Royal Cornwall Hospitals
NHS Trust

# Antenatal Screening – Women Identified to Have Low PAPP-A Following First Trimester Screening Standard Operating Procedure

## V1.0

## March 2026

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**Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.**

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

# 1. Introduction

1.1. This standard operating procedure (SOP) is for health professionals within maternity services, to support the care of women identified as having low Pregnancy-associated plasma protein-A *(*PAPP-A*)* in their pregnancy.

1.2. **Definition:**

Low PAPP-A identified at first trimester screening is considered to be low if ≤ 0.42 MoM.

# 2. Purpose of this Standard Operating Procedure

2.1. A low level ≤ 0.42 MoM of the first trimester marker PAPP–A should be considered a major risk factor for an small for gestational age (SGA) neonate and a risk factor for other adverse pregnancy outcomes.

2.2. To provide clear pathways to guide clinical practice.

2.3. To reduce maternal and fetal mortality and morbidity through timely instigation of increased surveillance and intervention where appropriate.

2.4. To support women to make informed choices about their care.

# 3. Ownership and Responsibilities

## 3.1 Role of the Managers

Line managers are responsible for:

- Supporting staff and monitoring staff compliance of requirements to fulfil their role.
- Taking any learning and Governance issues through the correct channels of communication for onwards dissemination to the wider Multidisciplinary team.

## 3.2 Role of the Antenatal Screening / Fetal Medicine team

The Antenatal Screening / Fetal medicine team are responsible for:

- Identification of Low PAPP-A cases.
- Instigating timely entry to Low PAPP-A care pathways.

## 3.3 Role of Individual Staff

- Work within their scope of practice in accordance with this service.

# 4. Standards and Practice

- The Ante Natal and Newborn Screening team will identify any women with a PAPP-A result ≤ 0.42 MoM.
- Women will be provided with information from the screening midwives via a telephone call or face to face discussion regarding Low PAPP-A explaining the results and risks. Women will be recommended to commence 150mg aspirin once daily until 36 weeks of pregnancy.
- A low PAPP-A patient leaflet will be provided via email to the woman following discussion.
- Serial Growth scans will be arranged for all Low PAPP-A cases.
- See care pathway below for practice steps.

| **Care Pathway** | **Discuss** |
|---|---|
| Identification of Low Pappa | |
| FMU administration: | |
| 1. Twice weekly report run from Viewpoint to identify low pappa cases. Email sent to screening team to alert of cases.<br>2. Cross reference failsafe process completed from weekly failsafe report received from RD&E laboratories. | On receipt of notification add to daily diary |
| Screening Midwives | |
| 1. Notified via receipt of email from FMU administration. Add case to screening diary for action<br>2. Via notification of higher chance First Trimester screening result / (low PAPP-A may be present).<br>3. Completion of a failsafe cross reference process via weekly Royal Devon and Exeter laboratory Higher chance / Low PAPP-A report | |
| Actions For Screening Midwives: | |
| Telephone call to woman | **Ideally within 2 days of notification** |
| ➢ Discuss low PAPP-A in line with Saving Babies Lives: | Placental hormone: has a role in determining healthy growth of both |

| Care Pathway | Discuss |
|---|---|
| ➢ What is PAPP-A | placenta and baby. |
| ➢ Risks associated with low pappa | Most pregnancies with low pappa are normal and birth >37 weeks.<br>In a small number of pregnancies, low pappa may suggest the placenta is not working effectively |
| ➢ Risk of SGA | Increased chance of:<br>SGA<br>Miscarriage / Stil birth in second half of pregnancy<br>Preterm birth <37/40. |
| ➢ Risk of Pre-eclampsia | Discuss signs and symptoms / Monitoring/ Reporting reduced FMs. |
| ➢ Recommend | ➢ Aspirin 150mg OD in evening until 36 weeks.<br>➢ Attend for additional USS monitoring.<br>➢ Attend antenatal appointments / for blood pressure / urine monitoring.<br>➢ Stop smoking / seek support.<br>➢ Reports concerns in reduced FMs. |
| **DOCUMENTATION / SCREENING MIDWIFE:** | |
| Telephone call to woman | |
| Record Low PAPP-A consultation on Viewpoint using template (awaiting HNC implementation, use draft low PAPP-A template stored in FASP / Low PAPP-A) | |
| If higher chance trisomy result, record Low Pappa as separate Viewpoint entry and complete actions of SOP. | |
| Email woman copy of Low PAPP-A leaflet AND Aspirin to prevent pre-eclampsia and FGR | |
| Add E3 Low PAPP-A Alert | |
| Add in E3 Telephone consultation - signposting to VP consultation. | |
| Add details to daily screening diary | |

| Care Pathway | Discuss |
|---|---|
| If no answer to telephone call add to next working day diary. Consider email contact/ patient leaflets if no phone response. Escalate persistent no contact to Screening coordinator / community team lead. | |
| **ACTIONS and DOCUMENTATION / FMU ADMINISTRATION** | |
| Request Serial ultrasound scan (USS) for all low PAPP-A. | |
| Add to Low PAPP-A Database | |
| Send lower chance First Trimester Screening result to woman (NB Higher chance result to be provided by Screening Midwives) | |
| E3 speech bubble entry that low pappa growth USS ordered | |
| E3 Low Pappa alert added | |
| Send email to community team to inform of low pappa | |

# 5. Dissemination and Implementation

This document will be disseminated to all relevant Midwifery and Obstetric Staff and will be stored in the Maternity SOP folder in TR11 and TR13 and on the document library.

# 6. Monitoring compliance and effectiveness

| Information Category | Detail of process and methodology for monitoring compliance |
|---|---|
| **Element to be monitored** | Number of patients.<br>Number of unexpected outcomes. |
| **Lead** | Dr Robbie Kerr, Fetal Medicine lead Consultant. |
| **Tool** | Unexpected outcomes database. |
| **Frequency** | Yearly. |
| **Reporting arrangements** | Fetal Neonatal Business Meeting. |

| Information Category | Detail of process and methodology for monitoring compliance |
|---|---|
| **Acting on recommendations and Lead(s)** | Fetal Medicine Consultant Clinical Lead.<br>Antenatal and Newborn Screening Lead Midwife. |
| **Change in practice and lessons to be shared** | Required changes to practice will be identified and actioned within A lead member of the team from above will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders. |

# 7. Updating and Review

This document will be reviewed every three years or earlier if indicated.

# 8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

# Appendix 1. Governance Information

| Information Category | Detailed Information |
|---|---|
| **Document Title:** | Antenatal Screening – Women Identified to Have Low PAPP-A Following First Trimester Screening Standard Operating Procedure V1.0 |
| **This document replaces (exact title of previous version):** | New Document |
| **Date Issued / Approved:** | March 2026 |
| **Date Valid From:** | March 2026 |
| **Date Valid To:** | March 2029 |
| **Author / Owner:** | Sarah Bennett-Day Antenatal and Newborn Screening Coordinator |
| **Contact details:** | 01872253092 |
| **Brief summary of contents:** | The intent of this SOP is to provide the reader on process required to identify and action low PAPP-A results. |
| **Suggested Keywords:** | Antenatal, Screening, Low PAPP-A. |
| **Target Audience:** | **RCHT:** Yes<br>**CFT:** No<br>**CIOS ICB:** No |
| **Executive Director responsible for Policy:** | Chief Medical Officer |
| **Approval route for consultation and ratification:** | Maternity Guidelines Group |
| **Manager confirming approval processes:** | Caroline Chappell |
| **Name of Governance Lead confirming consultation and ratification:** | Michael Cross |
| **Links to key external standards:** | None |
| **Related Documents:** | None Required |
| **Training Need Identified:** | No |

| Information Category | Detailed Information |
|---|---|
| **Publication Location (refer to Policy on Policies – Approvals and Ratification):** | Internet and Intranet |
| **Document Library Folder/Sub Folder:** | Clinical / Midwifery and Obstetrics |

**Version Control Table**

| Date | Version Number | Summary of Changes | Changes Made by |
|---|---|---|---|
| March 2026 | V1.0 | Initial issue | Sarah Bennett-Day, Antenatal and Newborn Screening Coordinator |

**All or part of this document can be released under the Freedom of Information Act 2000.**

**All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus six years.**

**This document is only valid on the day of printing.**

**Controlled Document.**

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

# Appendix 2. Quality and Equality Impact Assessment (QEIA) Guidance Form

The QEIA process allows RCHT to monitor the impact of changes to its policies and services, ensuring that nobody is unduly disadvantaged.

For guidance, please contact the Equality, Diversity and Inclusion Team at rcht.inclusion@nhs.net

## 1. About the Policy / Service Change:

| Information Category | Detailed Information |
|---|---|
| **Individual completing QEIA:**<br>(Name, Role, Email) | Sarah Bennett-Day, Antenatal and Newborn Screening Coordinator<br>01872 253092 |
| **Service Area:**<br>(Department, Care Group) | Obstetrics and Gynaecology |
| **Name of document:** | Antenatal Screening – Women Identified to Have Low PAPP-A Following First Trimester Screening Standard Operating Procedure V1.0 |
| **Type of document:**<br>(Policy, Strategy, Service Change) | Standard operating procedure |
| **Policy / Service Change Objective(s):**<br>(What should it achieve, and for whom?) | To support the care of women identified as having low PAPP-A in their pregnancy. |
| **Does this Policy / Service Change:**<br>(Select all that apply) | Eliminate Discrimination? Yes<br>Advance Equal Opportunity? Yes<br>Foster Good Relations? Yes |
| **Which Groups are impacted by this policy?**<br>(Select all that apply) | Yes – Workforce.<br>Yes – Patients.<br>No – Visitors.<br>No - System Partners.<br>No - External Organisations.<br>No – Contractors. |

## 2. About the impact:

For each characteristic, please indicate whether you think the impact will be positive, negative or unknown, and provide a brief explanation:

**Note:** Stating ‘This document has no impact on this group’ for all characteristics will result in the document not being approved.

| Characteristic | Impact | Explanation |
|---|---|---|
| **Age** | Positive | |
| **Sex** | Positive | |
| **Gender Reassignment** | Positive | |
| **Race, Ethnicity, Culture** | Positive | |
| **Disability or Long-term Health Condition** | Positive | |
| **Religion or Belief** | Positive | |
| **Marriage and Civil Partnership** | Positive | |
| **Pregnancy and Maternity** | Positive | |
| **Sexual Orientation** | Positive | |
| **Armed Forces Community** | Positive | |
| **Low Income Households** | Positive | |

A consultation must take place with appropriate groups to clarify unknown impacts and recommend mitigation of negative impacts.

## 3. About the Consultation

| Information Category | Detailed Information |
|---|---|
| **Which bodies have been consulted?**<br>(Not all will be required) | Yes Service Employees.<br>No Employee Network Groups.<br>No Union Representatives.<br>No EDI Team.<br>No Patient / Service Users.<br>No Patient Advisory Group.<br>Yes Patient Representatives.<br>No Local / National Charities.<br>No System Partners.<br>No External Organisations.<br>No Other. |

| Information Category | Detailed Information |
|---|---|
| **Please list the individuals / groups who have been consulted:**<br>(Role, Organisation, Email. Avoid using individual names) | Maternity Guidelines Group |
| **Consultation Outcomes:**<br>(Positive feedback, new negative impacts, recommendations) | Guideline agreed |
| **What action will you now take?** | Continue without Amendments |
| **Provide Details:** | Agreed |
| **Do any negative impacts remain?** | No |
| **Explain rationale for proceeding with negative impacts:** | None |

I am confident that this QEIA is an honest reflection of my efforts to comply with the Public Sector Equality Duty, and that all appropriate, necessary actions have been taken to mitigate any negative impacts as far as practicable.

| | | | |
|---|---|---|---|
| Name: | Sarah Bennett-Day | Role: | Antenatal and Newborn Screening Coordinator |