



SASOG

South African Society of Obstetricians & Gynaecologists



Uvavanyo olwenziwayo xa ukhulelwe

Igosa lakho lezonyango (Ugqirha onguMbelekisi, uGqirha oQhelekileyo okanye uMbelekisi) uya kucela ukwenza uvavanyo ukuze ahlole ukuba konke kuhamba kakuhle nokukhulelwa kwakho. Olunye uvavanyo uyazikhethela yaye lunokuxhomekeka ekubeni uyalufikelela na okanye akunjalo.

Olu vavanyo luquka ezi zinto zilandelayo

Uvavanyo oluqhelekileyo ukuze kuhlolwe impilo yakho neengozi ekukhulelweni kwakho

- Iqela lakho legazi u-A, B, O no-Rhesus namajoni omzimba (ukuze kubonwe enoba usana lwakho lusengozini yokubane anemiya okanye ijondisi ngenxa yokuba iqela legazi lakho lahlukile kwelotata wosana);
- Izinga le hemoglobhini (ukuhlola ukuba une anemiya);
- Amajoni alwa ne-Rubella (i-German measles), i-HIV, i-hepatitis B, i-Syphilis (ukubona enoba usana lwakho alukho sengozini yokufumana ezizifo ngaphambi kokuba luzalwe);
- Izinga lweswekile egazini lakho (kwezinye iimeko) (ukubona enoba unesifo seswekile na, esisenokuba sizimele okanye sibangelwe kukukhulelwa);
- Uxinzelelo lwakho lwegazi (ipressure) (ukuze kubonwe enoba uxinzelelo lwegazi olusitheleyo okanye olubangelwa kukukhulelwa njengakwisigulo esibizwa ngokuba yi-pre-eclampsia);
- Umchamo wakho (ukuze kuhlolwe enoba isinyi asinasifo na, okanye akukho protini na emchameni wakho (nto leyo ekwanokubonisa i-pre-eclampsia okanye isifo sezintso esizimeleyo);
- Incindi (kwezinye iimeko) ukuhlola enoba ayikho na intsholongwane ebizwa ngokuba yi-group B streptococcus kwilungu lobumama (le inokubangela isigulo esinobungozi kusana lwakho xa luphuma elungwini lobumama);
- I ultrasound scan yokubona enoba zingaphi inyanga, nokuba umntwana ungaphakathi esibelekweni kwaye uyaphila, nokuba kukho amawele, ukuhlola umthamo wamanzi esibeleko angqonge usana nokuma kwesizamva somntwana.

Uvavanyo oluqhubekayo lokuhlola enoba usana lwakho lusengozini yokukhubazeka emzimbeni okanye engqondweni.

Iintsana ezininzi zikhula ngendlela eqhelekileyo kodwa ukukhulelwa ngakunye kuba nengozi encinane kwimveku (usana olungekazalwa, olusesesibelekweni sikamama walo) yokuba ayikhuli ngendlela eqhelekileyo. Kubalulekile ukuqonda ukuba akukho luvavanyo okanye iindidi ngeendidi zovavanyo ezisisiqinisekiso kwanokuba umntu akanakuze abe nesiqinisekiso sokuba uya kuzala usana olungenasiphene.

Ezi nkalo zilandelayo zengozi zibonisa ukuba amathuba akho okuthwala umntwana enesiphene angaphezulu kunokuqhelekileyo yaye kubalulekile ukuba wazise ugqirha wakho ngayo nayiphi na kwezi zinto zilandelayo:



	Ewe okanye Hayi
Ndineminyaka engama-35 okanye ngaphezulu	
Ndiyaxhuzula yaye ndinamayeza endiwathathayo	
Ndinesifo seswekile	
Ndithatha amayeza esifo esinganyangekiyo	
Ndiye ndawasebenzisa amayeza athengiswa ekhemesti/amayeza esintu/amayeza emveli ebudeni boku kukhulelwa	
Ndiye ndathatha amayeza esigulo esinganyangekiyo kwisithuba seenyanga ezi-3 ngaphambi kokukhulelwa	
Andikhange ndizithathe iisaplimenti zeevithamithini ngaphambi kokuba ndikhulelwe	
Ndikhe ndakhulelwa ngaphambili umntwana enesiphene	
Ndikhe ndabhujelwa ngumntwana esiswini xa sele ndizobeleka	
Ndikhe ndaphunyelwa sisisu kwizihlandlo ezingaphezu kwesinye	
Mna okanye iqabane lam okanye elinye lamalungu entsapho yam lazalwa linesiphene	
Mna okanye iqabane lam okanye elinye lamalungu entsapho yam linokukhubazeka engqondweni	
Mna okanye iqabane lam okanye elinye lamalungu entsapho yam liye lakhupha isisu (laqhomfa) ngenxa yokukhulelwa imveku enesiphene	
Kukho isigulo esihamba nemfuza (esikwigazi lentsapho) kwintsapho yam okanye eyeqabane lam	
Ndikhe ndatshaya logama ndikhulelwe	
Ndikhe ndasela utywala logama ndikhulelwe	
Ndiye ndasebenzisa iziyobisi logama ndikhulelwe (intsangu, i-TIK, i-methamphetamine, i-heroin, i-cocaine njl. njl...)	

Uvavanyo olukhoyo luquka uvavanyo lohluzo lwangaphambi kokubeleka novavanyo lokuxilonga lwangaphambi kokubeleka. Ungazikhethela ukuba uyafuna ukulwenza oluvavanyo kodwa lunokwenza kufumaneke inkcazelo ebalulekileyo enokunceda ekulawulweni koku kukhulelwa.

Uvavanyo lohluzo nolokuxilonga

Uvavanyo lohluzo luvavanyo olunokwenziwa nakubani na ofunayo, kodwa alunikelisi impendulo ethe ngqo ngesigulo (ngokomzekelo i-Down syndrome) ukuba sikhona okanye asikho. Lubonisa nje kuphela amathuba okuba isigulo sibe sikhona, oko kubonakala ngamanani (ingozi ka-1 ku-xxx) okanye, ingozi ephantsi, ephakathi, okanye ephezulu. Uninzi (kodwa kungekhona bonke) lwabantu abachaphazelekayo luya kuba neziphumo ezibonisa “ingozi enkulu” kuvavanyo lwabo lohluzo. Umlinganiselo wabobantu abaneziphene abafunyaniswe



kolu vavanyo ubizwa ngokuba ngumlinganiselo wobuzaza okanye owokufunyaniswa kweso sigulo. Umlinganiselo wabantu abaqhelekileyo abaye bafumana iziphumo ezibonisa "ingozi enkulu" ubizwa ngokuba ngumlinganiselo wephozithivu engeyiyo. Iimveku ezineziphene ezinesiphumo "esinengozi encinci" ziyaphoswa luvavanyo lohluzo yaye zibizwa ngokuba ziziphumo ezinegethivu kube kungenjalo. Ngokufanelekileyo, uvavanyo lohluzo lufuna izinga eliphezulu lokuhlola ubuzaza (nangona bungazi kuba yi-100%) nomlinganiselo ophantsi wephozithivu engeyiyo (nangona ingenakuze ibe ngu-0%).

Uvavanyo lokuxilonga kwelinye icala lunikela impendulo ecacileyo yokuba esi sigulo sikho na okanye asikho. Uvavanyo lokuhlola lunempawu ezithile ezilwenza lungafaneleki ekusetyenzisweni ngokubanzi, njengengozi okanye iindleko ezinxulumene novavanyo okanye ufikelelo olulinganiselweyo. Ukhetho lovavanyo lokuxilonga oluthile luxhomekeka kwisigulo esithile umntu afuna ukusibona okanye asikhethe. Iindlela zovavanyo lokuxilonga ziquka uhlobo lwe-ultrasound olwenziwa yingcali (umz. ukwenzela iziphene ezikumalungu omzimba emveku) okanye iinkqubo zoxilongo lokuhlalywa apho inaliti ingena kulusu lukamama iye kutsho esibelekweni ukuze kufunyanwe incindi ukuze kuvavanywe imizila yemfuza okanye izifo (iisampuli ze-chorionic villus ukuze kufunyanwe intwana yesicwili yesizamva somntwana, eye-amniocentesis ukuze kufunyanwe intwana yamanzi angqonge imveku, eye-cordocentesis ukuze kutsalwe igazi kwimithambo yegazi ekwinkaba engaphandle komzimba wemveku kodwa eqhubeka ikho kwimveku nasemva kokuzalwa). Lonke uvavanyo lokuhlalywa luhambisana nobungozi bokuphunyelwa sisisu (malunga ne-1:200). Inkcazelo engakumbi ngokuphathelele uvavanyo lokuhlalywa olukhethekileyo inganikelwa ngugqirha ongumbelekisi wakho okanye ongumcebisi womzila wofuzo.

Olu vavanyo lohluzo lulandelayo luyafumaneka.

Uvavanyo lohluzo lweziphene zomzimba

1. **Uvavanyo lwegazi (uhluzo lwemichiza yobomi):**

I-Maternal Serum Alpha-Feto-Protein (MSAFP) luvavanyo lwegazi olwenziwa phakathi kweveki ye-15 neye-19 yaye lunceda ukuba kubonwe isiphene ekuzalweni (umqolo ovulekileyo) njengoko izinga leli chiza lisanda xa umqolo wemveku ungavalekanga ncam, nto leyo inokubangela ukukhubazeka. Alongezi xabiso ukuba iskeni sokubumbeka siza kwenziwa yingcali kodwa luyanceda xa lwenziwe ngugqirha ongumbelekisi oqhelekileyo. I-MSAFP ingabona i-60% yeemveku ezineziphene ekuzalweni kunye nomlinganiselo we-5% wephozithivu engeyiyo. Ukuba iziphumo ze-MSAFP aziqhelekanga, kubalulekile ukwenziwa kohlobo oluneenkukacha olwenziwa yingcali.

2. **Uvavanyo lwe-ultrasound:**

Umlinganiselo wokubonakala kweziphako kumalungu omzimba wemveku uyahluka. Oku ngokumandla kuxhomekeka kwiimeko zokuskenwa, ubugcisa bomntu owenza oko kunye nexesha elikhoyo leskeni. Iziphako ezikumalungu athile kunzima kakhulu ukuba zibonakale kuneziphako ezikwezinye iinxalenye. Ezinye iziphako zizibonakalisa kuphela emva kwexesha elithile umntu ekhulelwe yaye ezinye zingabonakala kuphela emva kokuba ezelwe. Umlinganiselo wokubonakala uba phantsi ngokuphawulekayo ukuba imida yezobugcisa yenza umfanekiso okwizinga eliphantsi. Oku kunganxulunyaniswa nokutyeba kukamama, ekuqaleni okanye ngasekupheleni kokukhulelwa, ukuncipha okanye ukwanda kwamanzi ajikeleze usana, ukubakho kwentsana ezimbini nangaphuzulu (amawe),



ukuma okungekuhle kwemveku okanye kweplasenta, ukubakho kwee-fibroids (uhlumo olungeyongozi lwemicu yezihlunu zesibekeko) okanye amanxeba asesiswini njl.njl.

Kunzima ukuba zibonwe zonke iziphene imveku enazo ngaphambi kokuba izalwe. Ngokuqhelekileyo, zimalunga ne-50% kuphela iziphene ezinobuzaza eziye zibonwe kwiskeni sokubumbeka esenziwa qho (ize i-50% ingabonakali). Xa iingcali zisenza izikeni ezilolu hlobo, umlinganiselo wokubonakala ngokuphawulekayo uba phezulu (malunga ne-75%) kuba batyhubele uqeqesho olukhethekileyo olumandla ibe ngoko banamava angakumbi kunoogqirha abangababelekisi abaqhelekileyo. Iskena sengcali sidla ngokubiza kakhulu kuneskena esiqhelekileyo ekubeni iingcali zidla ngokusebenzisa izixhobo ezibiza kakhulu zize zichithe ixesha elininzi kuhlolo Akukho zingcali zaneleyo kwilizwe ezinokufikelela bonke abantu abakhulelweyo. Ngoko ngokuqhelekileyo kucebiseka ukuba inkonzo yabo isetyenziselwe kakhulu abo bakhulelweyo abaneenkalo ezinomngcipheko okanye xa iskeni sesiqhelo esenziwa ngugqirha ongumbelekisi siphakamisa nayiphi inkxalabo.

Uvavanyo lohluzo lwezifo zomzila wofuzo.

Eyona njongo kukukhangela iimveku ezinobungozi obukhulu bokufumana-iDown syndrome njengoko isesona sifo somzila wofuzo esiqhelekileyo esiba neziphumo ezingentle ezibonakalayo. Uvavanyo oluninzi nolwahlukahlukeneyo lukho yaye lungasetyenziswa kudityaniso oluninzi. Lilonke, okukona uvavanyo lubiza, kokukona umlinganiselo wokubonakala uphezulu YAYE kokukona umlinganiselo wephozithivu engeyiyo uphantsi. Oku kuthetha ithuba eliphantsi lokufunyaniswa kwe-Down syndrome okungekuko KUNYE nethuba eliphantsi lokufumana umphumo “womngcipheko ophezulu” nto leyo inyusa imfuneko yovavanyo olungakumbi, mhlawumbi neenkqubo zoxilongo lokusebenzisa inaliti esibekekweni. Njengoko umngcipheko we-Down syndrome ikakhulu ubangelwa bubudala bukamama (bona ithuba eliphantsi engezantsi), ubudala bakhe busoloko buqwalaselwa xa kubalwa umngcipheko. Ngoko ke bubudala beqanda obuye bavelisa ezo meko ibe xa kunjalo ufanele uchazele ugqirha wakho ukuba obo budala bohluke kuneminyaka yakho. Noko ke ubudala bunefuthe ekuchaneni kovavanyo lohluzo oluninzi yaye ukuchana kwamanani acatshulwe kolu xwebhu ngawabantu abangomama (amaqanda) anobudala beminyaka eyi-30. Kubantu abangomama abancinci kunoku, umngcipheko we-Down syndrome noko uphantsi yaye uninzi lovavanyo phantse aluniki mphumo wephozithivu engeyiyo kodwa ke kukho amathuba amaninzi okuyiphosa i-Down syndrome (oko kukuthi umlinganiselo wokubonakala ophantsi). Kwelinye icala oku kuyenzeka kubantu abangomama abaneminyaka engaphezu kweyi-30 – banomlinganiselo ophezulu wokubonakala kwayo kodwa bakwanethuba eliphezulu lokufumana umphumo wephozithivu engeyiyo.



1. Uvavanyo lwegazi (uhluzo lwemichiza yobomi ngokusekelwe kumazinga ezinto ezithile ezikwimichiza ekwigazi likamama):

- Uvavanyo lwegazi koomama abakhulelweyo lwe-PAPP-A nolungena β -HCG, lwenziwa kwiveki 8-14 (kokona kungcono ukulwenza ngaphambi kwexesha).
- Uvavanyo lwegazi koomama abakhulelweyo lwe-AFP, i-HCG nolwe-estriol (Uvavanyo oluthathu), lwenziwa kwiveki 15-20.
- Iultrasound scan ifuneka ngaphambi kwalo naluphi u vavanyo lwegazi ukuze kuhlolwe ukuba sele ukhulelwe ixesha elide kangakanani nokuze singaquki amawele okanye ukuphunyelwa sisisu. Olu vavanyo lwegazi linobuzaza obuyi 60% ye-Down syndrome (oko kukuthi kungabonakala kwiimveku ezi-6 kwezi-10 ezine-Down syndrome) kunye nomlinganiselo we-5% wephozithivu engeyiyo, kumngcipheko oyekileyo omalunga ne-1:300.
- Uvavanyo lwe-DNA yemveku efumaneka kwigazi likamama, olukwabizwa ngokuba yi-NIPT (Uvavanyo olungasebenzisi naliti engena esibelekweni sikamama). Olu vavanyo luyichana kakhulu i-Down syndrome (linobuzaza obungaphezu kwe 99% nobunomlinganiselo ongaphantsi ko-1% wephozithivu engeyiyo). Lungenziwa nangaliphi na ixesha emva kweeveki ezi-10, kodwa lukwafuna kwenziwe iskeni kwangaphambili ukuze lungaquki iingxaki ezinjengeziphene zomzimba ezimandla kwimveku, ukukhulelwa kwamawele okanye ukuphunyelwa sisisu. I-NIPT ibiza kakhulu ngoku yaye ayigutyungelwa luninzi lwee-medical schemes. Ingakwazi ukuvavanya nezinye iimeko ezininzi zemizila yofuzo ezingezizo eze-Down syndrome ibe ngenxa yoko ifuna iingcebiso ezimandla ngaphambi kokuba yenziwe.

2. Uhlobo lwe-ultrasound (i-sonogram, iskeni, isona):

- “Iultrasound scan ye-NT esilula”, senziwa kwiveki ye-11 – 13 eneentsuku ezi-6. Igama elithi “NT” libhekisela ekulinganiseni ukutyeba kwe-nuchal translucency, ukuqokelelana kwamanzi athile kwintamo yemveku nto leyo yenza ukuba intamo ityebhe kuninzi lweemveku ezine-Down syndrome. Oku kubonakalisa umlinganiselo we-70% nomlinganiselo we-5% wephozithivu engeyiyo kumngcipheko oyekileyo we-1:300 xa usenziwa ngugqirha onamava.
- “Iultrasound scan ye-NT esandisiweyo”, senziwa kwiveki ye-11 – 13 eneentsuku ezi-6. Oku akuquki nje ukulinganiswa kwe-NT kodwa kwanohlolo lwethambo eliya kwimpumlo, iipateni zokuhambakwegazi kusana olungekagalwa neenkukacha zokubumbeka kosana olungekagalwa. Ubuzaza besi skeni sinje se-Down syndrome bumalunga ne-85% nomlinganiselo wephozithivu engeyiyo oyi-5% yomngcipheko - yekileyo we-1:100 ukuya ku-1:200. Bambalwa kakhulu abantu abaqeqeshelwe okwenza oku kweli lizwe.
- “Iultrasound scan sokubumbeka kosana olungekagalwa esiqhelekileyo esenziwa ngugqirha ongumbelekisi, senziwa kwiveki 18 – 22. Oku kunobuzaza obumalunga ne-40% kuphela be-Down syndrome, ngamanye amazwi AKUYI kubonakala kwiintsana ezininzi ezingekagalwa ezine-Down syndrome.
- “I-sonogram yomzila wofuzo” eyenziwa yingcali, yenziwa kwiveki 18-22. Olu luvavanyo lwe-ultrasound oluneenkakacha ezingakumbi oluquka uluhlu olude lweziphawuli ezithile ze-ultrasound zeziphene zechromosome kwimveku. Oku kunobuzaza obumalunga ne-75% kunye nomlinganiselo we-10% wephozithivu engeyiyo.



3. Indibanisela:

- Uvavanyo lwegazi koomama abakhulelweyo kwitrimester yokuqala KUNYE neyesibini. Umlinganiselo odityanisiweyo wokubonakala kwe-Down syndrome ngu-80-85% yaye umlinganiselo wephezithivu engeyiyo ngu-10% womngcipheko oyekileyo omalunga ne-1:300 kwisampuli nganye (ukuba iziphumo zibalwa zize zisetyenziswe emva kwesampuli yesibini, umlinganiselo wephezithivu engeyiyo ungangaphantsi).
- Uvavanyo lwegazi koomama kwitrimester yokuqala kunye “ne ultrasound scan se-NT esilula”. Oku kubizwa ngokuba “luvavanyo lodityaniso lwegaphambi kwexesha” yaye lunobuzaza be-85% ye-Down syndrome kunye ne-5% yomlinganiselo wephezithivu engeyiyo kumngcipheko oyekileyo we-1:300.
- Uvavanyo lwegazi koomama abakhulelweyo kwiinyanga ezintathu zokuqala kunye “neskeni se-NT esandisiweyo” esenziwa yingcali. Oku kunganobuzaza obuyi-95% yomlinganiselo wephezithivu engeyiyo ekufutshane ne-3%.

USHWANKATHELO lokhetho lohluzo

Uvavanyo	Umlinganiselo wokubonakala kwe-Down syndrome	Umlinganiselo wokubonakala kweziphene zomzimba kwimveku
itrimester yokuqala		
Imichiza yobomi (PAPP-A, b-HCG)	60%	0%
Iskeni se-NT esilula	70%	30%
Iskeni se-NT esandisiweyo	85%	40%
Uvavanyo lokudityaniswa (i-NT elula)	80%	30%
Uvavanyo lokudityaniswa (i-NT eyandisiweyo)	95%	40%
NIPT	99%	0%
itrimester yesibini		
Imichiza yobomi (uvavanyo oluthathu, kuquka ne-MSAFP)	60%	i-60% yokuvuleka komqolo
Imichiza yobomi yeenyanga ezintathu zokuqala KUNYE nezesibini	80%	i-60% yokuvuleka komqolo
Iskeni sokubumbeka kwemveku esenziwa ngugqirha ongumbelekisi okanye yi-sonographer	40%	45-50%
Iskeni sengcali	75%	75%

Ukuba imali ubingeyongxaki yaye bekukho iingcali ezininzi ngokwaneleyo kwilizwe, olona hluzo lusemagqabini ingakukudityaniswa kwe-NIPT KUNYE neskeni se-NT sengcali KWAKUNYE neskeni sokubumbeka kwemveku sengcali kwiinyanga ezintathu zokugqibela. Lo mxube ngokucacileyo nje ubunokubonakalisa i-99% kuzo zonke



iimveku ezine-Down syndrome, uluhlu lonke lwezinye iimeko zomzila wofuzo kunye noninzi lweziphene zomzimba kwimveku. Le ndlela, nangona ezinye izigulana zinokuyikhetha, sekunjalo ibiza kakhulu (iindleko zayo zifikelela ngaphezu kwe-R15 000 kumntu ngamnye okhulelweyo) yaye ayinakufunyanwa nguye wonke umntu okhulelweyo nakwixesha elizayo. Le asiyomeko eyenzeka eMzantsi Afrika kuphela kodwa yenzeka nakumazwe amaninzi ahambela phambili. Ngenxa yoku, iindlela zohluzo ezahlukeneyo zinconyelwa njengezamkelekileyo, kunye nohlobo oluthile lokuhlolwa oluhambelana nomngcipheko.

Kumngcipheko ophantsi wokukhulelwa: Uvavanyo lwegazi kwitrimester yokuqala KUNYE neyesibini (kunye nomngcipheko we-Down syndrome ophinde wabalwa emva kwetrimester yesibini) KWAKUNYE ne ultrasound scan ye trimester yokuqala KUNYE neyesibini ngugqirha ongumbelekisi oqhelekileyo. Ukuthunyelwa kwingcali kuyanconyelwa ukuba iziphumo zovavanyo lwegazi zokuqala okanye ezidityanisiweyo zibonisa umngcipheko ophezulu we-Down syndrome, ukuba izinga le-MSAFP linyukile okanye ukuba ugqirha ongumbelekisi uxhalatyiswa yiyo nantoni na ekwizikeni. Iza kwandula ingcali iphinde ihlole konke okufunyenweyo ize icebise uvavanyo okanye ukulawulwa kwayo okungakumbi, njengoko kubonisiwe. Ukuba izikeni ziqhelekile yaye ukuthunyelwa kwingcali akucetywanga okanye akunakwenzeka, i-NIPT iyabonelelwa ukuba umngcipheko we-Down syndrome uphezulu kune-1:1000. Iziphumo zohluzo eziphantsi kunoko zidla ngokuthethwa kuphela ngomnxeba ngumsebenzi owenza oko yaye azilandelwa luvavanyo olungakumbi.

Kumngcipheko ophezulu wokukhulelwa: Uvavanyo lwegazi lweenyanga ezintathu zokuqala ne ultrasound scan se-NT esandisiweyo ukuba sikhona. Ukuba oku kubonisa umngcipheko ophantsi (<1:1000), uvavanyo olungakumbi alukhuthazwa. Ukuba lubonisa umngcipheko ophezulu we-Down syndrome (>1:100), uvavanyo lokusebenzisa inaliti esibekekweni (ngokuqhelekileyo kuthathwa isampuli ye-amniocentesis okanye eye-chorionic villus) luye lukhuthazwe. Kumngcipheko ophakathi (1:100 – 1:1000) izinto ezinokwenziwa ziquka uvavanyo lokuxilongwa, i-NIPT okanye ukuhlolwa kwakhona yingcali ye-sonogram yemizila yofuzo. Ukuba isigulana esinomngcipheko ophezulu asikwazi ukufumana iultrasound scan se-NT esandisiweyo, ngoko kungaqwalaselwa i-NIPT kunye ne ultrasound scan kwitrimester yesibini ukuba kuyimfuneko.

Inkcazelo eza kunikwa wena emva kohluzo

- Umngcipheko wokuba usana lwakho olungekagalwa lwe-Down syndrome, ngokusekelwe kwiziphumo zovavanyo)
- Nazo naziphi ezinye iimeko ezinokwandisa umngcipheko, ngokusekelwe kwimbali yakho okanye kwiziphumo zovavanyo
- Nasiphi isiphene somzimba esibonakala kumalungu okanye kukubumbeka kwemveku
- Naziphi “iziphawuli ezithambileyo” ze-ultrasound ezinokuchaphazela impilo yemveku nezifuna uhlolo olungakumbi
- Isini sosana olungekagalwa, kuphela ukuba uyakunqwenela ukukwazi oku

Iingcebiso ngomzila wofuzo

Olu khetho lungakudida. Ukuba ufuna inkcazelo engakumbi, ingakumbi ukuba unembali yentsapho enemeko somzila wofuzo, kuyacetyiswa ukuba ube nentlanganiso kunye nomcebisi kwimizila yofuzo. Le ntlanganiso iza kuquka imbali eneenkcukacha yentsapho neyokukhulelwa, kunye nokunikelwa kwenkcazelo eneenkcukacha



kwiinkalo zokhetho lohluzo olwahlukahlukeneyo, kwakunye naluphi na olunye ulwazi olufunekayo lokwenza isigqibo unolwazi olupheleleyo. Apho kukho imbali yentsapho enemeko yomzila wofuzo onqabileyo okanye kwiimeko ezintsonkotho ngakumbi, ukuthunyelwa kwingcali yezempilo yomzila wofuzo (kunomcebisi) kungachazwa.

Uluhlu

Umlinganiselo Wokubonakala	Ithuba lokubonakala kwesiphene ukuba sikhona (umz. i-60% yobuzaza be-Down syndrome ithetha ukuba kwiintsana ezili-10 ezine-Down syndrome, ezi-6 zazo zizakubonakalisa umphumo “womngcipheko ophezulu” zize ezi-4 zibonakalise umphumo womngcipheko ophantsi)
Umlinganiselo wephozithivu engeyiyo	Ithuba lokuba nomphumo “womngcipheko ophezulu” ukuba usana alunasiphene (umz. i-5% yomlinganiselo wephozithivu engeyiyo ungathetha ukuba oyi -1 kwabangawu-20 abantu abanokukhulelwa okuqhelekileyo baza kuba nomphumo womngcipheko ophezulu kuvavanyo lokuhluzo)
Umphumo wenegethivu engeyiyo	Ithuba lokuba usana olunesiphene lubonakalise umphumo “womngcipheko ophantsi” – oku kudla ngokubonakala ngomphumo wokufumaniseka enesiphene kuphela emva kokuba ezelwe

Ukuceba

Ndiyavuma/siyavuma ukuba ndiye/siye sayifunda le nkcazelo ingasentla yaye ndiye/siye sanethuba lokuxoxa imibuzo yam/yethu kunye nogqirha. Ndiyawuqonda/siyawuqonda umahluko nemida yovavanyo olwahlukahlukeneyo yaye ndiziva/siziva siqinisekile ukuba saziswe ngokwaneleyo ukuze sigqibe ukuba loluphi uvavanyo endinqwenela/esinqwenela ukulwenza ebudeni boku kukhulelwa. Ndikhetha/sikhetha oku kulandelayo:

Uvavanyo	Ewe	Hayi	Ukuba kuyimfuneko
Uhluzo lwemichiza yobomi lweenyanga ezintathu zokuqala (uvavanyo lwegazi koomama abakhulelweyo)			
Uhluzo lwemichiza yobomi kwitrimester yesibini (uvavanyo lwegazi koomama abakhulelweyo)			
MS-AFP (uvavanyo lwegazi koomama abakhulelweyo)			
Uvavanyo lwe-DNA yemveku egazini lekamama (NIPT) (uvavanyo lwegazi koomama abakhulelweyo)			
Iskeni se-NT esilula			
Iskeni se-NT esandisiweyo (ingcali)			



Iskeni sokubumbeka kwemveku			
Iinyanga ezintathu zesibini zokuhlolwa okuneenkukacha kwemveku/i-sonagram yomzila wemfuza (ingcali)			
Uvavanyo lokuhlalywa lomzila wofuzo			
Iskeni sokukhula			
Ukuhlolwa okuneenkukacha kwemveku kwitrimester yesithathu (yingcali)			
Iingcebiso ngomzila wofuzo (umcebisi okanye ingcali kwimizila yofuzo)			

Isayinwe e ngo

Isigulana (igama) usayino

Ugqirha (igama) usayino

Ingqina (igama) usayino

Maternal age (years)	Gestational age (weeks)					
	10	12	14	16	20	40
20	1/983	1/1068	1/1140	1/1200	1/1295	1/1527
25	1/870	1/946	1/1009	1/1062	1/1147	1/1352
30	1/576	1/626	1/668	1/703	1/759	1/895
31	1/500	1/543	1/580	1/610	1/658	1/776
32	1/424	1/461	1/492	1/518	1/559	1/659
33	1/352	1/383	1/409	1/430	1/464	1/547
34	1/287	1/312	1/333	1/350	1/378	1/446
35	1/229	1/249	1/266	1/280	1/302	1/356
36	1/180	1/196	1/209	1/220	1/238	1/280
37	1/140	1/152	1/163	1/171	1/185	1/218
38	1/108	1/117	1/125	1/131	1/142	1/167
39	1/82	1/89	1/95	1/100	1/108	1/128
40	1/62	1/68	1/72	1/76	1/82	1/97
41	1/47	1/51	1/54	1/57	1/62	1/73
42	1/35	1/38	1/41	1/43	1/46	1/55
43	1/26	1/29	1/30	1/32	1/35	1/41
44	1/20	1/21	1/23	1/24	1/26	1/30
45	1/15	1/16	1/17	1/18	1/19	1/23

Imvelaphi yomngcipheko wam we-Down syndrome, ngexesha lohluzo, ngokuvumelana nobudala beqanda kuphela, ngulo

1 kwezi

Snijders RJ, Sundberg K, Holzgreve W, Henry G, Nicolaides KH. Ultrasound Obstet Gynecol. 1999 Mar;13(3):167-70.



Isilandulo-butyala:

Olu xwebhu luvéliswe ngamaqela onakekelo lwezempilo akumacandelo aliqela asebenzisa obona bungqina nemithombo ekhoyo ekukholeleka ukuba ichanile yaye yeyangoku ngexesha lokukhutshwa kwalo. Benzelwe ukukunika amacebiso nokhokelo oluqhelekileyo onokusekela kulo izigqibo zonyango. I-SASOG ayibophelekanga kwimiba enokuphakama yokutshintsha kweemeko okanye inkcazelo enokubakho emva kokukhutshwa. Akumele kuthenjelwe ngokupheleleyo kubo okanye basetyenziswe njengebambela lokuhlola iimfuno zobuqu zesigulana ngasinye.

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