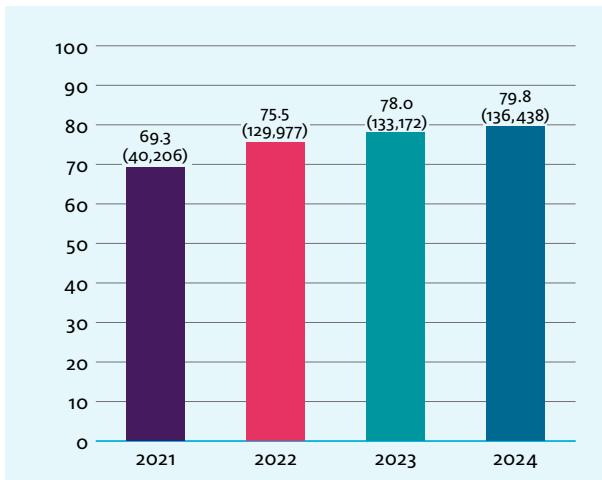


Figure 3 | Participation 13 week scan in 2021 t/m 2024, % and n

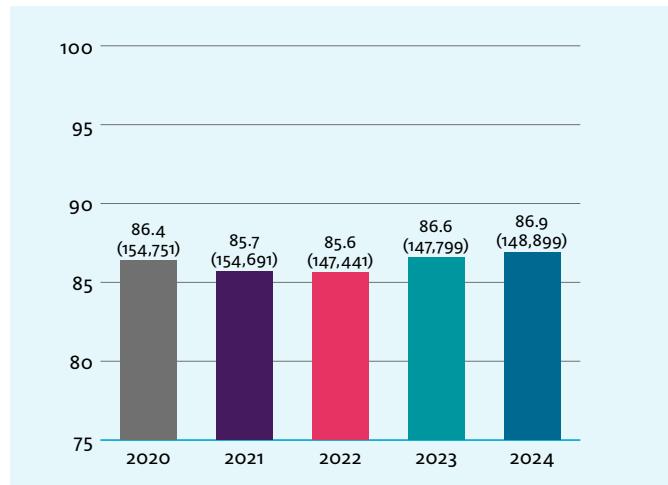


Figure 4 | Participation 20 week scan in 2020 t/m 2024, % and n

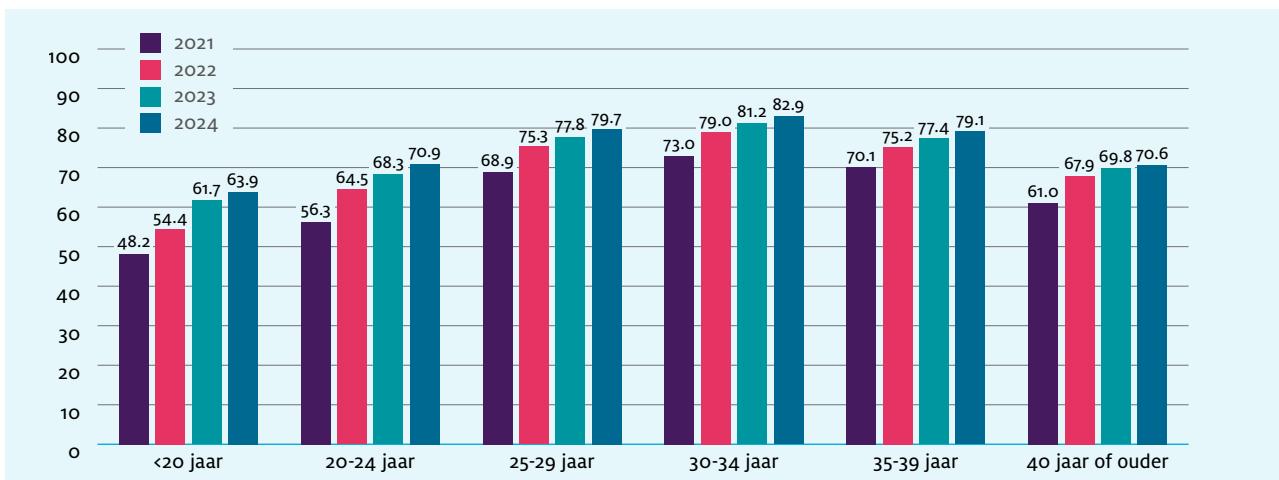


Figure 5 | Participation 13 week scan across age groups in 2021 t/m 2024, %

Participation: trends over time and by age

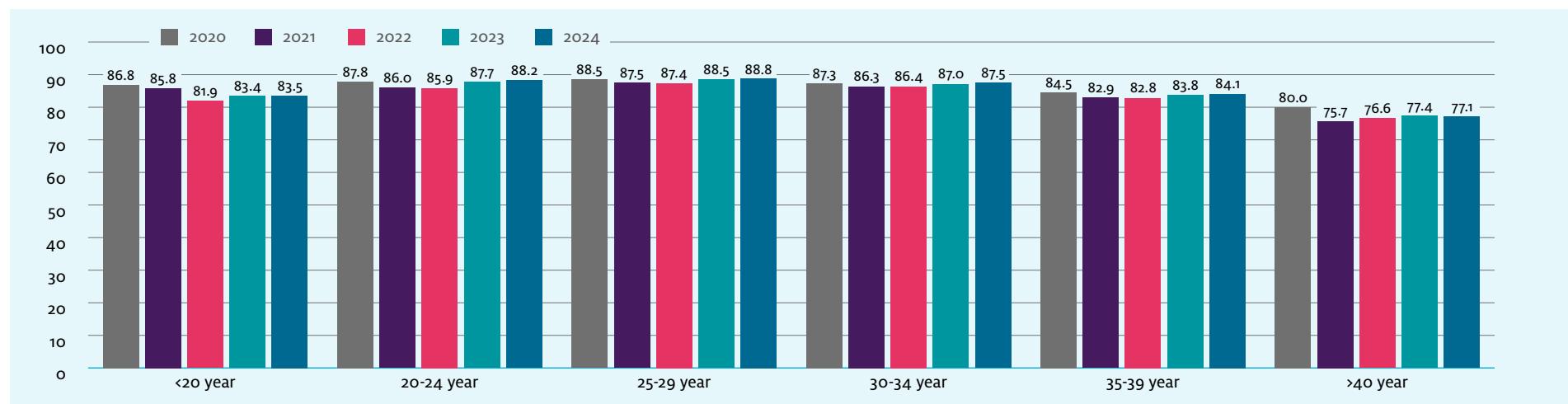


Figure 6 | Participation 20 week scan across age groups in 2020 t/m 2024, %

Participation: trends over time and by age

Indication for repeat test NIPT and repeat 20 week scan

Sometimes the NIPT does not produce a test result, for example because there is too little DNA from the foetus (placenta) in the pregnant woman's blood sample. In that case, a repeat test is necessary. In 1.9% (Figure 7) of pregnancies, there is an indication for a repeat test NIPT because no result was obtained. Of these pregnancies, 92.5% actually undergo the repeat test, which is roughly the same as in 2023 (93.6%) and slightly lower than in 2022 (97.1%).

For a 20 week scan, a repeat test may be necessary if the child's position is for example unfavourable, which makes observation by the sonographer difficult. The proportion of pregnancies with a repeat test for a 20 week scan was 5.8% (Figure 8). Repeat tests performed on the same day as the primary test are not recorded and are therefore not included in this calculation.

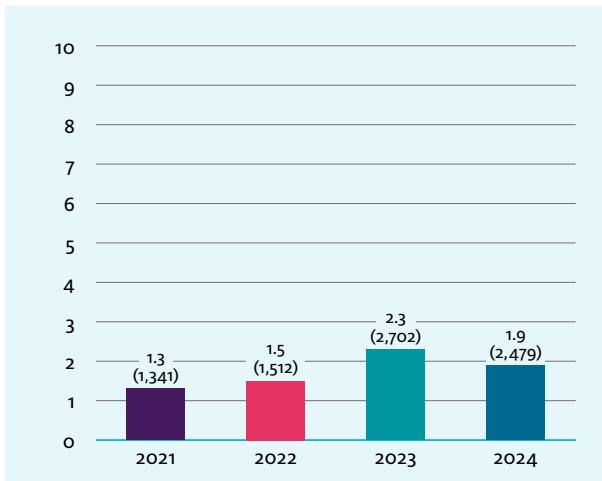


Figure 7 | Indication for repeat NIPT test: pregnancies with an indication for a repeat test in 2021 to 2024, % and n

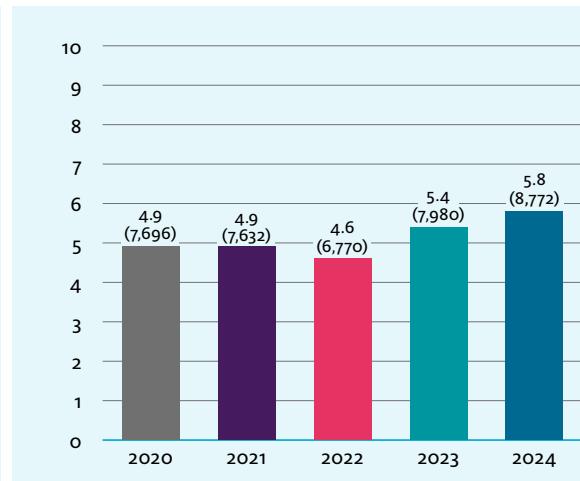


Figure 8 | Participation repeat test 20 week scan in 2020t/m 2024, % and n

Test results

Test results NIPT

Figure 9 presents the number and proportion of abnormal results of the NIPT. The proportion with an abnormal result for Down, Edwards and/or Patau syndrome was 0.54%. The proportion of pregnancies with an increased risk of Down syndrome (T21) was 0.35%. The percentage of pregnancies with an increased risk for Patau syndrome (T13) was 0.09% and for Edwards syndrome (T18) 0.10%. The secondary finding rate is 0.53%

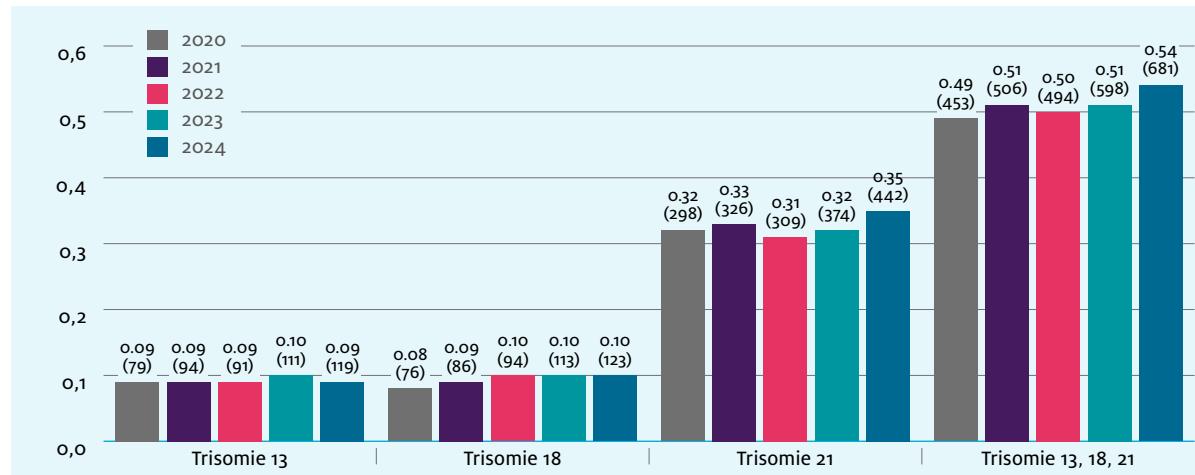
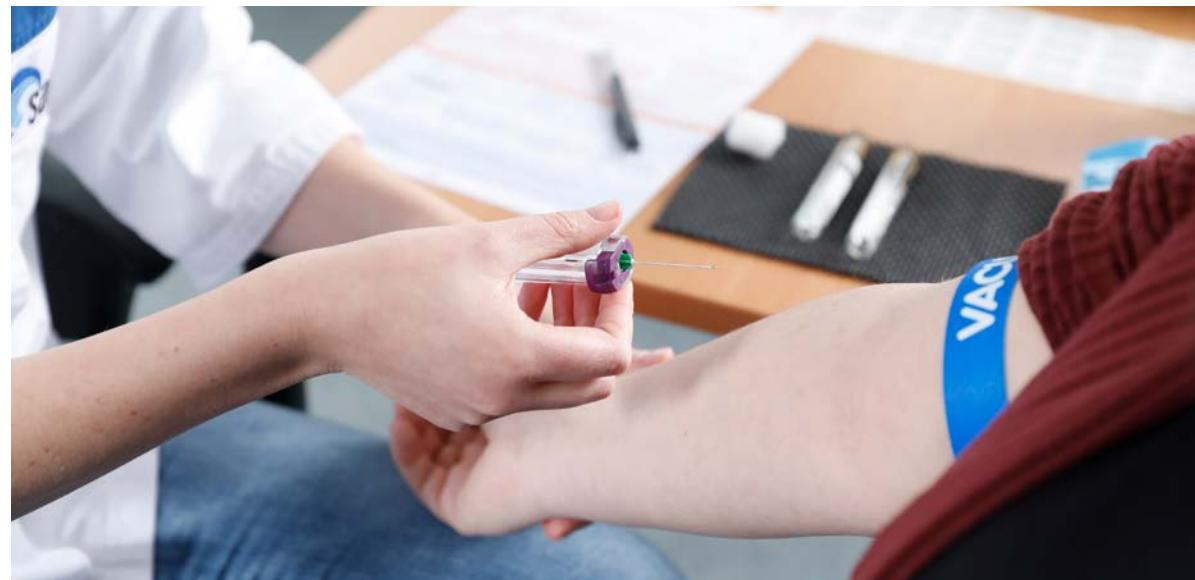


Figure 9 | Test results NIPT: pregnancies with an abnormal result in 2020 t/m 2024, % (n)



Test results

Test results 13 week scan and 20 week scan

In 2024, 1.2% (n=1,659) of pregnancies had an abnormal 13 week scan (1.3% in 2023). *Figure 10* presents the abnormal results after a 20 week scan. An abnormal 20 week scan was present in 4.2% of pregnancies.

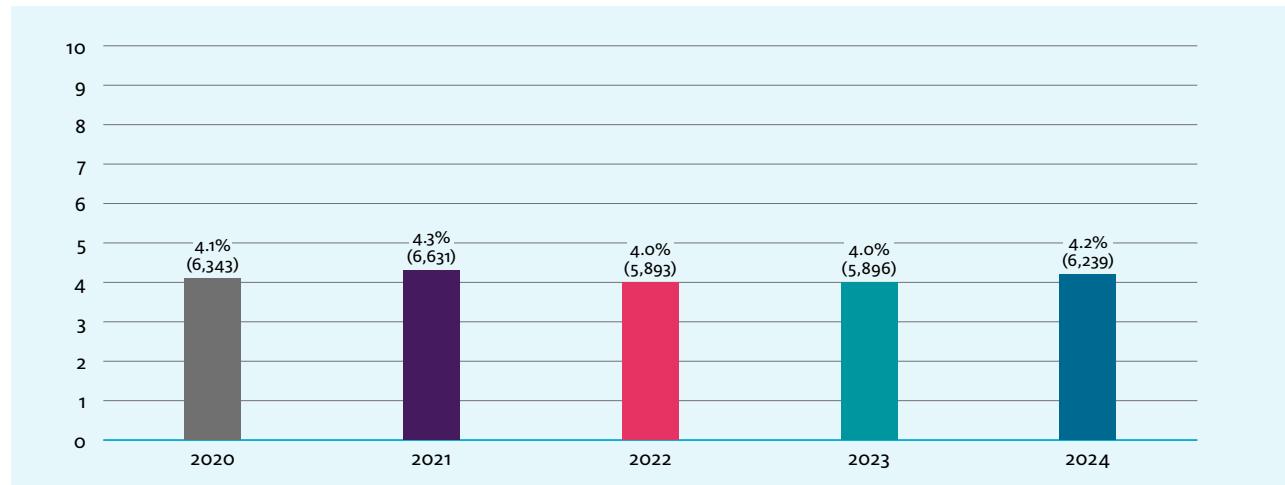


Figure 10 | Test results 20 week scan: pregnancies with an indication for physical abnormalities in 2020 t/m 2024, % and n



Tijdstip counseling en screening

Counseling

Prenatal screening is intended to offer pregnant women options in a timely manner. Offering counselling and screening tests on time is essential in this regard. All screening options are discussed during the counselling session. In 2024, the counselling session took place before the 14th week in 98.2% of pregnancies (Figure 11). This is comparable to previous years.

NIPT, 13 week scan and 20 week scan

NIPT was performed before the 19th week in 99.2% of pregnancies (Figure 11). In 98.8% of pregnancies, a 13 week scan was performed between 12+3 weeks and before 14+4 weeks. The 20 week scan was performed before the 21st week in 97.7% of pregnancies.



Figure 11 | Time of counseling, NIPT, 13 week scan and 20 week scan 2024

About this monitor

This monitor describes the screening and test results of the NIPT, the 13 week scan and 20 week scan in the year 2024. On behalf of the Ministry of Health, Welfare and Sport, the RIVM is responsible for the national coordination of prenatal screening.

This monitor is an abridged version of the professional monitor, which has also been made public via the RIVM. Data on follow-up diagnostics and births are not available in Peridos; therefore, no indicators can be calculated for which these data are required (such as test characteristics). The monitor presents trends in indicators over the past five years (2020 to 2024). Some indicators only became available (reliably) at a later date, in which case trends are shown over fewer years.

All indicators are calculated on the basis of the data for 2024 that were registered in Peridos as of 1 September 2025. Peridos is a national database in which data on prenatal screening in the Netherlands

has been recorded since 2010. All indicators are calculated at pregnancy level. The participation and reach indicators are based on all pregnancies with a due date between 1 July 2024 and 30 June 2025. Data from healthcare units in 2024 (number of pregnancies in the reporting year) were used to calculate the participation and coverage indicators for all other indicators. The exact calculation of the indicators and details at regional level are provided in the professionals monitor. The NIPT retest indication indicator is new in this monitor and has replaced the number of NIPT repeat tests performed. Thanks to the efforts of all those involved, registration in Peridos has improved over the years, both in terms of quantity and quality. However, this means that it

is not (always) clear whether certain results of the monitor can be explained by characteristics of the registration and/or reflect actual changes in the screening programme.