Letter to the Editor

Am. J. Hum. Genet. 46:847, 1990

Re: Update on MSAFP Policy Statement from the ASHG

To the Editor:

In the recently published "Update on MSAFP Policy Statement from The American Society of Human Genetics" (Garver 1989), there were two statements we found to be particularly problematic.

First, the committee recommended that an MSAFP should be obtained from all women who are having a second-trimester amniocentesis for a genetic indication. In the combined experience from our centers (more than 32,000 amniocenteses), we have encountered no cases in which concurrent MSAFP determination would have contributed prenatal diagnostic information that was not otherwise available through amniotic fluid studies. Obtaining a prior MSAFP level on patients undergoing genetic amniocentesis adds unnecessary expense and therefore, we believe, should not be routinely obtained.

Second, we find incomplete the statement that an unexplained elevated MSAFP determination may have predictive value for identifying women who will subsequently experience "poor pregnancy outcomes, such as perinatal death and low birthweight" (Garver 1989, p. 333). We would like to point out that there is no concensus in the obstetrical community on the optimal methods for surveillance of these pregnancies—electronic fetal monitor testing, serial ultrasound studies of either growth or umbilical cord-blood flow, or both electronic monitoring and ultrasound (so-called biophysical profile). Moreover, the effectiveness of such expensive monitoring has not been demonstrated. Thus, we would encourage prospective studies to evaluate the potential implications of the association between elevated MSAFP, poor pregnancy outcome, and the various pregnancy-monitoring methods and interventions.

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Reference

Garver KL (1989) Update on MSAFP policy statement from The American Society Human Genetics. Am J Hum Genet 45:332–334