**Introduction:** In Dec 2014, we started offering NIPS to all patients referred to FTS at our ultrasound units or as an alternative to QUAD in 2nd trimester. In May 2016, Following ACOG guidelines, women had to choose between FTS through our centralized program and NIPS through their providers. Women who chose NIPS had the option of getting an NT scan. We sought to assess the impact of introducing NIPS into routine care, by both approaches, on timing of first ultrasound in pregnancy and rate of genetic diagnostic procedures.

**Methods:** Retrospective study of all aneuploidy screens done in a tertiary academic center between 1/2010-3/2018. Three screening protocols: 1. centralized FTS program; 2. FTS and NIPS and 3. FTS or NIPS were compared for: rates of FTS, NIPS, performance of any scan in first trimester, diagnostic testing and NT scans offered to those who elected NIPS.

**Results:** The number of FTS per month remained unchanged after adding NIPS in 2014 but significantly decreased after patients had to choose between NIPS and FTS (p<0.001). Using the 3rd protocol, fewer had NIPS (115 vs 365, p<0.001) or any of the two screens (273 vs 365, p<0.001). The ratio of patients seen first in the 1st trimester out of all internal patients seen in our center monthly was 408/531 (76%) in the first period, 395/486 (81%) in the 2nd period and 252/453 (55%) in the recent period (p<0.001). Both diagnostic procedures decreased significantly after the introduction of NIPS (p<0.001). The number of NT scans offered to patients choosing NIPS also decreased over time (46 vs 16, p<0.001).

**Conclusion:** After the introduction of NIPS as an alternative to FTS, fewer women had their first prenatal ultrasound in the first trimester and fewer underwent diagnostic testing.