Royal Cornwall Hospitals NHS Trust

Fetal Anomaly Screening in Pregnancy (20-week scan) Clinical Guideline

V1.0

November 2025

1. Aim/Purpose of this Guideline

1.1. To provide guidance for healthcare professionals to ensure all pregnant women receive information about Fetal Anomaly screening, are offered access to the programme, receive results in a timely manner and that women with screen positive enter the appropriate care pathway.

1.2. This guideline makes recommendations for women and birthing people, hereafter referred to women, who are pregnant. For simplicity of language the guideline uses the term women or mother in place but this should be taken to also include people who do not identify as women but who are pregnant, in labour and in the postnatal period. When discussing with a person who does not identify as a woman, please ask them their preferred pronouns and then ensure this is clearly documented in their notes to inform all health care professionals.

1.3. This guideline should be read in-conjunction with Fetal Anomalies Screening Programme (FASP) handbook: Fetal anomaly screening programme handbook - GOV.UK.

1.4. This version supersedes any previous versions of this document.

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

2. The Guidance

2.1. Objectives of the Anomaly Scan.

2.1.1. The aim of the NHS Fetal Anomaly screening programme is to:

- Offer an anomaly scan to all women pregnant with singleton and twin pregnancies.
- Timely referral and access into specialist fetal medicine services to improve health outcomes.

- Provide high quality information and support so families can make personal informed choices and decisions about their screening and pregnancy options. This includes identification if a baby may die shortly after birth.

- Offer an end-to-end screening pathway to include a weekly failsafe process to track all women from offer of screening to the end of the screening pathway and have a recorded outcome.

- https://www.gov.uk/guidance/fetal-anomaly-screening-programme-overview.

2.2. Definitions

2.2.1. The anomaly ultrasound scan (USS) is performed between 18+0 and 20+6 weeks to screen for 11 physical conditions. The screening pathway must be completed by 23+0 weeks.

2.2.2. The 11 physical conditions screened for (as a minimum): See FASP: parent information on screening for conditions - GOV.UK for further information.

2.3. Roles and Responsibilities

2.3.1. All Midwives

2.3.1.1. In the Community setting:

The role of informing a woman about the screening programme, offering the opportunity for screening to take place, obtaining consent and timely follow up that an anomaly scan has been completed.

2.3.1.2. In the Hospital setting:

Women who call the maternity triage line with a screening related enquiry will be directed to the antenatal and newborn screening team or community midwifery team.

2.3.2. The Antenatal and Newborn Screening Coordinator [ANNSC]

Antenatal and Newborn screening coordinators have designated responsibility for coordinating the antenatal & newborn screening programmes at RCHT.

Antenatal and Newborn Screening Team	Contact Information
Telephone	01872 253092
Email	Rch-tr.screening@nhs.net

2.3.2.1. ANNSC have responsibility for:

- Ensuring eligible cohort are offered the anomaly scan.

- Supporting women following screen positive results and referral into specialist fetal medicine services within national timeframe standards

- Maintain the programme failsafe procedures, to include weekly failsafe process to track all women from offer of screening to the end of the pathway and have a recorded outcome.

- Submit quarterly Key performance indicators (KPI) maternity data / annual standard data to NHS England

- Monitoring the effectiveness of the screening programme and ensuring national changes are implemented effectively.

2.3.2.2. **It is the responsibility of the Screening MDT to:**

- Disseminate knowledge and implementation of this guideline within their area of responsibility

- Assist in the monitoring of its compliance and effectiveness.

- It is the responsibility of all staff required to use this guideline to ensure personal competency, with support from their line manager and to follow this guideline as part of their professional practice.

2.4. Screening Inequalities

See "Screening inequalities in antenatal and newborn screening" procedure pathway stored in the screening team TR11 shared drive.

2.5. Offer of Fetal Anomaly Screening

2.5.1. Identify eligible population

All women who book for maternity care at RCHT and are between 18+0 and 20+6-weeks gestation are eligible for FASP anomaly screening, irrespective of the results in any previous pregnancy.

2.5.2. Un-Booked women

Women who present late or un-booked to the service between 20+6 and 23+0 gestation are eligible for FASP anomaly screening and must be offered FASP anomaly screening as part of their initial admission consultation. Pathways exist for escalation of late bookers -see below.

Category	Information
Recommended time for Fetal Anomaly Screening	18+0-20+6 weeks

Category	Information
Late bookers attending >20+6. Anomaly screening can be completed by	23+0 weeks
If the initial screening scan cannot be completed, offer a single repeat screening scan	By 23+0 weeks

2.6. Provide information and offer screening

2.6.1. Written and verbal information concerning ultrasound scans and the fetal anomaly screening scan should be provided in early pregnancy at the booking appointment.

2.6.2. A link to the digital version of the national screening booklet “Screening tests for you and your baby” (STFYAYB) is sent to all women on receipt of a notification of pregnancy by maternity IT.

2.6.3. The booking midwife should ensure STFYAYB has been accessed, and the woman understands information around choices, risks and limitations for screening. The following points should be discussed:

- Why FASP screening is offered and the conditions screened for.
- How screening is undertaken to include choices, risks and limitations of screening.
- That unexpected findings may be identified at anomaly scan.
- The implications of a screening positive result.
- The option not to have screening.
- Limitations of anomaly screening / awareness it is not a diagnostic test.

2.7. Consent / Decline

The woman’s decision should be recorded in the screening section of the maternity electronic IT system as one of the following:

- Offered and accepted.
- Offered but declined.
- Offered but undecided.
- Opted for private screening.
- Not offered (already performed).
- Not offered (reason).
- Not appropriate (stage in pregnancy).

2.8. Screening Declined / No screening

2.8.1. If the woman opts for 'no screening' she should be offered an appointment for a scan for examination of placental position and amniotic fluid. The woman should be informed that occasionally fetal anomalies are identified on scan, and these would be discussed on the day of scan if an anomaly is suspected.

2.8.2. Women who opt for private screening should be informed that they are eligible for NHS FASP screening. A discussion should take place to ensure they are aware of the differences between NHS FASP and private screening in terms of how the screening is undertaken, and how the results may differ.

2.9. Practice Points – Ordering Screening for the fetal anomaly scan

2.9.1. Referral pathway for anomaly screening scan – Routine pathway

Following dating scan / trisomy screening attendance, the sonographer will check the box "summary of ultrasound findings" on the viewpoint sonography recording system. One of two outcomes will be marked:

- If a 20-week anomaly scan is required, the box will be marked "viable pregnancy".
- If an anomaly scan is NOT required (e.g anomaly identified at dating scan) the sonographer should free text "no 20/40 scan" or "no anomaly scan".

Women are informed they will be notified of their anomaly scan appointment by 16 weeks of pregnancy and to contact their community midwife if no scan has been received. At the 16 week community appointment the midwife routinely checks that an anomaly scan has been appointed.

2.9.2. Generating appointment:

Main USS booking team have responsibility for accessing the viewpoint system, identifying the eligible cohort and booking an appointment between 18+0 and 20+6 weeks gestation. If capacity issues exist, the booking team escalate via email to the lead sonographer for maternity.

The booking team can be contacted on:

Category	Information
Main USS booking team	01872 252290. rcht-tr.ClinicalImaging@nhs.net
Maternity Sonography Lead	01872 252682
Antenatal and Newborn Screening team	Rch-tr.screening@nhs.net 01872 253092

2.9.3. Contingency in the event of absence of main USS booking administrator:

Main Ultrasound has an administrative team and have responsibility for obtaining replacement cover for anomaly USS booking clerk in the event of Annual leave / sickness. Protocols exist which list the process to book anomaly scans. See QPulse “Protocol for booking a Mid Pregnancy Anomaly Scan”.

2.10. Booking of Interpreters for anomaly screening appointments

The requirement for interpreting services is reviewed at the booking or dating scan. If required, it is the responsibility of the fetal medicine administrator to inform main USS booking team who have onward responsibility for interpreter booking.

2.11. Late bookers – Known to be >14+2 and <20+0. Escalation of screening appointments

2.11.1. Identification of late bookers:

Notification of pregnancy forms are accessed by the maternity IT team. An electronic alert is sent to rcht.fetalmedicine@nhs.net and rch-tr.screening@nhs.net of pregnancies who are >13 weeks gestation.

2.11.2. Failsafe and escalation processes for late bookers:

Tracking processes are in place to ensure pregnancies that are >13 weeks gestation are generated a timely screening appointment.

- Fetal medicine administrator to undertake a daily check of late booker pregnancies to obtain the booking details.
- Fetal medicine administrator to send high priority email to the community generic team within 48 hours to enquire and monitor plans for booking completion with screening team cc’d in. Screening to have responsibility for oversight a timely booking appointment is provided.
- A low threshold exists to escalate via way of a high priority email to the community matron for provision of a timely booking appointment for a late booker.
- See Maternity guideline Concealed or Denied Pregnancy and Late Pregnancy booking for maternity care clinical guideline. Concealed or Denied Pregnancy and Late Pregnancy Booking for Maternity Care Clinical Guideline.

2.11.3. Escalation of screening appointment for known late booker >14+2 and <20+0.

- Urgent community booking.
- Following booking, community midwife to urgently phone fetal medicine administrator to request the next available USS in the hub.

2.12. Late bookers – known to be >20+0.

- Urgent community booking.
- Urgent maxims referral to main USS. Urgent dating / anomaly USS requested, with clinical information and request completion by 23+0 at latest.

2.12.1. Sonography Failsafe following main USS for unsure of LMP / or late booker >20+0.

2.12.1.1. All screening USS should occur within the hub at the Royal Cornwall.

2.12.1.2. As a failsafe all sonographers working with main USS have received training to inform the fetal medicine administrator and cc in rch-tr.screening@nhs.net of:

- Gestation of any pregnancy who was referred due to unsure of last menstrual period (LMP).
- Any first USS with gestation >14/40.

2.13. Anomaly Screening process

2.13.1. Performing the Anomaly Screening test:

Anomaly screening is offered at RCHT and community hospitals across the county.

2.13.2. On attendance for Anomaly Screening - Pre-Scan information / Offer:

On arrival into the scan room sonographers verbally discuss the screening offer and check consent and the woman's understanding of why she is attending for scan. Women who were previously undecided on their screening choice at booking are re-offered screening options by the sonographer. If a woman remains undecided, urgent contact with the screening team should be made and the screening team will make urgent contact to re-offer.

2.13.3. Ultrasound Examination

The sonography application Viewpoint is used to document scan and screening parameters / results.

2.13.4. Procedure for Anomaly screening Scan

2.13.4.1. **Performing the scan:** In accordance with FASP : 20-week screening scan - GOV.UK

2.13.4.2. As part of a local pathway for anomaly scan in addition to screening for the 11 FASP conditions, examination of the placenta position and amniotic fluid is completed.

2.13.4.3. There is no requirement to determine fetal gender within the national FASP programme. The women will not be recalled if gender cannot be identified.

2.13.4.4. The 20-week screening scan base menu outlines the minimum anatomical structures to be assessed. Where appropriate these structures should be assessed in sagittal, coronal and transverse planes.

2.13.4.5. Images of 6 specific anatomical sections should be archived. These are:

- Head circumference (HC) measurement and the atrium of the lateral ventricle.
- Suboccipitobregmatic view demonstrating measurement of the transcerebellar diameter.
- Coronal view of lips with nasal tip.
- Abdominal circumference (AC) measurement.
- Femur length (FL) measurement.
- Sagittal (preferred) or coronal view of spine including sacrum.

The HC, AC and FL measurements should be taken to assess growth velocity.

2.14. Repeat Scan

2.14.1. A single repeat ultrasound scan must be offered and completed by 23^{+0} weeks in cases where the image quality of the first scan is compromised by any of the following:

- Maternal body mass index (BMI).
- Uterine fibroids.
- Abdominal scarring.
- Baby or babies in a sub-optimal position.

2.14.2. If the screening cannot be completed on the first scan, this should be documented as part of the USS report, with a printed report provided to the woman. The woman should be informed that the screening has not been completed and a repeat scan will be ordered, to be completed by 23+0 weeks.

2.14.3. **Ordering of repeat scan by 23+0**

2.14.3.1. Repeats are requested from the sonographer via email to the main USS anomaly booking team.

2.14.4. **Repeat USS**

If the screening is completed on the second attempt and is screen negative - see screen negative results below.

2.14.5. **Incomplete Anomaly Screening**

2.14.5.1. If the screening cannot be completed on the second attempt, the woman is informed that the screening is incomplete. This screening episode should be recorded as "incomplete" on the scan report. A copy of the report should be provided to the woman and a copied into the electronic health record. No further scans for the purpose of FASP anomaly screening are indicated. The woman should be informed their baby will be followed up at the newborn and infant physical examination; the 20-week screening scan pathway ends here.

2.14.5.2. Incomplete anomaly scans are tracked on the failsafe system and data submitted to NHS England as part of KPI submission.

2.15. Screening in special cases:

- **Higher Multiple Pregnancies (Triplets or more)**
- Screening in higher multiple pregnancies (triplets of more) – Guidance is produced by National Institute for Health and Care Excellence (NICE).

2.16. Contingency in the event of IT outage

2.16.1. In the event of IT outage or Viewpoint cannot be accessed, contingencies are in place to ensure anomaly screening appointments continue as planned.

2.16.2. A paper template exists to hand record all screening parameters (See Appendix 3) Each sonographer uploads the results in retrospect once the viewpoint system is running. If this cannot be completed on the day of USS the lead sonographer has responsibility for planning with regard to upload of results, or consideration of rearrangements of future clinics.

2.16.3. Outage of the viewpoint system is reported to the senior maternity team and a Datix completed.

2.17. Results

2.17.1. **Screen Negative**

Where an anomaly screening scan has been completed and no anomaly suspected, the woman should be informed that ultrasound scan cannot exclude all anomalies. Women should be informed that their baby will be followed up at the newborn and infant physical examination.

2.17.2. Screen positive

2.17.2.1. When an anomaly is suspected, the sonographer will inform the woman verbally during the scan appointment. Full details of the anomaly suspected should be documented on the scan report, and a copy provided to the woman before the leave the scan appointment.

2.17.2.2. Women should be informed they will receive a phone call from the antenatal and newborn screening team by the end of the next working day, with the provision of a fetal medicine clinic appointment. They will be informed that the fetal medicine appointment at RCHT will be within 3 working days, with the day of the scan considered as day 1.

2.17.3. Referral to Fetal Medicine:

It is the responsibility of the sonographer to complete a referral to Fetal Medicine. This should be via phone to the screening team 01872 253092 or via email if no answer: rch-tr.screening@nhs.net. See Fetal Anomaly Screening: Screen Positive Outcome – Fetal Medicine clinical guideline for onward care pathways / referral responsibility.

2.18. Screening failsafe

A weekly tracking process takes place to ensure a result is available for all FASP anomaly screening to include follow up of Did Not Attend (DNA) to the screening appointment.

2.19. Did Not Attend

2.19.1. As per maternity guideline Did Not Attend DNA For Antenatal Care Clinical Guideline

2.19.2. The following processes are completed: (See Appendix 4 for DNA flow chart):

- Review of maternity record to ensure no attendance for miscarriage / termination of pregnancy.
- Attempt made to contact the woman by phone. If contact made a new screening /scan appointment is provided.
- If no answer, an email is sent from rcht.fetalmedicine@nhs.net to the community team midwife generic email, with a request that the DNA is followed up.
- The community midwife to reattempt contact and post a letter if unable to make contact.
- A list of DNA’s are kept by the fetal medicine administrator and followed up daily to ensure an outcome for each is achieved.

- A clinical imaging DNA SOP is being drafted. In the interim clinical imaging are emailing information about each DNA to the fetal medicine administrator. The maternity DNA guideline is then followed.

- The screening administrator has responsibility for overview of follow up of all women who DNA to anomaly screening or repeat anomaly screening. This information is captured on the failsafe tracker.

2.20. Unexpected outcomes of FASP anomaly screening

In cases where a baby is born and has one of the 11 FASP conditions screened for but was screen negative at the 20-week anomaly scan - follow Neonatal Unexpected Outcomes Review Standard Operating Procedure.

2.21. Screening Incidents

Report any adverse events that occur in FASP anomaly screening using the Trusts incident reporting system (Datix) and a Screening Incident Assessment Form (SIAF) in accordance with Managing safety incidents in NHS screening programmes - GOV.UK (www.gov.uk). This includes any incidents which occur along the maternity, sonography and laboratory FASP pathways.

2.22. Training

It is recommended that all sonographers complete FASP elearning for health modules every 24 months. A training record is maintained by the sonography lead. Maternity staff receive annual training in Maternal Antenatal Screening Tests according to the training needs analysis (TNA).

2.23. Reporting and Governance

2.23.1. **External Reporting and monitoring – responsibility of ANNSC.**

- Data is reported quarterly through Key Performance Indicators set by the NHS England Screening Programme.

- Quality, performance and programme updates of the FASP anomaly screening programme are reported biannually at Screening Programme Board led by NHS England.

- Annual data returns of the RCHT FASP anomaly Screening programme are reported annually to NHS England.

- Submission of the Screening Annual Report to NHS England.

2.23.2. **Internal reporting to Maternity Obstetric and Business Governance**

- KPI’s, annual data returns and screening incidents within the FASP anomaly screening programme are reported at the local screening operational group.

- Antenatal and Newborn Screening report bi-monthly to the Obstetric and Maternity Business Governance meeting for the Division – Women and Children's and HIV and are included as standard agenda item. Written reports are submitted, to include exception reporting of KPIs. Areas of performance monitoring /progress on NHS England action plans / learning from incidents and audits / quality improvements and areas of risk, to include risk register entries. This meeting is attended by the ANNSC or when not possible, the screening report is presented by the Specialist matron for screening, or the Director of Midwifery.

- The Annual Screening Report will include details of the FASP anomaly screening programme. This is presented to the Obstetric and Maternity Business Governance meeting prior to formal submission to NHS England.

2.24. Escalation of issues within the FASP anomaly screening pathway

2.24.1. Issues for immediate escalation within the FASP pathway, to include serious screening incidents identified by the ANNSC, Sonography Lead or screening Clinical Lead will be discussed with the Specialist Matron and director of midwifery, and where appropriate Screening Quality Assurance Service (SQAS) and Screening and Immunisation teams (SIT) at NHS England.

2.24.2. A decision will be made by the senior management team whether the issue requires immediate senior attention or should be taken for consideration at the weekly senior management "Pulse meeting". All issues taken for immediate escalation will be reported to the next Obstetric and Maternity Business Governance meeting for the Division.

2.24.3. Issues that have been escalated will be brought for the attention and monitoring at the screening operational group meeting.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Fetal Anomalies Service Specifications: NHS England Section 7a. Service Specification No 17: NHS FASP fetal Anomaly Screening Programme – 20 week scan. Available on the FutureNHS Collaboration Platform. FASP 20 week screening scan pathway requirements 20-week screening scan pathway requirements - GOV.UK. FASP programme standards: https://www.gov.uk/government/publications/fetal-anomaly-screening-programme-standards.
Lead	ANNSC.

Information Category	Detail of process and methodology for monitoring compliance
Tool	National KPI tool. National standards Annual Data tool. Audits. Datix/SIAFs.
Frequency	Quarterly/Annually/ Bi-monthly.
Reporting arrangements	Screening Matron. Bimonthly - Obstetric and Business Maternity Governance Meeting. Quarterly - Antenatal Screening Operational Group. Bi-Annually NHS England Screening programme board.
Acting on recommendations and Lead(s)	ANNSC and Screening Matron. Antenatal Operational Group Team. Screening Programme Board.
Change in practice and lessons to be shared	As per action plans associated with audit, KPI/ Incident outcomes / SQAS reviews.

4. Equality and Diversity

4.1. 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.

4.2. Equality Impact Assessment

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

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Fetal Anomaly Screening in Pregnancy (20 week scan) Clinical Guideline V1.0
This document replaces (exact title of previous version):	New Document
Date Issued/Approved:	September 2025
Date Valid From:	November 2025
Date Valid To:	November 2028
Directorate/Department responsible (author/owner):	Sarah Bennett-Day, Lead Antenatal and Newborn Screening Coordinator
Contact details:	rch-tr.Screening@nhs.net
Brief summary of contents:	To provide guidance for healthcare professionals to ensure all pregnant women receive information about Fetal Anomaly screening, are offered access to the programme, receive results in a timely manner and that women with screen positive enter the appropriate care pathway.
Suggested Keywords:	Antenatal screening, fetal anomaly, FASP.
Target Audience:	**RCHT:** Yes **CFT:** No **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
September 2025	V1.0	Initial issue replacing 'Screening for Fetal Anomaly in the 1st Trimester and 2nd Trimester Clinical Guideline'.	Sarah Bennett-Day, Lead 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 6 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. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/service function to be assessed:	Fetal Anomaly Screening in Pregnancy (20 week scan) Clinical Guideline V1.0.
Directorate and service area:	Obstetrics and Gynaecology.
Is this a new or existing Policy?	New.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Sarah Bennett-Day, Lead Antenatal and Newborn Screening Coordinator.
Contact details:	rch-tr.Screening@nhs.net

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	For all maternity staff who advise and care for pregnant women regarding Fetal Anomaly Screening (mid pregnancy scan).
2. Policy Objectives	To ensure all women are given the advice and care they need regarding Fetal Anomaly Screening (mid pregnancy scan).
3. Policy Intended Outcomes	To ensure all women are given the advice and care they need regarding Fetal Anomaly Screening (mid pregnancy scan).
4. How will you measure each outcome?	Compliance Monitoring Tool.
5. Who is intended to benefit from the policy?	All pregnant women.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/visitors: No • Local groups/system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Maternity Guidelines.
6c. What was the outcome of the consultation?	Guideline agreed.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Sarah Bennett-Day, Lead Antenatal and Newborn Screening Coordinator.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis

Appendix 3. IT Outage – Second trimester Ultrasound Paper Template

Patient Label

Date/Time of exam:	Contact telephone number:
EDD:	History: G P Smoker: Yes / No
Indication: 1) Routine anomaly scan 2) Completion of anomaly scan	

Method

Method: Satisfactory / Moderate / Poor	Procedure: TA/TV TA and TV

General Evaluation

Cardiac Activity: Present Absent	Presentation: Cephalic Breech Transverse
Placenta:	Umbilical cord: 3VC / 2VC
Amniotic fluid:	

Fetal Biometry

HC:	VP:
Cerebellum:	Nuchal Fold:
AC:	**FL**:

Fetal Anatomy

Cranium: Normal / Abnormal Details:	Brain: Normal / Abnormal Details:
Face: Normal / Abnormal Details:	Neck: Normal / Abnormal Details:
Heart: Normal / Abnormal Details:	Thorax: Normal / Abnormal Details:

Example

Abdominal wall: Normal / Abnormal Details:	GI Tract: Normal / Abnormal Details:
Urogenital tract: Normal / Abnormal Details:	Spine: Normal / Abnormal Details:
Arms: Normal / Abnormal Details:	Legs: Normal / Abnormal Details:
Skeleton: Normal / Abnormal Details:	Fetal sex: Male / Female Details:

Maternal Structures

Fibroids: Yes / No / Not Visualised	Details:

Doppler

UA PI: EDF: Normal / Reversed / Absent	MCA/Velocity:

Impression

1) The fetal anatomy appears normal - Anomaly screening scan complete.
2) Fetal anatomy scan not completed - repeat scan arranged.
3) Incomplete anomaly screening scan (second appointment). Please see comments.
4) Abnormality suspected:
5) Amniotic fluid abnormality suspected:
6) Multiple pregnancy: DCDA / MCDA /MCMA.

Example

Comment

1)	The 20-week screening scan has been completed as per FASP guidelines. The scan appearances were normal for the stage of pregnancy and no fetal abnormality has been demonstrated. The limitations of the ultrasound scan have been explained and they understand that not all fetal problems can be excluded.
2)	Following this second anomaly screening scan adequate assessment of the fetal anatomy is still not possible. The NHS Fetal Anomaly Screening Programme screening standards recommend a single repeat scan as it is unlikely that multiple reattempts will allow the screening pathway to be completed. The FASP screening pathway must be completed by 23+0 weeks of pregnancy. As this is the second appointment and the fetus is now towards upper limit of gestation for the anomaly scan, no further scans have been arranged as per recommendations.
3)	Unable to complete the anomaly scan due to fetal position. A follow-up scan has been arranged.
4)	The placenta is low-lying within 20mm from the internal os. There is no history uterine surgery (e.g. myomectomy for fibroids, caesarean section). A follow-up appointment will be made for 32 weeks.
5)	The placenta is low-lying within 20mm from the internal os. There is a history uterine surgery (e.g. myomectomy for fibroids, caesarean section). A referral has been made for fetal medicine assessment at around 24 weeks. The patient knows to attend with a full bladder. We will also ensure obstetric clinic follow-up is arranged.
6)	There is placenta praevia, with the placenta covering the internal os. There is no history uterine surgery (e.g. myomectomy for fibroids, caesarean section). A follow-up appointment will be made for 32 weeks and we will ensure obstetric clinic follow-up is arranged.
7)	A fibroid / multiple fibroids inoted measuring mm and is clear of the internal os.
8)	A simple cyst is noted in the left / right ovary measuring.

Example

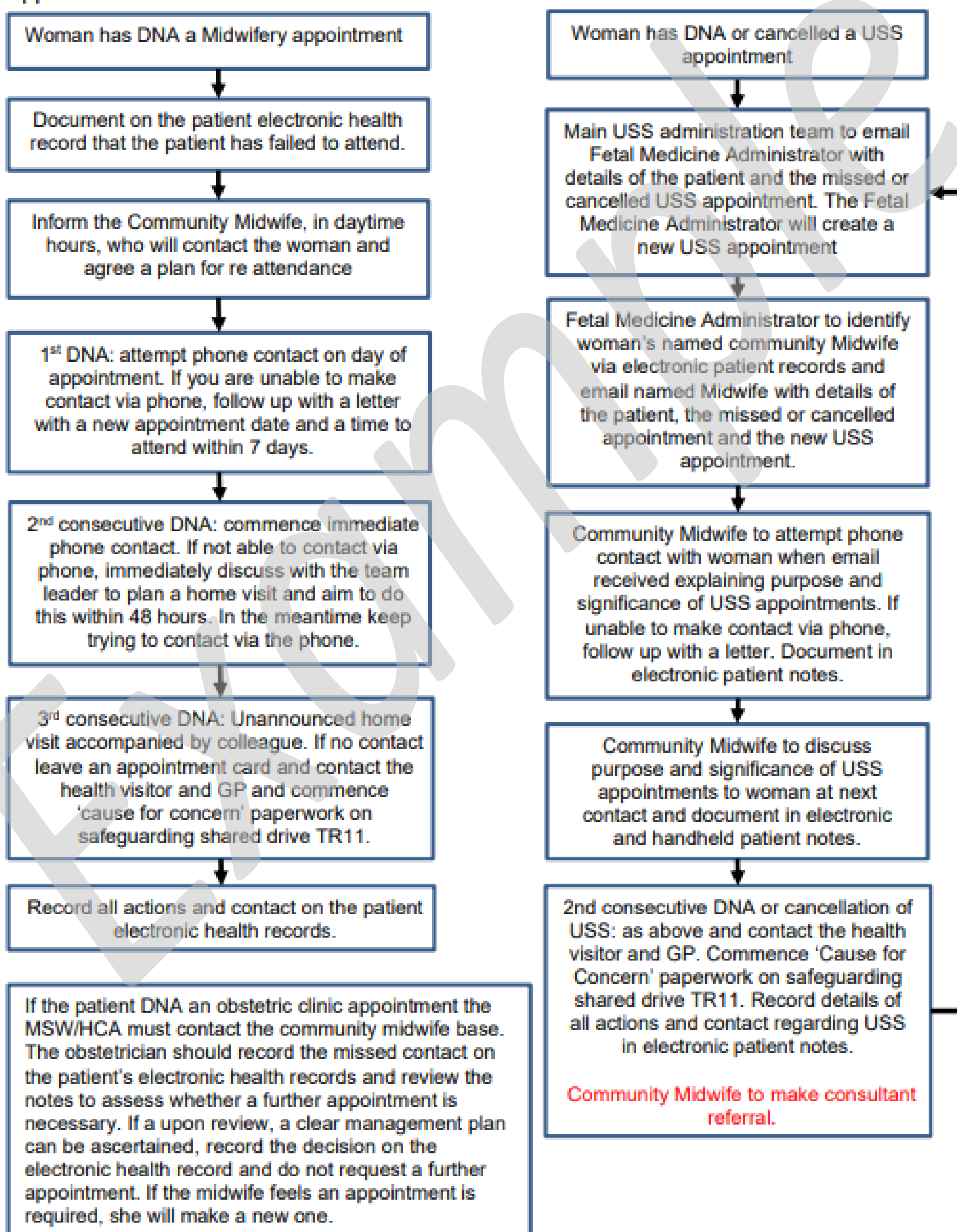
Plan

1)	A repeat scan has been requested.
2)	Community midwife follow-up in place.
3)	Referred to fetal medicine

Appendix 4. Maternity DNA process flow chart.

Summary page 2 of Did Not Attend DNA For Antenatal Care Clinical Guideline

Maternity appointments: Record all findings and actions on the patient electronic health record.
DAU/Triage contacts: Record all actions and findings on the patient electronic health record.
Ultrasound Scan appointments: Scanning administration team to email community team with patient details if woman does not attend (DNA) or cancels an ultrasound scan (USS) appointment.



Did not Attend (DNA) for Antenatal Care Clinical Guideline V3.0