ANTENATAL GUIDELINES

No. 37 Antenatal Screening

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1. Principles for providing antenatal screening tests

Women should be provided with written information in the form of "Screening Tests for You and Your Baby" in an appropriate language or format suitable to their needs, prior to their first booking appointment with a community midwife.

Women must be given the opportunity to discuss their options with health care professionals in a timely and non-directive manner to support informed decision making.

All screening test results should be reported to women in a timely and appropriate way.

Precise and accurate records should be maintained in the women's hand held notes to reflect choice and allow audit of the service.

2. Role of the Antenatal Screening Co-ordinator

The Antenatal Screening Co-ordinator will be responsible for the co-ordination of all NHS antenatal screening programmes within the trust consistent with UK National Screening Committee recommendations (UK NSC) and national programme standards.

The Screening Co-ordinator will be a member of the multidisciplinary team supporting clients and staff involved in the delivery of antenatal screening programmes. She will be responsible for the development, implementation and local audit of policies, guidelines and pathways

which will include performance management and quality assurance of the programmes. Education and training will be a key aspect of the role to ensure all staff are both competent and confident in the delivery and management of existing and new screening programmes.

The Screening Co-ordinator will have highly developed specialist knowledge and experience in the field of antenatal screening, the skills to impart this knowledge and to lead a team effectively at local level.

3. PHNT Screening Policy

PHNT offer the following screening programmes at booking as required by the National Screening Committee and the National Institute for Health and Clinical Excellence.

- Sickle Cell & Thalassaemia – all women will be offered screening for Sickle Cell disease and Thalassaemia following completion of the Family Origin Questionnaire at the booking appointment.

- Infectious disease screening for
    - Syphilis
    - Hepatitis B
    - HIV (Human Immunodeficiency Virus)

  See infectious diseases guideline

- Fetal Anomaly Screening consists of
  Downs Syndrome screening using the Combined tests before 14+1
  Quadruple test from 14+2 -19+6
  18-20+6 week ultrasound scan

4. Process for screening for women who book late

PHNT offer all of the above screening tests to women at first contact / booking. However, supplementary information must be provided and documented as choices and outcomes are dependent upon gestation.
Downs syndrome screening using the Quadruple test cannot be performed after 20 weeks.

5. Review and reporting of results of results

All antenatal booking bloods are printed and checked by the screening team prior to the first trimester scan. The completed blood results are filed in the patient record when they attend for dating scan. There is a further review of any missing results a week later if results are present these will be sent to the woman to file in her handheld maternity notes. It is the responsibility of the community midwife to ensure the blood results are available and in the woman's handheld notes at the 16 week antenatal appointment. If a woman declines a dating scan, it is the responsibility of the midwife/obstetrician providing the lead care for the woman to ensure that the blood results are entered in the woman's hand held notes and discussed with the woman at the subsequent antenatal appointment.

See guideline AN 18: Dealing with Results of Screening and Diagnostic tests.

6. Process for referral to Fetal Medicine team

The pathway of all the screening programmes will include diagnostic testing for confirmation of anomalies. In the context of screening, fetal medicine appointments will be given to women who:

- Have an anomaly suspected at the first trimester scan
- Have had a combined test of 1:2 - 1 :150 (High risk)
- Have had a Quadruple test of 1:2-1:150(High risk)
- Have had an anomaly suspected on the 18- 20+6 ultrasound scan.
- The screening team will have discussed the options available which will provide further information and diagnosis

Once the diagnosis is known, and if the pregnancy is ongoing, a neonatal alert form should be completed giving details of the condition and current care plan, this should include the alert sticker on the baby notes and the information written on Page 17 of the antenatal handheld notes.This system co-ordinated through the neonatology team allows all clinicans involved with the care of the family easy access to all information about the plan of care.
During follow up appointments other specialists appropriate for the fetal anomaly maybe involved in planning care and providing further counselling.
Regular multi-disciplinary fetal meetings support the cascade of information & provide educational opportunity for the attendees.The meetings have minuted action points and attendee lists. A contemporaneous list of women with an anomaly identified is accessible on the fetal shared drive.This is available to the named users.

This team includes:

- Fetal medicine Consultants
- Sonographers/student sonographers
- Genetic Consultants
- Consultant Radiologist
- Doctors in training
- Neonatologists
- Specialist teams
- Screening midwives
- Midwives

The screening team will contact the womans GP and Community Midwife to inform them of the abnormality detected by means of a completed scan report.

7. Audit & Monitoring

To assist in the monitoring of the outcomes of screening and incidence of Down's syndrome, Edward's Syndrome and Patau's syndrome, all cases of chromosomal abnormality and structural abnormality identified through the fetal anomaly screening programme are notified to the National Congenital Anomaly and Rare Disease Registration Service (NCARDRS) by the Screening Midwife. This allows audit of detection rates for all of the reportable conditions.

Monitoring Audit

Auditable standards:

Evidence of documented discussion with parents
Evidence of patient information leaflet having been given to parents
Review if results undertaken appropriately
Evidence that women with positive results are managed and referred appropriately and within appropriate
See audit tool

Reports to:
Clinical Effectiveness Committee
Clinical Governance & Risk Management Committee

Frequency of audit:
3 yearly

Responsible person:
Antenatal screening midwife

Cross references

AN No.8	Hepatitis B
AN No. 17	Dating Scans
AN No.18	Dealing with Results of Screening and Diagnostic
AN No.19	Plymouth Guidelines for the Screening of Down's Syndrome
AN No.24	Screening Guidelines; Sickle cell and Thalassaemias
AN No.25	HIV screening and Management of HIV positive women
AN No.27	Screening for Infectious Disease
AN No 45	Fetal anomaly ultrasound scan and referral when abnormality detected
PN 5	Newborn Screening guidelines
AN No 31:	Maternity Hand Held Notes, Hospital Records and Record keeping

Training requirements

Audit of training needs compliance – please refer to TNA policy
Training needs analysis:

Please refer to 'Training Needs Analysis' guideline together with training attendance database for all staff

References

Department of Health (2007). **Antenatal Screening Working Standards for Downs Syndrome Screening** . London, The Stationary Office.

Antenatal Results and Choices
http://www.arc-uk.org

Amniocentesis and Chorionic Villus Sampling
Policy, Standards and Protocols Antenatal Screening Wales & FASP April 2008

Department of Health (2000) **The NHS Plan: a Plan for Investment, A Plan for Reform**. London, The Stationary Office.

Antenatal Screening Project (2001) *Choices* – **Recommendations for the provision and Management of Antenatal Screening in Wales.**
Available on: www.antenatalscreening.org

National Institute for Health and Clinical Excellence (2008) **Antenatal care: routine care for the healthy pregnant woman.** London: The Stationary Office

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Changes	Sickle Cell & Thalassaemia Infectious disease screening Fetal Anomaly Screening Review and reporting of results of results Process for referral to Fetal Medicine team		
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