**Introduction**

- The prevalence of atypical genitalia and the time taken to assign sex in such cases remains unclear.
- Provision of optimum healthcare during this period requires a clear understanding of the occurrence of atypical genitalia.

**Aims**

- To determine the prevalence of atypical genitalia in term newborns requiring specialist input.
- To determine the time taken to assign sex in cases of atypical genitalia.

**Methods**

- Notification from clinicians for term neonates (GA ≥37 weeks), followed up to age 3 months and requiring specialist input for atypical genitalia at ≤4 weeks of age.
- Cross-verification of notification through 4 regional genetics labs, using karyotype as a surrogate marker with request codes ‘genitalia’ or ‘sex’ to identify additional newborns with atypical genitalia.
- Positive notifications followed up by a questionnaire sent to clinicians enquiring about patient's care.

**Results**

**Case notification**

| Genetics Lab | n= 160 |
| Notification | Clinician Survey | n= 79 |
| Managed locally, n= 42 | Preterm, n= 34 | Normal genitalia, n= 17 | For palliation, n= 1 |
| Duplicate notification | n= 16 | Preterm (GA <37 weeks), n= 8 |

n= 66

Cases previously notified via clinicians, n= 40

n= 26

True cases n= 55

n= 81

- Birth prevalence of 1 in 3,378 term births

**Age at sex assignment and EMS**

- 49 (64%) presented within 24 hrs of birth
- Age at presentation - birth to 28 days
- 51 (66%) cases assigned sex at birth
- Age at sex assignment - birth to 14 days

**Age at sex assignment and EMS in XY DSD**

- 10 (52%) were not assigned sex at birth
- 6 (31%) were assigned sex within first 28 days
- 1 (5%) were assigned sex >28 days

**Conclusions**

- Atypical genitalia requiring specialist input within the first month of life is rare in term newborns.
- In one third of cases, sex assignment was delayed beyond birth.
- Delayed sex assignment is not necessary related to EMS.
- MDT input, especially psychology, is more likely to occur in those with a lower EMS and delayed sex assignment.
- This study provides further benchmarks for comparing and improving the delivery of care for DSD.