Antenatal Screening protocol (CG474)

Approval and Authorisation

<table>
<thead>
<tr>
<th>Approved by</th>
<th>Job Title</th>
<th>Date</th>
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<tbody>
<tr>
<td>Maternity Clinical Governance Committee</td>
<td>Chair, Maternity Clinical Governance Committee</td>
<td>6th April 2018</td>
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</tbody>
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Change History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author</th>
<th>Reason</th>
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<tr>
<td>2.0</td>
<td>April 2009</td>
<td>Jeanne Harris - Antenatal Screening Co-ordinator</td>
<td>Updated and reviewed</td>
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<td>2.1</td>
<td>Sept 2011</td>
<td>Jeanne Harris - Antenatal Screening Co-ordinator</td>
<td>Auditable standards added</td>
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<td>3.0</td>
<td>Feb 2012</td>
<td>Jeanne Harris - Antenatal Screening Co-ordinator</td>
<td>Reviewed &amp; updated</td>
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<td>4.0</td>
<td>March 2014</td>
<td>Jeanne Harris - Antenatal Screening Co-ordinator</td>
<td>Reviewed</td>
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<td>5.0</td>
<td>October 2015</td>
<td>Jeanne Harris - Antenatal Screening Co-ordinator</td>
<td>Introduction of new Edwards' and Pataus testing and Quad test for twin pregnancy</td>
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<td>5.1</td>
<td>March 2016</td>
<td>Jeanne Harris - Antenatal Screening Co-ordinator</td>
<td>Cessation of Rubella screening in the Antenatal period</td>
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<tr>
<td>5.2</td>
<td>Nov 2016</td>
<td>Jeanne Harris - AN Screening Co-ordinator</td>
<td>Clarification of actions following suspected screening incidents. Late booking pathway for scans updated</td>
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<tr>
<td>6.0</td>
<td>Mar 2018</td>
<td>Jo Young – AN screening coordinator</td>
<td>Reviewed and amended to reflect current practice</td>
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Appendix A - Equality Impact Assessment Summary of Findings
1.0 **Purpose**
The National Screening Committee recommends that all women should be offered screening for Down’s syndrome, infectious diseases, HIV, haemoglobinopathies, anaemia (Hb) and red cell antibodies.

2.0 **Scope**
To outline the procedures and working practices for antenatal screening, ensuring that the following aims are achieved:

1. To offer screening and diagnosis to all women attending for antenatal care within the area covered by the Royal Berkshire NHS Foundation Trust
2. To provide adequate high quality information on the screening process to support each woman and her partner to make an informed decision on whether to accept or decline the offer of screening.
3. In the event of abnormal results from screening to provide subsequent advice and treatment in a safe, sensitive and timely manner
4. To ensure good communication between different departments across all stages of the screening pathway

3.0 **Roles and Responsibilities**

3.1 *Trust Antenatal and Newborn Screening Committee*
The Trust Antenatal and Newborn Screening Committee will:
- Ensure that NHS Screening Programmes and Standards are implemented locally
- Monitor compliance with all NHS Screening Programmes and Standards
- Maintain a rolling audit programme.
- Report via Clinical Governance to the Trust Board

3.2 *Antenatal and Newborn Screening Co-ordinators*
The screening co-ordinators will:
- Ensure local policies, protocols and guidelines for antenatal and newborn screening are in place
- Ensure that failsafe systems are in place in line with National Screening Standards
- Ensure that training on antenatal and newborn screening is available for all appropriate staff
- Ensure quarterly Screening KPIs are reported in a timely manner
- Produce an annual report
3.3 Matrons
The Matron for community and midwifery led services and the Matron for Hospital Service will:

- Ensure that all midwifery staff have access to training on antenatal and newborn screening
- Ensure that all local policies, protocols and guidelines are implemented into practice
- Ensure that remedial actions are taken when KPIs fall below the expected standards

3.4 Individual Staff Members
Staff will:

- Ensure their knowledge and skills on antenatal and newborn screening are regularly updated
- Ensure that they provide all women with information to enable informed choice on screening
- Ensure that individual practice is in line with local policies, protocols and guidelines.

4.0 Definitions

4.1 Amniocentesis: the method of obtaining a sample of amniotic fluid for cytogenetic analysis of the fetus

4.2 Chorionic Villus Sampling (CVS): the method of obtaining a small placental biopsy for cytogenetic analysis of the fetus

4.3 National Congenital Anomaly and Rare Disease Register Services (NCARDRS): exist throughout the UK. Their purpose is to identify clusters of birth defects, help research, and check how well antenatal scans and screening tests pick up problems

4.4 Cytogenetics: the laboratory process whereby a diagnosis of chromosomal normality or abnormality can be made

4.5 Down’s syndrome: the commonest cause of learning disability in children. Can be associated with other problems such as cardiac anomalies and hypothyroidism. Caused by having an extra copy of chromosome 21, also known as Trisomy 21

4.6 DQASS: the Downs syndrome screening Quality Assurance Support Service. All laboratories and ultrasound departments involved in Down’s syndrome screening have to submit data to DQASS at least every 6 months

4.7 Edward’s syndrome: a largely lethal chromosome disorder caused by having an extra copy of chromosome 18. Also called Trisomy 18

4.8 Family Origins Questionnaire (FOQ) should be filled out at booking by the Community Midwife discussing booking bloods. Provides essential information to the Laboratory for Haemoglobinopathy screening
4.9 **FISH (Fluorescent In-Situ Hybridisation)** a method of providing a quick chromosome analysis of a CVS or amniocentesis sample, providing a result on Trisomy’s 13, 18 and 21 and sex chromosome aneuploidies in 48-72 working hours

4.10 **Nuchal Translucency**: the fluid filled space at the back of the fetal neck visible on ultrasound scan. An increased NT measurement is associated with Down’s syndrome and cardiac anomalies in the fetus

4.11 **Patau’s syndrome**: a rare and lethal chromosome disorder caused by having an extra copy of chromosome 13. Also called Trisomy 13

4.12 **PCR (Polymerase Chain Reaction)**: a method of providing a quick chromosome analysis for Trisomy’s 13, 18, 21 and sex chromosome aneuploidies using fluorescent probes specific to the affected chromosomes. Usually gives a result in 48-72 working hours

4.13 **Prenatal Diagnosis**: the use of amniocentesis, CVS and detailed ultrasound scans to determine specific problems in the fetus

4.14 **Serum/ Biochemical Screening**: using the levels of certain biochemical markers in the mother’s blood to determine a risk of Down’s syndrome in the fetus

5.0 **Booking**

5.1 **Prior to the booking appointment**

When the pregnant woman first presents at her GP surgery a booking appointment should be made for 8 weeks gestation. She should be given the following leaflets:

- The National Screening Committee’s “Screening Tests for You and Your Baby” by the GP Surgery.
- The National Screening Committee’s “Screening Tests for You and Your Baby” is also available in an easy read version [https://www.gov.uk/government/publications/screening-tests-for-you-and-your-baby-easy-guides](https://www.gov.uk/government/publications/screening-tests-for-you-and-your-baby-easy-guides)

5.2 **Booking**

A booking appointment is offered for 8 weeks gestation.

This will enable the midwife to discuss all screening tests, take the booking bloods and arrange for the woman to book her early scan in accordance with her wishes and gestation. All women booking before 20 weeks should be offered a dating scan between 8 and 14 weeks, a screening test for Down’s Edwards and Patau’s syndromes, and an
anomaly scan between 18 and 20+6 weeks. Discuss and offer tests relevant to gestation and get the woman to complete and sign the consent form for Downs Edwards and Pataus syndromes screening if the woman has decided she would like to take up the offer of screening. The sonographer will ask for consent again at the ultrasound scan and place a copy of the consent form in the woman’s hospital notes.

Having gained consent from the woman and documented this in the hand held record, blood should be taken for full blood count, haemoglobinopathies, blood group and antibodies and antenatal serology.

At the booking visit the community midwife completes the family origins questionnaire (FOQ) which is now included in the designated antenatal pathology request form

Numbers of samples received without a completed FOQ will be monitored quarterly by the Laboratory and the Screening Midwife. This data forms the National Screening Committee’s Key Performance Indicator ST1 and will be submitted quarterly to the NSC by the SCOs

All samples should be correctly labelled and pathology request forms fully completed and sent to the RBH pathology department in the normal way. See MAT SOP-009Pathology Form Procedure for Routing Pregnancy Blood Test

5.3 When the Booking Visit is complete

The booking will be completed electronically via the booking module on CMIS by the Community Midwife

The woman will be told to ring the RBH appointments line, on 0118 3228964 between 0900 and 1700, 2-3 working days after the booking appointment. This is so that she can book her own early scan. This will be given to her over the phone and booked onto EPR by the maternity records staff.

6.0 Downs, Edwards and Pataus Screening

This gives a brief outline of what is offered for Downs Edwards and Pataus Screening but refer to separate Downs, Edwards and Pataus Screening protocol (CG481) for full details.

6.1 Combined Screening Test

This involves a NT scan and a blood test on the same day, and should be done between 11+3 and 13+6 weeks. It is the recommended screening test for twin pregnancies, but women must be booked by 13 weeks in order to have this test. Give the woman info leaflet. Women who are too late for this should be offered a dating scan and quadruple test.
6.2 *Quadruple Test*

It is not possible to give a risk for Edwards and Pataus syndromes using this test. The quadruple test may be performed between 14^{+2} and 20 weeks gestation, but the pregnancy must be dated by ultrasound (Head Circumference of 101-170mm). For women who will be over 20 weeks within 5 days of booking, and who want screening for Down's syndrome, the community midwife should take the blood for the Quad test at booking, and inform the SCO. She then should arrange an urgent scan as above, and bring the blood to the antenatal clinic at the RBH for despatch to Oxford. The SCO will then supply the scan details to the Oxford screening Lab when available.

Complete the pathology form for Down's Edwards and Pataus screening as stated below:

| **Patient information section.** | Complete all sections. Check the date of birth is correct with the woman prior to labelling the sample. A correct date of birth is essential for the risk calculation to be accurate. |
| **Requester information section.** | |
| **Hospital code.** | RBH |
| **Midwife location code** | Reading group midwives FREA |
| | Wokingham group midwives FWOK |
| | Newbury group midwives FNEW |
| **Test Request.** | Tick if it is a first (Combined) or second trimester (Quadruple) test. |
| Test Required. | The woman may choose to have screening for Down’s/Edwards/Pataus syndrome |
| Or | Down’s Syndrome only or Edwards/Pataus only or decline all 3 conditions |
| **Pregnancy details.** | The midwife MUST complete woman’s weight and smoking history. This is **essential** information for the Lab to calculate a risk, as these factors can alter the biochemistry |
| **Ultrasound Details** | To be completed by the Sonographer performing the scan |
| **IVF.** | Complete all sections. If the pregnancy is an IVF pregnancy and donated eggs have been used it is essential to write the age of the egg donor. For the woman’s own eggs the **harvest date** is essential in order to distinguish between a fresh or frozen cycle |
| **Family Origins** | Tick the appropriate box. This is **essential** information for the Lab to calculate a risk for Down’s syndrome, as ethnic background can alter the biochemistry |
| All the above fields constitute the NSC requirements for **Key Performance Indicator FA1**. Missing data will cause delays to the Lab in calculating risk and in the woman receiving her results. The numbers of forms received with missing data will be monitored by the SCO and reported quarterly to the NSC |
| **Date of test** | essential for correct calculation of risk |
7.0 Ultrasound

7.1 Dating scans
On completion of the dating scan, any adjustment to dates will be noted and recorded on the scan report as per protocol.

All scans are entered onto Viewpoint software
- 1 copy of the report will be placed in the woman’s hand held records.
- 1 copy of the report will be filed in the woman’s hospital records

The woman will be instructed to book her own anomaly scan at maternity reception before leaving the hospital.

If a change in EDD is required, the sonographer will alert maternity records at the time of booking the anomaly ultrasound scan appointment, and maternity records staff will correct CMIS

7.2 Nuchal Translucency Scans

The woman is given a copy of the patient info leaflet “The Combined Screening Test for Downs Edwards and Pataus syndromes” when she attends for her scan. The sonographer will ask the woman for consent for screening for Downs/Edwards/Pataus syndrome. If the woman consents, either the completed form from booking with the community midwife will be used or a new consent will be completed at the time of ultrasound scan. A copy of the consent form will go into the woman’s hospital notes.

On completion of the NT measurement, the Sonographer will complete the purple form as per example, and send the woman directly to the Antenatal Clinic (ANC) for her blood to be taken. It is not the Sonographer’s role to discuss in any depth the nuchal measurement with the woman and will refer to the Screening Coordinator (SCO) for detailed discussions with a woman.

All scans are entered onto Viewpoint as above, with one copy filed in the hospital records, and one in the woman’s handheld records

All women with a fetal nuchal measurement of > 3.5mm require a fetal cardiac scan at around 24 week’s gestation. The Sonographer who finds the increased NT measurement will give the woman the NSC leaflet “When a scan shows a nuchal translucency (NT) measurement of 3.5mm or more” and make an appointment for the cardiac scan. If possible the woman will be seen on the same day by the fetal medicine team for discussion and offer of a CVS. If this is not possible the Sonographer should refer the woman to the SCO, who will explain her choices to her, and make further appointments for prenatal diagnosis in accordance with her wishes.
In cases where the Sonographer cannot obtain a NT measurement, or if the gestation is too far advanced, the woman will be offered a quadruple test. The Sonographer performing the scan will either send the woman straight to the ANC for this, or make an appointment for her to return to ANC at a later date, depending on her gestation.

If the woman does not attend for her early scan she will be phoned and offered another appointment within 2 weeks, as per the non-attendees protocol CG499.

7.3 **Nuchal scans at West Berkshire Community Hospital**

The process is the same for the Royal Berks but the woman is seen by one of the community Maternity Care Assistants or Community Midwives directly after her scan for her blood test. All samples must be sent to the RBH transport to Reading at 11.30, in order to reach the Oxford screening Lab by 16.00 the same day. For women in whom it has not been possible to measure the NT, an appointment will be made on EPR for her to return to WBCH at the right gestation for a Quad test.

Maternity Records, RBH will make and post the 20 week scan appointment to the woman.

7.4 **Women who decline or those who do not fit the criteria for Downs Edwards and Pataus Screening**

- Woman completes the consent form and the sonographer files a copy in the hospital notes.
- Sonographer enters NT declined onto Viewpoint software when the woman attends for her early scan.
- Screening MCA checks Viewpoint software weekly to keep a record of women declining screening and updates CMIS accordingly.

7.5 **Late Bookers**

10 weeks is the optimum time for a dating scan, however a woman booking after this should be offered a dating scan as normal up to 18 weeks gestation. All women who book later than 13 weeks will be fast-tracked for an early scan. The community midwife should phone the maternity ultrasound department on 0118 322 7279 and will be given a scan appointment for the woman within 5 days. For women who will be over 20 weeks within 5 days of booking, and who want screening for Downs syndrome, the community midwife should take the blood for the Quad test at booking, and inform the SCO. She then should arrange an urgent scan as above, and bring the blood to the antenatal clinic at the RBH for despatch to Oxford. The SCO will then supply the scan details to the Oxford screening Lab when available.

If the sonographer is unable to perform the anomaly scan she will arrange a date for the woman to return for the second scan.
7.6 **Women who have had an early scan**

Women who had an early scan at the Fertility clinic, Sonning ward or the maternity unit between 7 and 10 weeks (minimum CRL = 8mm) of pregnancy will not be offered another dating scan at 10 weeks. The scan department will give the woman an appointment for a nuchal scan at the appropriate gestation if she so wishes.

8.0 **Maternity Records**

Maternity records staff will make up maternal health records in time for the scan appointment.

If a change in EDD is required, the sonographer will alert maternity records at the time of booking the anomaly ultrasound scan appointment, and maternity records staff will correct CMIS.

The maternity records staff will check if the anomaly scan has been booked and record the date on the booking form. If there has been no anomaly scan booked the maternity records staff will check if woman attended for early scan prior to sending out an appointment.

Consultant appointments will be made as per guideline (GL810 – Criteria for AN Consultant referral).
## 9.0 Schedule for Screening Tests, Results and Communication

<table>
<thead>
<tr>
<th>Test</th>
<th>Gestation</th>
<th>Responsible Person</th>
<th>Results</th>
<th>Inclusion / Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>all</td>
<td>CMW GP ANC</td>
<td>Women will be informed of all normal results at their next AN appointment unless otherwise stated</td>
<td></td>
</tr>
<tr>
<td>Combined Downs Edwards and Pataus screening Nuchal USS and Blood</td>
<td>11^{1/2} - 13^{1/2} wks</td>
<td>CMW/GP SCO</td>
<td>LOW chance - women notified by letter direct from Oxford University Hospital (OUH) screening laboratory( within 10 days) SCO receives copies of all normal results and arranges for them to be entered onto CIMMIS by antenatal clinic MCA HIGH chance – OUH screening laboratory informs Screening Coordinator (SCO) within 3 to 7 days of receiving sample. Coordinator will contact woman and offer an appointment to discuss results and further testing. If unable to contact the woman the SCO will inform the CMW who will be asked to visit the woman. SCO will arrange prenatal diagnosis as required .SCO will email results to GP/CMW and send the woman a copy of result with other information by email. CMW to check that woman has received result and document in hand-held record at 16 week visit</td>
<td>Preferred choice for multiple pregnancies Woman must be booked by 13 weeks</td>
</tr>
<tr>
<td>Quadruple test (late bookers)Downs screening only Dating USS and Blood</td>
<td>15-20 wks</td>
<td>CMW/GP ANC</td>
<td>As above</td>
<td></td>
</tr>
<tr>
<td>Dating scan and anomaly scan</td>
<td>8 – 20 wks</td>
<td>Sonographer</td>
<td>Results given to woman at time of scan by the Sonographer and full report filed in hand-held record as well as hospital record Any suspected abnormalities are referred for a Specialist scan within 48 hours as per fetal anomaly protocol The Sonographer finding the abnormality makes this appointment and gives it to the woman.</td>
<td></td>
</tr>
<tr>
<td>Amniocentesis / CVS</td>
<td>Usually 11-20 wks, but may be done later in</td>
<td>Screening Midwives</td>
<td>Rapid results of FISH/PCR (normal and abnormal) are emailed to SCO and then telephoned to the woman by the SCO .All normal results are emailed to the SCO for distribution as indicated If there has been an abnormal scan prior to the amnio/CVS ,normal results are sent to the SCO as above informs the woman as indicated (in case the pregnancy Not routinely offered to women 35yrs and above. If strong family history refer to Consultant in normal</td>
<td></td>
</tr>
<tr>
<td>Test</td>
<td>Gestation</td>
<td>Responsible person</td>
<td>Results</td>
<td>Inclusion / Exclusions</td>
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<tr>
<td><strong>BOOKING (routine screening)</strong></td>
<td>pregnancy</td>
<td></td>
<td>is not continuing)</td>
<td>SCO makes appointment for women with abnormal results to see fetal medicine Specialist the following day to discuss further management for pregnancy. This is given over the telephone and booked onto EPR way. Women requesting testing should be referred to SCO for further discussion. If necessary woman referred to suitable professional to discuss choices of screening &amp; diagnosis</td>
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<tr>
<td><strong>FBC, Group &amp; Save, Hb Haemoglobinopathy, AN serology and HIV.</strong></td>
<td>8 weeks</td>
<td>CMW</td>
<td>ALL negative results given at next AN appointment Community midwives should ensure they have all routine blood test results that they are responsible for 10 days after sampling All women who are Rhesus (D) negative at booking are offered fetal blood typing blood test at 16 weeks</td>
<td>ALL women</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>HIV POSITIVE HIV – HIV specialist midwife informed by lab. Woman contacted by phone and invited to ANC. The HIV specialist midwife will inform the community midwife and GP of the result. - See HIV protocol CG 490l.</td>
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<td></td>
<td></td>
<td>Haemoglobinopathy results Carrier or disease All women who are carriers of abnormal Hb types, or affected by any sickle cell disorder, are notified to the SCO from the Haemoglobinopathy Lab. Counselling by SCO regarding partner testing and prenatal diagnosis. Results recorded by SCO in hospital and hand held notes Newly diagnosed women with sickle cell disorders are referred for Consultant care by the SCO.</td>
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<tr>
<td></td>
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<td></td>
<td>Syphilis POSITIVE – HIV specialist midwife is notified by Laboratory. Woman invited to ANC and referral to department of sexual health HIV specialist midwife informs Consultant neonatologist.</td>
</tr>
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**Author:** Jo Young
**Date:** April 2018
**Job Title:** Antenatal Screening Co-ordinator
**Review Date:** April 2020
**Policy Lead:** Group Director Urgent Care
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</thead>
<tbody>
<tr>
<td><strong>Hepatitis B</strong></td>
<td></td>
<td></td>
<td><strong>POSITIVE</strong> – SCO notified by Laboratory. SCO informs woman, arranges F-F apt gives PHE key messages for Hepatitis B and takes bloods within 10 days of result from laboratory. Referred to gastroenterology for apt within 6 weeks</td>
<td></td>
</tr>
<tr>
<td><strong>Positive antibodies</strong></td>
<td></td>
<td></td>
<td>SCO has access to SPICE for antibodies. The SCO does a weekly search to identify all pregnant women with red blood cell antibodies. The SCO actions repeats and referral to fetal medicine as required. A monthly case review clinic also takes place</td>
<td></td>
</tr>
<tr>
<td><strong>Haemoglobin</strong></td>
<td></td>
<td></td>
<td><strong>LOW (&lt;110 before 28 weeks &lt;105 after 28 weeks)</strong> - woman informed of result by post by person requesting the sample. Hb &lt; 90 woman referred to ANC for Consultant management with Ferinject. This appointment is made by the sample requester</td>
<td></td>
</tr>
<tr>
<td><strong>MRSA positive result</strong></td>
<td></td>
<td></td>
<td>ANC lead sent result from lab. Woman informed by same. Result documented in handheld and maternal health record at that visit - see MRSA protocol</td>
<td></td>
</tr>
<tr>
<td><strong>Chlamydia</strong></td>
<td></td>
<td></td>
<td><strong>POSITIVE</strong> result. Results sent to department of sexual health who will notify woman and GP and treat accordingly</td>
<td></td>
</tr>
<tr>
<td><strong>Routine screening</strong></td>
<td></td>
<td></td>
<td><strong>FBC, Group and antibody screen. Re-offer infectious diseases screening if declined at booking</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>28 wks</td>
<td>CMW/GP/ANC</td>
<td>Results given at next AN appointment. Documented in hand-held record by HCP giving result. Abnormal results are managed as in the section on booking bloods</td>
<td>ALL women</td>
</tr>
<tr>
<td><strong>Routine screening</strong></td>
<td></td>
<td></td>
<td><strong>FBC</strong></td>
<td>34 wks</td>
</tr>
</tbody>
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**Review Date:** April 2020  
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10.0 **Haemoglobinopathy**  
Carrier woman will be invited for partner testing at a weekly Haemoglobinopathy counselling clinic.  
High risk couples will be invited for counselling by the SCO. The SCO will document on the alert sheet in the woman’s hospital records any women who are sickle cell carriers, and record all results on the test results page.  
See Antenatal Sickle Cell and Thalassaemia Antenatal Protocol CG475 or contact SCO on 0118 322 7292/8507.

11.0 **Late bookers/Un-booked women**  
At the first contact with the healthcare professional the woman should be counselled and all outstanding tests performed as appropriate. When completing the pathology request form for serology, tick the box stating: URGENT>24 weeks booking/in labour The Virology Laboratory will then prioritise these samples and produce results within 24 hours.  
All women who book later than 13 weeks will be fast-tracked for an early scan. The community midwife should phone the maternity ultrasound department on 0118 322 7279 and will be given a scan appointment for the woman within 5 days. For women who will be over 20 weeks within 5 days of booking, and who want screening for Downs` syndrome, the community midwife should take the blood for the Quad test at booking, and inform the SCO. She then should arrange an urgent scan as above, and bring the blood to the antenatal clinic at the RBH for despatch to Oxford. The SCO will then supply the scan details to the Oxford screening Lab when available.

For women arriving in labour, this must be discussed with the on-call Laboratory staff and arrangements made for results to be sent urgently to delivery suite.

12.0 **Women who decline Screening**  
The Community Midwife will send pathology from to the relevant Laboratory stating “Screening for…XX….declined”. She will inform the Screening Coordinator, and document this in the woman’s hand-held records.  
For women declining screening for infectious diseases the SCO will contact the woman by 20 weeks to re-offer screening. This may take place at the routine anomaly USS at 20 weeks gestation if all other contact opportunities have failed, and document this re-offer in the hand-held notes. Women declining screening for HIV are notified to the HIV Specialist midwife by the Virology Lab. She then re-offers screening with additional counselling and maintains a register for audit purposes.

13.0 **Missing/Lost/Mislabelled Samples**  
In the case of samples which are missed, lost or mislabelled the woman will be contacted by her community midwife in the first instance and arrangements made to repeat the blood tests. In the event of a woman missing the window for a screening test, the CMW should refer her to one of the SCOs. Any additional measures that are available as an alternative will
be outlined and a plan made for that individual woman. This will vary depending on the screening test that has been missed.

A clinical incident form will be raised and the case will be discussed at the following Trust Screening Group.

14.0 Suspected Screening Incidents
Suspicion of safety or serious incidents within the screening programme will be notified by the Screening Midwives to the QA team and the screening and immunization team at PHE via the Screening incident assessment Form (SIAF). She will then act as guided by the QA Team. Managing Safety incidents in NHS Screening Programmes Guidance and the Screening Incident Assessment Form (SIAF) can be obtained at: https://www.gov.uk/topic/population-screening-programmes/screening-quality-assurance

15.0 Useful phone numbers
- Royal Berkshire Hospital Screening Coordinators: 0118 322 8507 / 7292
- Oxford University Hospital Screening laboratory 01865 220488
- Royal Berkshire Hospital Antenatal Clinic 0118 322 7290

16.0 Consultation
This protocol was written in accordance with NHS Screening Programmes and Standards in consultation with personnel from the following departments: Maternity Ultrasound, Maternity Records, Pathology, Consultant Obstetricians, and Oxford Screening Laboratory.

This protocol will be approved by the Maternity Clinical Governance Committee.

17.0 Dissemination / Circulation
This protocol is available to all health care professionals via the Policy Hub on the Intranet and the public via the Trust website and is reviewed no less than every two years.

18.0 Implementation
Matrons and Managers will be responsible for communicating the standards and information on the requirements of this protocol to staff and ensuring implementation in the clinical areas.
19.0 Training
All midwives are expected to attend an annual session on antenatal and newborn screening as part of their mandatory training. Attendance will be monitored by the Practice development Midwife.

20.0 User Satisfaction
Annual surveys will be completed and presented to the local Antenatal and Newborn Screening Group and Clinical Governance. The survey will be used to identify positive experiences and areas for development.

21.0 References
1. NHS Infectious Diseases in Pregnancy Screening Programme Handbook 2016 to 2017

2. Fetal Anomaly Screening Programme Handbook June 2015

3. NHS Sickle Cell and Thalassaemia Screening Programme. Standards 2017


6. Managing Safety Incidents in NHS Screening Programmes August 2017

7. NHS Fetal Anomaly Screening Programme Failsafe Processes, October 2011 Public Health England

8. The National Screening Committee’s “Screening Tests for You and Your Baby”.