# Advances in prenatal screening and diagnosis: From non-invasive prenatal testing to whole genome sequencing.

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### Introduction

Advances in Prenatal Screening and Diagnosis: From Noninvasive Prenatal Testing to Whole Genome Sequencing Prenatal screening and diagnosis have traditionally involved invasive procedures such as amniocentesis and chorionic villus sampling (CVS) that carry a small but significant risk of miscarriage. In recent years, however, non-invasive prenatal testing (NIPT) has emerged as a safer and more accurate alternative for detecting fetal chromosomal abnormalities. NIPT involves a simple blood test that can detect fetal DNA in the mother's blood and analyze it for abnormalities [1].

NIPT is currently recommended for women who have a higher risk of having a baby with chromosomal abnormalities, such as those who are 35 years of age or older, have a family history of genetic disorders, or have had abnormal ultrasound results. The test can detect common chromosomal abnormalities, such as Down syndrome, with a high degree of accuracy (over 99%) [2].

NIPT can also detect other chromosomal abnormalities, such as trisomy 13 and 18, as well as sex chromosome abnormalities. Another advance in prenatal screening and diagnosis is the use of whole genome sequencing (WGS) to analyze fetal DNA. WGS is a more comprehensive test than NIPT, as it can provide much more detailed information about the fetus's genetic makeup, including the risk of developing certain genetic disorders. WGS can detect not only chromosomal abnormalities but also single gene mutations that cause genetic disorders such as cystic fibrosis and sickle cell disease [3].

WGS is not yet widely available for prenatal screening and diagnosis, as it is more expensive and time-consuming than NIPT. However, as the cost of sequencing continues to decrease, it is likely that WGS will become more widely used in the future. In addition, research is ongoing to develop new methods of analysing fetal DNA that could make WGS faster and less expensive. The use of NIPT and WGS has significant implications for prenatal care. These tests can provide parents with more information about their baby's health before birth, which can help them make more informed decisions about their pregnancy. For example, if a chromosomal abnormality is detected, parents may choose to terminate the pregnancy, prepare for the birth of a child with special needs, or seek additional medical care during the pregnancy [4].

In addition, the information provided by NIPT and WGS can help healthcare providers better manage the pregnancy and prepare for any potential complications. For example, if a genetic disorder is detected, the healthcare provider can prepare for the baby's care after birth and provide appropriate counselling to the parents. There are also ethical and social implications of using NIPT and WGS for prenatal screening and diagnosis. Some have raised concerns about the potential for these tests to lead to increased termination of pregnancies with certain genetic disorders, such as Down syndrome. Others have raised concerns about the potential for these tests to lead to discrimination against people with genetic disorders [5].

## Conclusion

Prenatal screening and diagnosis have advanced significantly in recent years with the introduction of non-invasive prenatal testing (NIPT) and whole genome sequencing (WGS). These tests provide parents and healthcare options for detecting fetal chromosomal abnormalities and genetic disorders, and can help healthcare providers better manage pregnancies and prepare for potential complications. However, the use of these tests also raises ethical and social concerns that must be carefully considered.

#### References

- 1. Darouich AA, Liehr T, Weise A et al. Alpha-fetoprotein and its value for predicting pregnancy outcomes–a reevaluation. J Perinat Med. 2015;9(3-4):18.
- 2. Liehr T, Lauten A, Schneider U et al. Noninvasive prenatal testing-when is it advantageous to apply. Biomed Hub. 2017;2(1):1-1.
- 3. Seppo A, Frisova V, Ichetovkin I et al. Detection of circulating fetal cells utilizing automated microscopy: potential for noninvasive prenatal diagnosis of chromosomal aneuploidies. Inter Soc Pre Diag. 2008;28(9):815-21.
- 4. Levine RJ, Qian C, LeShane ES et al. Two-stage elevation of cell-free fetal DNA in maternal sera before onset of preeclampsia. Am J Obstet Gynecol. 2004;190(3):707-13.
- 5. Carlson LM, Vora NL. Prenatal diagnosis: screening and diagnostic tools. Obstet Gynecol Clin. 2017;44(2):245-56.

*Citation:* Zhang V. Advances in prenatal screening and diagnosis: From non-invasive prenatal testing to whole genome sequencing. Res Rep Gynecol Obstet. 2023;4(2):143

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Received: 30-May-2023, Manuscript No. AARRGO-23-101113; Editor assigned: 01-June-2023, PreQC No. AARRGO-23-101113 (PQ); Reviewed: 15-June-2023, QC No. AARRGO-23-101113; Revised: 20-June-2023, Manuscript No. AARRGO-23-101113 (R); Published: 27-June-2023, DOI: 10.35841/aarrgo-4.2.143