

Screening for Edwards' syndrome, Patau's and Down's syndrome in Pregnancy 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 should be read in conjunction with the following NHS screening programme material: Fetal Anomalies Screening Programme (FASP) handbook: [Fetal anomaly screening programme handbook - GOV.UK](#).
- 1.3. This guideline makes recommendations for women and birthing people, hereafter referred to as 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.
- 1.4. This guideline should be read in-conjunction with Fetal Anomalies Screening Programme (FASP) handbook: [Fetal anomaly screening programme handbook - GOV.UK](#).
- 1.5. 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.

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

2. The Guidance

2.1. Definitions

Edwards' syndrome, Patau's syndrome and Down's syndrome occur when changes in the sperm or egg cell leads to a baby having an extra chromosome. This usually occurs by chance and is not usually related to an inherited genetic condition. As a woman ages the chance of having a baby with Edwards', Patau's or Down's syndrome increases, but anyone can have a baby with one of these conditions. Further information:

- **Downs Syndrome** - <https://www.nhs.uk/conditions/downs-syndrome/>.
- **Edward's syndrome** - <https://www.nhs.uk/conditions/edwards-syndrome/>.
- **Patau's syndrome** - <https://www.nhs.uk/conditions/pataus-syndrome/>.

2.2. Objectives of Screening for Edward's, Patau's and Down's Syndrome in pregnancy

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

- Offer an end-to-end screening pathway to all eligible pregnant women to assess the chance of the baby being born with Down's syndrome, or Edward's syndrome or Patau's syndrome.
- Provide a weekly failsafe process to track all women from offer of screening to the end of the screening pathway and have a recorded outcome.
- Provide high quality information and support so that women can make personal informed choices and decisions about their screening and pregnancy options.
- <https://www.gov.uk/guidance/fetal-anomaly-screening-programme-overview>.

2.3. Roles and Responsibilities

2.3.1. All Midwives

2.3.1.1. In the Community setting:

It is the responsibility of community midwives to offer, discuss consent and follow up that a result has been received.

2.3.1.2. In the Hospital setting:

All pregnancies are booked in a community setting. Women who call the maternity triage line with a screening related enquiry will be directed to the antenatal and newborn screening team at rch-tr.screening@nhs.net 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 and 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:

- Receiving screen positive “higher chance” results from regional laboratories.
- Informing women of screen positive results and their care options 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 Antenatal and Newborn screening coordinators, practice development midwives, senior midwives, consultant obstetricians and consultant paediatricians 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 screening for Edward's, Patau's and Down's Syndrome

2.5.1. Identify eligible population

- All women who book for maternity care at RCHT and are between 11+2 and 20+0 weeks gestation are eligible for FASP trisomy screening, irrespective of the results in any previous pregnancy. The recommended method of trisomy screening is combined screening which occurs in the first trimester (often referred to as first trimester screening).
- Pregnancies between 11+2 and 14+1 are eligible for combined screening. This combines maternal age, biochemistry and ultrasound measurement of fetal nuchal translucency to inform a pregnant woman of her chance of having a baby with Edwards' syndrome (T18), Patau's syndrome (T13) or Down's Syndrome (T21).
- Pregnancies between 14+2 and 20+0 are eligible for Quadruple (QUAD) screening. This screens for Down's Syndrome (T21) only. T13/T18 is screened for at the 20-week anomaly scan.
- See table on following page.

Down's Syndrome Screening	Singleton pregnancy	Twin pregnancy	Triplet or higher order
CRL: 45-84mm inclusive [correlates to GA of 11+2 – 14+1 Weeks]	Combined screening Options: <ul style="list-style-type: none"> • T21/T13/T18 combined screening. • T21 alone. • T13/18 alone. • Decline screening. 	Combined screening Options: <ul style="list-style-type: none"> • T21/T13/T18 combined screening. • T21 alone. • T13/18 alone. • Decline screening. 	Screening in higher multiple pregnancies (triplets or more) – Guidance is produced by National Institute for Health and Care Excellence (NICE) .
14+2 – 20+0 CRL greater than 84mm or more with an HC between 101-172mm.	Options: <ul style="list-style-type: none"> • Quadruple test. Screens for T21 only. 	Options: <ul style="list-style-type: none"> • Quadruple test. Screens for T21 only. 	No screening available (note mid-trimester anomaly scan screens for T18/13).
HC >172mm >Or equal to 20+1 gestation	Too late for trisomy screening.	Too late for trisomy screening.	Too late for trisomy screening.

2.6. Provide information and offer screening

- 2.6.1. Written and verbal information about the trisomy screening options should be provided in early pregnancy to enable an informed decision. At the booking appointment (ideally 8-10 weeks) Screening should be discussed in detail.
- 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. This link provides access to the booklet in alternative formats appropriate for the woman’s requirements. STFYAYB is also available via their personal electronic record app [Screening tests for you and your baby \(STFYAYB\) - GOV.UK](#).
- 2.6.3. The booking midwife should ensure STFYAYB has been accessed, and the woman understands information around choices, risks and limitations for screening. If the woman reports she is unable to access the digital version of STFYAYB a hard copy should be printed and supplied by the community midwife. 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 dating scan.
 - How lower and higher chance results are calculated and timeframe and provision of results.
 - The implications of a higher chance screening result.
 - The option not to have screening.
 - To have screening for all 3 conditions T21, T18/13.
 - To have screening for T21 only.
 - To have screening for T13/18 only.
 - If gestation is over 14+1 weeks the second trimester quadruple test for T21 only should be offered. (T13/18 is screened for at the 18-20+6 anomaly scan).

2.7. Risks and Limitations

- 2.7.1. Risks and limitations of the FASP trisomy screening programme should be discussed at the time of offer. There are no significant clinical risks associated with the trisomy screening test itself.

- 2.7.2. Women should be aware that the screening test is not a diagnostic test. Regional and National screening detection rates are monitored via NHS England. Detection rates for combined screening, quadruple screening and modified vanished twin pregnancy screening are available at [Screening for Down's syndrome, Edwards' syndrome and Patau's syndrome - GOV.UK](#)

2.8. 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).

2.9. Practice Points – Ordering Screening for T13/18/21

2.9.1. Notification of pregnancy

An online self-notification of pregnancy form is completed by the pregnant person to inform RCHT of the pregnancy. The notification form has a mandatory field regarding LMP, with a statement that screening offer is dependent on an accurate LMP. Where LMP is unknown, the form requests further information to help guide timely booking appointments and accurate combined screening provision.

2.9.2. At booking

At booking, an accurate LMP must be entered into the maternity electronic system. The woman should be advised that an accurate LMP should be given as this can impact the offer of screening.

2.9.3. Routine referral pathway for Combined screening.

- 2.9.3.1. Complete Booking and document fully on the electronic maternity health record. FMU booking team to pull booking information daily / arrange combined screening in the hub / send patient letter.
- 2.9.3.2. See Community Midwifery referral pathway for first USS, Appendix 3.

2.9.3.3. The woman should be advised that she will receive an appointment through the post for either a dating scan, (if she has chosen not to have screening or her gestation is >14+1) or for a combined screening scan.

2.9.4. **Unsure of LMP**

2.9.4.1. Where an accurate LMP is not known the community midwife should enquire if a detailed estimation of gestation is known. Any unknown LMP should always be supported with an assessment of abdominal palpation of fundal height to aid clinical judgement.

2.9.4.2. Two options should then be followed according to clinical judgement: See Community Midwifery referral pathway for first USS, Appendix 3.

- If likely <11+2, complete a maxims referral to main USS with full clinical information. Community midwife to follow up USS to confirm plan of care / screening follow up appointments. Main sonography have a pathway to inform the fetal medicine administrator of the gestation following scan so a dating USS can be appointed.
- If potentially >11+2 and <20+0, urgent booking by the midwife, documented fully on the maternity electronic health record. Urgent phone call to the fetal medicine administrator to request next available USS in the hub. The woman should be advised that she will receive a phone call from the fetal medicine administrator with an urgent appointment for a screening scan.

2.9.5. **Booking of Interpreters for NT/ Quadruple screening appointments**

If it is identified at booking that interpreting services are required at the dating scan, it is the responsibility of the community midwife to inform the fetal medicine administrator by phone or email who will book the scan and appropriate translating service.

2.9.1. **Generating appointment:**

It is the responsibility of the fetal medicine administrator to book timely combined screening appointments.

Fetal Medicine Booking Administrator	Contact Information
Telephone	01872 252682
Email	rcht.fetalmedicine@nhs.net

The Fetal Medicine Administrator will complete a daily download of women booked on the maternity electronic IT system. Actions are completed to identify if combined screening is required, calculate gestation and generate an appropriate appointment. This will be sent by post to the woman.

2.9.2. **Contingency in the event of absence of the Fetal medicine administrator:**

The maternity lead for administrators has responsibility for obtaining replacement cover for the fetal medicine administrator. Standard Operating Procedures exist listing processes required to book dating scans. There are several team members trained to undertake this process and contingency to this action is reviewed and monitored by the lead sonographer.

2.9.3. **Screening Declined / No screening:**

If the woman opts for 'no screening' she should be offered an appointment for a scan to date her pregnancy, confirm viability and fetal number. The woman should be informed that occasionally fetal anomalies are identified on scan. Any anomaly identified will be discussed with the woman at time of scan and fetal medicine appointment offered. This scan can take place from 10 weeks.

2.9.4. **Screening for T21, T3/18/ (Combined test):**

This test can be offered between 11+2 weeks and 14+1 weeks, with the crown rump length (CRL) between 45mm and 84mm. However, the optimum time is around 12 weeks. It is recognized that if the woman presents to the service after 13+1 weeks it may not be possible to accommodate the appointment within the combined screening window. All attempts are made to escalate the offer of combined screening, however where no appointment exists, the offer of dating scan and QUAD test can be made.

2.9.5. **Screening for T21 (2nd Trimester quadruple screening):**

This test can be offered between 14+2 and 20+0 weeks. This test is offered to woman who book too late for combined screening or when an NT measurement cannot be obtained, despite two attempts. An ultrasound scan will be required to date the pregnancy. The fetal head circumference is the recommended measurement used for dating women presenting in the second trimester. This test uses 4 biochemical markers measured from 14+2 weeks to 20+0 weeks. (beta HCG, AFP, oestriol and inhibin A) The optimum time is around 15 weeks.

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

2.10.1. **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 rcht-tr.screening@nhs.net of pregnancies who are >13 weeks gestation.

2.10.2. **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](#).

2.10.3. **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. See Appendix 3.
- Quadruple screening will be offered in the hub following USS.

2.11. **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 20+6 and 23+0 at latest.
- Community to email rch-tr.screening@nhs.net email for information.

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

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

2.11.1.2. 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.
- Any first dating USS < 20+0.

2.12. Trisomy Screening process

2.12.1. Combined screening (First Trimester)

For Trisomy screening, the eligible population is women with singleton and twin pregnancies between $\geq 11+2$ and $14+1$ weeks of pregnancy confirmed by ultrasound scan, using the nuchal translucency measurement and biochemical markers.

2.12.1.1. The markers used for this test are:

- **Maternal age:** The chance of having a baby with a trisomy increases with age.
- **Nuchal Translucency (NT):** This is the measurement of a collection of fluid under the skin behind the neck of the fetus. An increased NT ($\geq 3.5\text{mm}$) can be associated with autosomal trisomy's and other fetal anomalies such as cardiac defects. However, an increased NT can have a normal outcome.
- **Biochemical markers:** The combined test uses two biochemical tests, free beta hCG and PAPP-A. These are 2 glycoproteins produced by the developing embryo and later by the placenta. An increased level of beta hCG and a decreased level of PAPP-A can be markers for T21 and decreased beta hCG and decreased PAPP-A can be markers for T13/18. Abnormal biochemical markers can also have a normal outcome.
- **Pregnancy associated plasma protein A (PAPP A):** can also be a marker for fetal growth restriction (FGR). Any woman with a measurement below 0.42 MoM, on combined screening, will be offered monthly growth scans from 28 weeks of pregnancy.

2.12.1.2. Performing the Combined Screening test:

- Combined screening is offered Monday to Friday at the Hub, at the Royal Cornwall Hospital. It is not offered at any satellite hospital.
- Most sonographers who conduct scans for combined screening at the hub are midwife sonographers. All sonographers who undertake combined screening scans hold current Fetal Medicine Foundation or the NHS FASP training competency (DQASS). All sonographers complete FASP elearning for health modules every 24 months and a record of competency maintained.

2.12.2. 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 women remain undecided following this, the screening team should be informed and requested to speak with the women face to face in room Heligan in the Hub.

2.12.3. Ultrasound Examination

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

2.12.4. Procedure for Combined screening

- 2.12.4.1. **Performing the scan:** In accordance with 4.3 of FASP handbook : <https://www.gov.uk/government/publications/fetal-anomaly-screening-programme-handbook/screening-for-downs-syndrome-edwards-syndrome-and-patau-syndrome-3#laboratory-information-for-the-combined-and-quadruple-tests>.
- 2.12.4.2. Viability will be confirmed; the pregnancy will be dated and fetal number confirmed. The CRL and the NT will be measured and any obvious fetal anomalies excluded.
- 2.12.4.3. **Post scan information giving:** Any anomalies identified at the combined screening scan are discussed immediately with woman and a referral made to the antenatal and newborn screening team via phone on 3092. If no answer an email should be sent to rch-tr.screening@nhs.net and the woman informed that the team will contact her within one working day.
- 2.12.4.4. The woman will be informed by the sonographer that if the screening gives a higher chance result, she will be contacted by phone in around 3 working days and if she has a lower chance result, she will receive a letter with 14 working days.
- 2.12.4.5. If it is not possible to measure the NT, at least one more attempt is offered ("twice on the couch"). A second offer is made either on the same day, following a period of time off the couch, or if no CRL measurement is possible, a second appointment on an alternative day is provided within the screening window.
- 2.12.4.6. If an NT measurement $\geq 3.5\text{mm}$ is identified, follow Referral into Fetal Medicine following identification of a suspected fetal anomaly at FASP ultrasound screening clinical guideline.

2.13. Taking the blood:

See “Taking combined screening bloods” Appendix 6.

- 2.13.4.1. Blood samples for combined screening are always obtained on the same day as the USS, following scan. The woman is seen by the phlebotomist, located in the Hub to have blood taken for beta HCG and PAPP A.
- 2.13.4.2. The woman is weighed with details inputted into viewpoint by the phlebotomist.
- 2.13.4.3. A check of the information completed on the Viewpoint scan is completed by the phlebotomist to ensure a complete request form for screening. Any missing information noted is immediately followed up with the sonographer.
- 2.13.4.4. One Gold topped tube sample 5ml is obtained.
- 2.13.4.5. The sample is labelled with the woman's details and Viewpoint bar code labels generated. One bar code label is applied to the woman's sample and a second bar code label applied to the working list against the woman's name. The bar code is then scanned into the woman's Viewpoint details.
- 2.13.4.6. If for any reason a blood sample cannot be obtained, this is escalated to the screening lead midwife so a plan for obtaining a blood sample can be made.

2.14. Transferring samples to the lab:

- 2.14.4.1. A daily list of all patient names and hospital numbers who have attended for FTS / FTS (First trimester screening) vanished twin screening accompanies FTS blood samples which are sent to the Royal Devon and Exeter FTS labs.
- 2.14.4.2. Following a morning and an afternoon clinic the samples and the working list and FTS samples are taken by hand to the clinical chemistry laboratory technician, located on the second floor of the RCHT tower block.
- 2.14.4.3. In the labs the samples are signed for and the person they are handed to identified on the receipt register. A chain of custody exists from the point of sample receipt in the RCHT labs to receipt in the regional screening laboratory at the Royal Devon and Exeter laboratory. See RCHT laboratory SOP: Fetal Anomaly Screening via RDE SOP on the laboratory shared drive.
- 2.14.4.4. Samples are transported on the next working day Monday to Thursday by Royal Mail special delivery.

Details	Contact Information
RCHT laboratory contact details	Rch-tr.biochem@nhs.net
Exeter FTS laboratory contact	Rduh.clinicalchemistry@nhs.net

2.15. Bank Holiday arrangements

Sample receipt / storage / transportation over bank holiday arrangements

- The regional trisomy laboratory has designated responsibility of notifying ANNSC teams of any change to routine sample receipt.
- The local laboratory has designated responsibility of notifying ANNSC teams of any change to routine sample storage / transportation systems.
- The ANNSC team will cascade this information to sonography to ensure appropriate clinic schedules.

2.15.1. A paper template exists to hand record all screening parameters (See Appendix 4) 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.

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

2.16. Contingency in the event of Royal Mail Issues

In the event of Royal Mail postal issues combined and quadruple screening samples will be dispatched to the regional laboratories using a tracked courier service.

2.17. Contingency in the event of IT outage

2.17.1. In the event of IT outage and Viewpoint cannot be accessed, contingencies are in place to ensure FTS screening appointments continue as planned.

2.17.2. Documentation of the scan findings occurs on a single sheet of paper for each woman, with an accompanying patient identification label sticker added- see appendix 4.

2.17.3. Each sonographer uploads the results in retrospect once the viewpoint system is back up 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.

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

2.18. Raised Nuchal Translucency

Pregnancies with a Nuchal Translucency (NT) measurement $\geq 3.5\text{mm}$ should be referred to the antenatal and newborn screening team for onward management. A phone call to 3092 to be made to inform the screening team. If no answer is received an email should be sent to rch-tr.screening@nhs.net and the woman advised that the screening coordinator will contact, within one working day. Follow the following SOPs – Referral into Fetal Medicine following identification of a suspected fetal anomaly at FASP ultrasound screening clinical guideline.

2.18.1. Process when too early for combined screening

- When a combined screening scan is undertaken and gestation identified to be $\leq 11+2$ weeks of pregnancy the woman is informed it is too early to undertake combined screening. The fetal medicine administrator is requested to book a follow-up combined screening scan appointment. This appointment is provided before leaving the Hub.
- Attendance to this follow up appointment is monitored by the fetal medicine booking administrator who has responsibility for follow up of all did not attend (DNA) to “NT” clinics as per Appendix 3.
- Failsafe tracking of “too early” appointments and ensuring a screening outcome is achieved are tracked by way of daily failsafe process, of obtaining and cross-referencing screening results from Exeter combined screening labs. Pregnancies that are too early for combined screening have “empty” cells on the tracking sheet, and are monitored for closure, as per routine actions for tracking timely combined screening provision.

2.18.2. Procedure when a Nuchal translucency (NT) measurement cannot be achieved

- 2.18.2.1. Combined screening may not always be possible. This might be because:
- Pregnancy $\geq 14+1$ weeks.
 - NT measurement unable to be obtained at USS due to fetal position / Raised BMI after two attempts.
- 2.18.2.2. Where combined screening cannot be offered women are informed of this by the sonographer. They are advised of the option of quadruple screening.
- 2.18.2.3. If NT measurement cannot be achieved after two attempts the woman is informed of this at dating USS and an offer of quadruple screening made. Women are verbally informed that quadruple screening is for Downs syndrome T21 screening only, and that an assessment for Edwards and Patau’s screening is made at the mid trimester fetal anomaly scan. This is also documented on the scan report provided to the woman on the day of scan.

- 2.18.2.4. Women who present for ultrasound scan on or after $\geq 14+2$ days gestation and ≤ 20 weeks+ 0 days gestation will be offered 2nd trimester screening (the Quadruple test).

2.19. Quadruple Screening

The quadruple test is offered when the:

- NT measurement cannot be obtained.
- CRL measurement is greater than 84.0mm and / or the HC measurement is between 101.0mm and 172.0mm.
- Women are between $\geq 14+2$ and $\leq 20+0$ days gestation.

2.19.1. Quadruple screening offer

- 2.19.1.1. Women eligible for a quadruple screen should be informed by the sonographer of the purpose and limitations of quadruple screening.
- 2.19.1.2. The quadruple test has a lower detection rate and a higher screen positive rate than combined screening see [Screening for Down's syndrome, Edwards' syndrome and Patau's syndrome - GOV.UK](#)
- 2.19.1.3. The Quadruple test screens for Downs Syndrome only. It does not screen for Edwards' and Patau's syndrome. Open neural tube defects may be detected as a result of measuring biochemical markers required for T21 screening.

2.19.2. Procedure for Quadruple samples

Blood samples for Quadruple screening is offered via:

- The Hub, following scan if $\geq 14+2$ and HC measurement is >101.0 mm and < 172.0 mm.

or

- Via the Community midwifery team if NT measurement was not possible at dating USS.

2.19.3. Quadruple screening procedure if $\geq 14+2$ and $\leq 20+0$ and HC ≥ 101.0 mm and ≤ 172.0 mm at dating USS "Too late for combined screening":

- Women are informed to attend for bloods with the phlebotomist, located in the hub.
- Women are informed by the sonographer to expect a result within 7-10 days. Aware to inform their community midwife if no results letter is received.

- A Cambridge University Hospital (CUH) quadruple screening form is completed by the phlebotomist.
- 1 x gold top tube is obtained and placed in a bag with the quadruple form in a clear bag.
- Quadruple bloods taken at RCHT are taken by hand to the Blood Science haematology laboratory, located in the link corridor, (btwn post room and outpatient pharmacy). They are given to a lab technician in the first window hatch, just inside the blood science haematology lab.
- An email is sent from the phlebotomist to the screening team rch-tr.screening@nhs.net and the RCHT laboratories rch-tr.biochem@nhs.net to inform that a quadruple screen has been obtained. This is an additional failsafe for tracking of samples.

2.19.4. Quadruple screening procedure if NT cannot be measured but too early for quadruple screening as $\leq 14+2$ / CRL ≤ 101.0 mm. “NT not possible”

- Offer of quadruple screening made as above. Women are informed by the sonographer that the blood sample for quadruple screening will be obtained by the community midwife $\geq 14+2$ and $\leq 20+0$, and a result received 7-10 days after the sample is obtained.
- Following USS women are informed to attend to the phlebotomist, located in the hub to obtain the quadruple form, have a weight measurement completed and obtain a GROW chart.
- A Cambridge University Hospital (CUH) quadruple screening form is completed by the phlebotomist.
- The completed quadruple form is provided to the woman and informed to take the community midwifery appointment at 16 weeks gestation. If no quadruple screening form is available at 16 weeks, it can be located on the shared drive at TR11 / Midwives / Screening / Quad form_ Use this from Oct 24 onwards.
- An email is sent by the phlebotomist to the generic community team email, to notify that a quadruple screening appointment is required @16/40. The screening team are cc'd into this email at rch-tr.screening@nhs.net and commence failsafe processes – See SOP “Tracking quadruple screening samples: hub phlebotomy, community, RCHT labs and CUH quadruple screening laboratory” found on the shared drive.
- 1 x gold tube is taken at the 16/40 community appointment. The sample and form are placed in a clear bag and sent via community couriers addressed to the biochemistry laboratory at RCHT.

- Once a quadruple sample is taken in the community the midwife sends an email to the screening team rch-tr.screening@nhs.net and the RCHT laboratories rch-tr.biochem@nhs.net to inform that a quadruple screen has been obtained. See SOP “Tracking Quadruple samples hub phlebotomy, community, RCHT labs and CUH quadruple screening laboratory” found on the shared drive.

2.19.5. Failsafe processes for Quadruple samples

Weekly tracking processes for quadruple screening exist – see SOP Quadruple screening phlebotomy and screening failsafe processes.

These include:

- Weekly tracking of all pregnancies eligible for quad, with colour coding to denote position within the pathway, e.g., quad required / date due, quad taken, awaiting results.
- Tracking for community quad appointment provision and attendance. Emails are sent from the screening team to community midwives to remind of the need for a community quadruple sample and to confirm 16/40 appointment provision.
- That non-attendance to quadruple screening is followed up by the community midwife.
- Adherence to these failsafe processes are monitored by the ANNSC.

2.20. Screening in special cases:

2.20.1. Higher Multiple Pregnancies (Triplets or more)

Screening in higher multiple pregnancies (triplets or more) – Guidance is produced by [National Institute for Health and Care Excellence](#) (NICE).

2.20.2. Twin pregnancies

Woman with twin pregnancies are eligible for combined or quadruple screening dependent on gestational age. More than one baby in a pregnancy complicates screening and additional screening counselling is required. The test of choice is combined screening.

2.20.3. Combined Screening in twin pregnancies

Women with a twin pregnancy are offered additional information by the sonographers about the risks, benefits and limitations of combined screening in a twin pregnancy. A written patient information leaflet about multiple births, which includes screening specific information is provided. Chance results are reported in line with FASP screening handbook recommendations [Screening for Down’s syndrome, Edwards’ syndrome and Patau’s syndrome - GOV.UK](#).

2.20.4. **Quadruple test in twin pregnancies**

2.20.4.1. Chronicity is more difficult to ascertain in the second trimester. Quadruple screening is not as sensitive as Combined screening. To support informed choice additional screening counselling about the risks, benefits and limitations of quadruple screening in a twin pregnancy should be offered face to face with the specialist twin pregnancy midwife service.

2.20.4.2. Screening counselling to include:

Monochorionic twins – performance of the quadruple test is comparable to that in singleton pregnancies.

Dichorionic twins – Quadruple chance results relate to the pregnancy and not to individual babies. Where one baby has the condition and the other does not the performance of the quadruple test is not as sensitive as it is in monochorionic twins.

2.20.5. **Vanished twin and screening options**

2.20.5.1. Full details and detection rates for vanished twin screening are available via [Screening for Down's syndrome, Edwards' syndrome and Patau's syndrome - GOV.UK](#).

2.20.5.2. Vanished twin is when one fetus, in a twin pregnancy is non-viable and is partially or completely reabsorbed. The scan may show either:

- An empty second pregnancy sac.
- A second pregnancy sac containing a non-viable fetus.

2.20.5.3. In both scenarios, due to biochemical markers being affected NHS FASP combined or quadruple screening cannot be offered.

2.20.5.4. RCHT have agreed local processes for combined screening for vanished twin pregnancies. These are screening counselling and offer by the sonographers, who work within the specialist fetal medicine service at RCHT.

2.20.6. **Combined screening following vanished twin pregnancy:**

2.20.6.1. **Vanished twin Combined Screening Offer**

- Women are informed verbally by the sonographer that their screening is a modified screening test which uses maternal age and NT only and is part of a clinical management pathway, outside of NHS FASP screening pathways.

- Women are verbally informed that the performance of the test will be slightly lower than routine FASP combined screening.
- Women are informed that the regional screening laboratory will calculate a result and are informed to expect a results letter within 7-10 days.

2.20.6.2. **Vanished twin FTS Procedure**

- No blood sample is taken.
- USS details are completed on viewpoint.
- A daily list of all patient names and hospital numbers who have attended FTS / FTS vanished twin screening accompanies FTS blood samples which is sent to the Royal Devon and Exeter FTS labs.
- All FTS samples are taken by hand to the clinical chemistry laboratory technician, located on the second floor of the RCHT tower block.
- In the labs the samples are signed for and the person they are handed to identified on the receipt register. See RCHT laboratory SOP: Fetal Anomaly Screening via RDE SOP V5 on the shared drive.
- Samples are transported the next working day Monday to Thursday by Royal Mail special delivery.

2.20.7. **Quadruple test and Vanished twin**

The quadruple screening labs at Cambridge university hospital (CUH) provide quadruple screening following vanished twin using Maternal age, hCG (beta), inhibin-A and uE3 (excluding AFP).

2.20.7.1. **Vanished twin Quadruple screening Offer**

- Women are informed verbally by the midwife sonographers that their quadruple screening is a modified screening test which uses maternal age, hCG, inhibin-A and uE3 only and is part of a clinical management pathway, outside of NHS FASP screening pathways.
- Women are verbally informed that the performance of the test will be slightly lower than routine FASP quadruple screening.
- Women are informed to expect a quadruple screening results letter 7-10 days following scan.

2.20.7.2. Vanished twin Quadruple screening Procedure

- A maternal blood sample (1 x Gold top tube) should accompany the routine quadruple form.
- Ensure the vanished twin YES box is selected.
- Where available, the CRL measurement of the vanished twin should be provided.
- Quadruple bloods are taken by hand to the Blood Science haematology laboratory, located in the link corridor, (btwn post room and outpatient pharmacy). They are given to a lab technician in the first window hatch, just inside the blood science haematology lab.

2.21. Screening in IVF pregnancies

- The eligibility criteria for the combined test in IVF pregnancies is when the CRL is between 45.0mm and 84.0mm. The CRL measurement must be used for the purposes of screening.
- The quadruple test is also performed in IVF pregnancies.
- Maternal age in IVF pregnancies using donor eggs is calculated from the date of birth or age of the donor at the time of egg collection. This is required for calculation of prior chance. Where this information is unknown every effort should be made to obtain this information. The laboratories should be informed if this information remains unknown. A chance result will be calculated in accordance to FASP handbook guidelines Section 8. [Screening for Down's syndrome, Edwards' syndrome and Patau's syndrome - GOV.UK.](#)

2.22. Screening for pregnancies with a previous pregnancy with T13, T18, T21 (R445 NIPT)

The R445 pathway offers Non-invasive prenatal testing (NIPT) to pregnant people who have had a previous pregnancy with a full trisomy diagnosis of Edward's syndrome or Patau's syndrome or Down's syndrome. See screening SOP R445 NIPT for previous pregnancies with T13/18/21 on the shared drive.

2.23. Laboratory processes for Trisomy Screening

National laboratories handbooks are available to describe the policies and guidance that set out the requirements for laboratories involved in antenatal and newborn screening: [Fetal anomaly screening programme handbook - GOV.UK.](#)

2.24. Results

- The results for both combined screening and Quad testing will be produced as a chance result.
 - 1 in 2 -1 in 150 will be reported as a higher chance result.
 - 1 in 151 or less will be reported as a lower chance result.

- Down Syndrome chance results are reported singularly.
- Edward's and Patau's chance (if combined screening undertaken) are given as a combined result.
- Twin pregnancies reporting – see below.

2.24.1. **Lower Chance Results**

The woman will be informed by the sonographer undertaking the screening that if she has a lower chance result, she will receive a letter, by post within 7-10 days, informing her of the result. The woman should be advised that if she doesn't receive the letter within this time to contact her named midwife.

2.24.2. **Combined Screening lower chance results:**

- An email is received into rch-tr.screening@nhs.net that combined screening results are available to access within the viewpoint radiology system. It is the responsibility of RDE labs to email if there is an issue with the reporting of results.
- Lower chance combined screening result letters are then generated daily Monday to Friday by the fetal medicine administrator.
- These letters are posted out to women by the fetal medicine administrative team.

2.24.3. **Vanished twin FTS Reporting / Results**

- The USS report provided to the woman following scan provides written information that this is a modified combined screening test as part of a clinical management pathway.
- A results letter is generated by the screening laboratory. Notification of result is via way of daily processes for notification of all FTS results.
- The fetal medicine administrator has responsibility for printing FTS and vanished twin results letters and posting out to women.
- The screening results letter generated by the regional laboratory provides written information that this is a modified combined or quadruple screening test as part of a clinical management pathway.

2.24.4. **Failsafe for FTS results:**

Daily screening failsafe processes occur using a pull via Viewpoint to cross reference results with the daily list of scans, to ensure that results are available for each woman who attended, and a plan exists for follow up for all women who entered the screening pathway. This includes:

- Follow up of Did Not Attends to the screening appointment.
- Follow up to RDE screening laboratory is no results are received.

- It is the responsibility of RDE labs to email if there is an issue with the reporting of results.

2.24.5. **Second trimester Lower chance quadruple screening results:**

- Lower chance patient results letters are generated and posted directly to women by the regional quadruple laboratory at Cambridge University Hospital.
- CUH quadruple labs send a PDF results report via email into rch-tr.screening@nhs.net.
- It is the responsibility of the screening administrator to upload the lower chance quadruple report on to the maternity IT electronic platform.

2.24.6. **Second trimester Vanished twin Quadruple Reporting / Results**

- The USS report provided to the woman following scan provides written information that this is a modified quadruple screening test as part of a clinical management pathway.
- The quadruple results letter, posted directly to the pregnant woman from CUH reports “This is a vanished twin pregnancy, and the chance result was calculated using a modified quadruple screening test as part of a clinical management pathway”.

2.24.7. **Screening failsafe**

- A weekly tracking process takes place to ensure a result is available for all combined screening and quadruple screening , to include a follow up of Did Not Attend to the screening appointment. See SOP Duties of a Screening Failsafe Officer.
- Team midwives discuss the results at the 16-week antenatal appointment and ensure that the woman has received her result. If not, the team midwife can phone the screening midwife who will clarify result, contact the screening laboratory and arrange a second copy of the result to be sent out to the woman.

2.24.8. **Screen Positive “Higher chance” Results**

The woman will be informed at scan that if she has a higher chance result, she will be contacted by phone within 3 working days. See screening SOP Informing women of Higher chance Trisomy Screening on the shared drive.

2.25. **Local Pathways following Screening**

2.25.1. **Did Not Attend**

The fetal medicine administrator has responsibility for follow up of all women who did not attend (DNA) for a dating / screening / fetal medicine scan as per [Did Not Attend \(DNA\) for Antenatal Care Clinical Guideline](#).

See Appendix 5 for flow chart. The following processes are completed:

- 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.

2.25.2. **Low Pappa**

Pregnancies identified with a Low Papp A measurement of less than or equal to 0.42 MoM require additional action, as per maternity SOP low pappa care pathway on shared drive.

2.25.3. **Suspected anomalies identified at dating scan.**

If an anomaly is suspected at dating scan, referral is made to the screening team for onward counselling. Follow Referral into Fetal Medicine following identification of a suspected fetal anomaly at FASP ultrasound screening Clinical guideline.

outcomes of FASP trisomy screening

In cases where a baby is born and has T21, T13, T18 syndrome confirmed following low chance combined or quadruple screening the following processes should happen:

- Notify the Royal Devon and Exeter (if FTS completed) or Cambridge University Hospital (if quadruple screening completed).
- Complex Datix.
- Notify National Congenital Anomaly and Rare Disease Registration Service.
- Support from health professionals as required / to include the offer of speaking with the clinical lead for antenatal and newborn screening.
- A formal clinical review should be undertaken when an unexpected outcome of screening occurs. This process and the governance that supports it is detailed within the maternity SOP "Antenatal and Newborn unexpected outcomes of screening clinical review process" on maternity shared drive.

2.26. Failsafe procedures for ensuring a result is achieved

The ANNSC team will maintain a failsafe tracker system. A weekly failsafe is undertaken to ensure all pregnant people who enter the FASP trisomy screening pathways receive a result. See Failsafe SOP (found on the shared drive) for more information.

2.27. Screening incidents

Report any adverse events that occur in FASP trisomy 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 \(www.gov.uk\)](http://www.gov.uk). This includes any incidents which occur along the maternity, sonography and laboratory FASP pathways.

2.28. Training

2.28.1. Maternity

Maternity staff receive annual training in Maternal Antenatal Screening Tests according to the training needs analysis (TNA).

2.28.2. Sonography

2.28.2.1. All sonographers that complete combined screening have accreditation with the fetal medicine foundation. DQASS produce four reports for each 6 monthly data submission. A national cycle report is produced at the end of each 6-month cycle for ultrasound data. The sharing of these audits and feedback plot (NT/CRL) is the responsibility of the Screening Support Sonographer (SSS).

2.28.2.2. If any data suggests a sonographer requires further support or training, a red flag for throughput, bias or spread is assigned and the associated plots are also shared with the screening quality assurance service (SQAS).

2.28.3. Sonography Online training

- E-learning for Health - FASP Screening for Downs, Edwards' and Patau's syndrome every 24 months.
- E-learning for Health- Combined screening resource for sonographers every 12 months.

2.29. Reporting and Governance

2.29.1. External Reporting and monitoring

- Data is reported quarterly through Key Performance Indicators set by the NHS England Screening Programme.
- Quality, performance and programme updates of the FASP Trisomy programme are reported biannually at Screening Programme Board led by NHS England.

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

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

- KPI's, annual data returns and screening incidents within the FASP trisomy screening programme are reported and recorded quarterly at the local screening operational group.
- Antenatal and Newborn Screening routinely report every other month to the Obstetric and Maternity Business Governance meeting for the Division – Women and Children's and HIV. Screening is a standard agenda item at this meeting. Written reports are submitted to this meeting, 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 are reported. This meeting is attended by the ANNSC. Where attendance is not possible due to availability, the screening report is presented by the Specialist matron for screening, or the Director of Midwifery.
- The Annual Screening Report is presented to the Obstetric and Maternity Business Governance meeting prior to formal submission to NHS England.

2.29.3. **Escalation of issues within the FASP trisomy screening pathway**

- It is the responsibility of the screening coordinator to identify issues arising within the FASP trisomy screening pathway which require immediate escalation.
- Issues for immediate escalation 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.
- Areas for immediate escalation, to include serious FASP screening incidents are reported to the senior management team, to include the director of midwifery. 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.
- Issues that have been escalated will be brought for 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	<p>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.</p> <p>FASP 20 week screening scan pathway requirements 20-week screening scan pathway requirements - GOV.UK.</p> <p>FASP programme standards: https://www.gov.uk/government/publications/fetal-anomaly-screening-programme-standards.</p>
Lead	ANNSC.
Tool	<p>National KPI tool.</p> <p>National standards Annual Data tool.</p> <p>Audits.</p> <p>Datix/SIAFs.</p>
Frequency	Quarterly/Annually/ Bi-monthly.
Reporting arrangements	<p>Screening Matron.</p> <p>Bimonthly - Obstetric and Business Maternity Governance Meeting.</p> <p>Quarterly - Antenatal Screening Operational Group.</p> <p>Bi-Annually NHS England Screening programme board.</p>
Acting on recommendations and Lead(s)	<p>ANNSC and Screening Matron.</p> <p>Antenatal Operational Group Team.</p> <p>Screening Programme Board.</p>
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:	November 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
November 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:	rcht-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)	<ul style="list-style-type: none"> • 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	

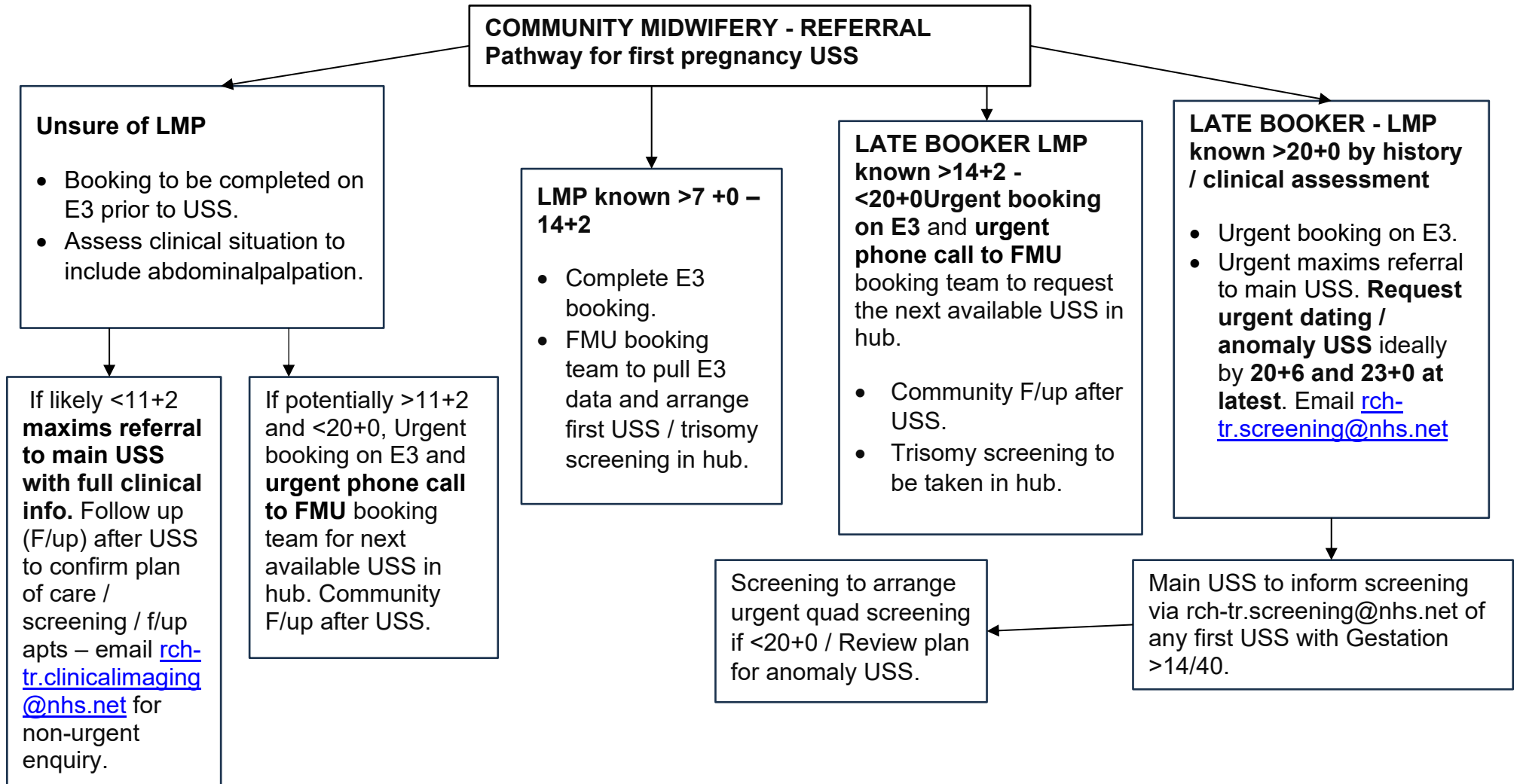
A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

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. Community referral pathway for first USS in pregnancy



Appendix 4. IT Outage – Second trimester Ultrasound Paper Template

Patient Label

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

Method

Method: Satisfactory / Moderate / Poor	Procedure: TA/TVTA 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	Brain: Normal / Abnormal
Details:	Details:
Face: Normal / Abnormal	Neck: Normal / Abnormal
Details:	Details:
Heart: Normal / Abnormal	Thorax: Normal / Abnormal

Details: 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

Maternal Structures

Fibroids: Yes / No / Not Visualised	Details:
-------------------------------------	----------

Doppler

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

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 noted measuring mm and is clear of the internal os.
8) A simple cyst is noted in the left / right ovary measuring.

Plan

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

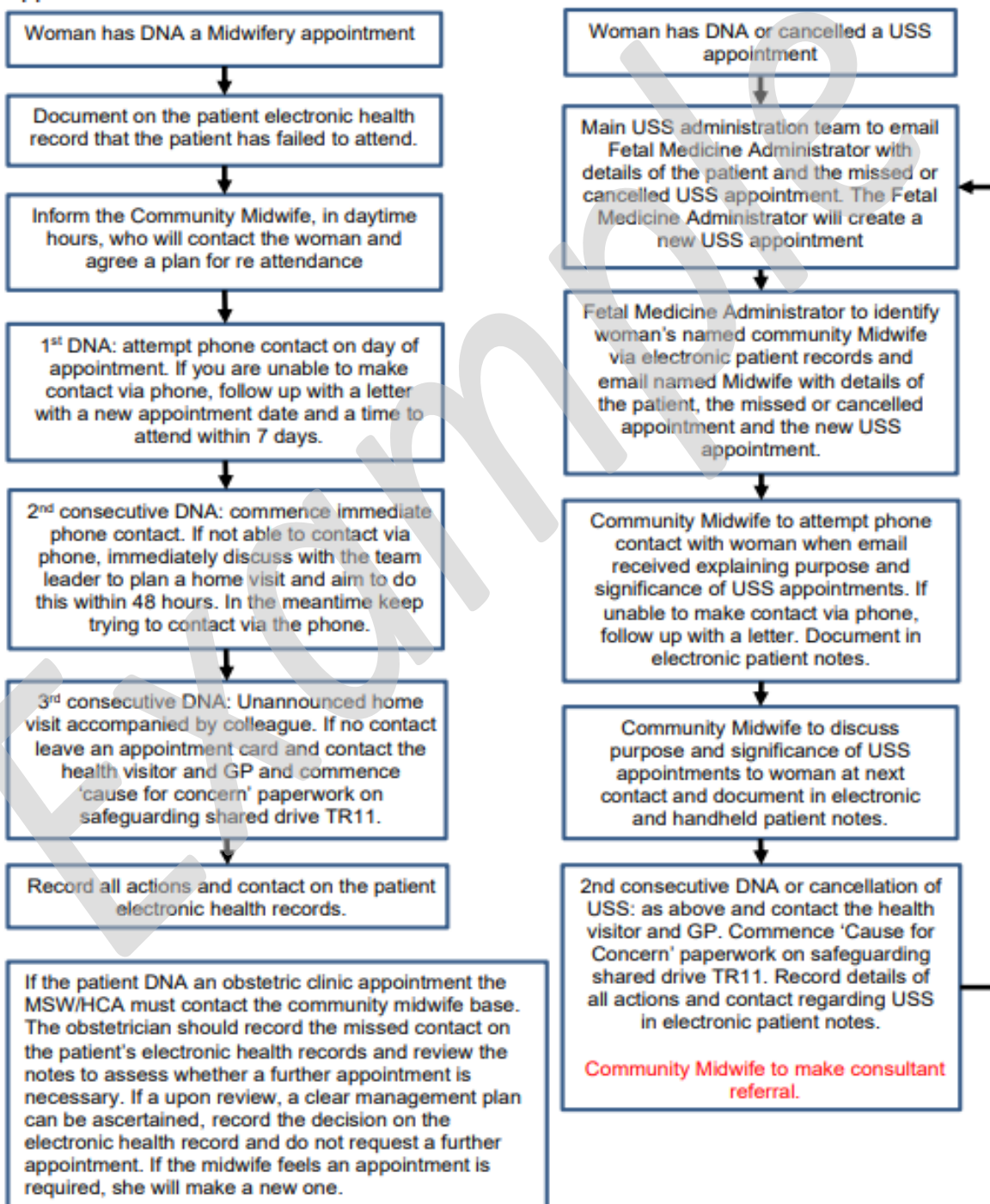
Appendix 5. Maternity DNA process flow chart.

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.

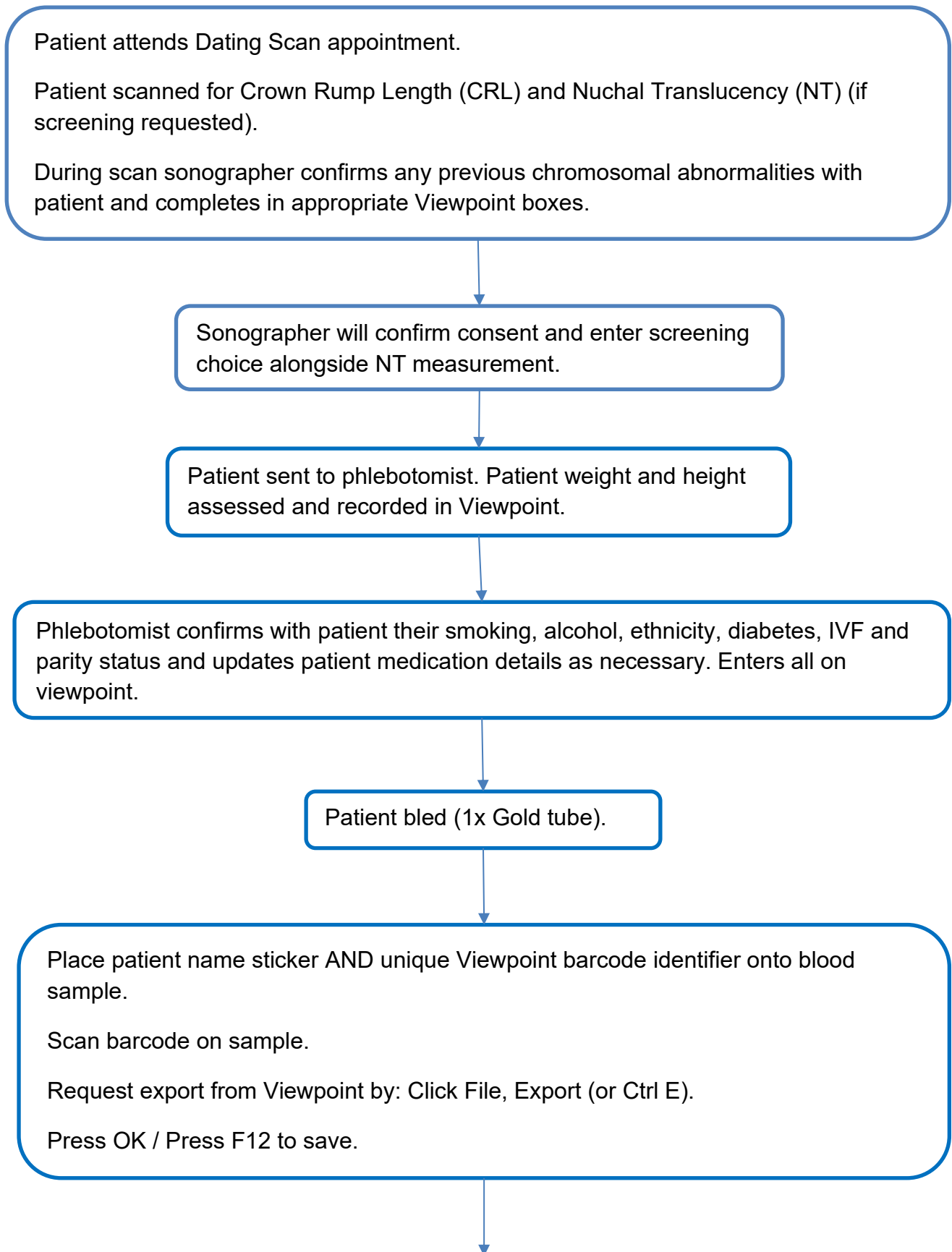
DAU/Triage contacts: Record all actions and findings on the patient electronic health record.

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

Appendix 6. Taking combined screening bloods.



Following morning and afternoon clinics, Phlebotomist will put all gold tubes of blood labelled with patient I.D and barcode in plastic bag that has “**First trimester screening**” sticker on the outside.

Phlebotomist will put paperwork created from **Viewpoint** and clinic identifying information into front pocket of plastic bag.

This will include Viewpoint **REF, Patient ID, barcode** and **nuchal**.

Duplicate list of bloods and barcodes kept in file (FM office) for following day cross referencing purpose and letter printing.

Phlebotomist will take the sample to the receiving hatch window in clinical chemistry at the end of morning and afternoon clinic lists.

Phlebotomist will hand over both samples and paperwork to a clinical chemistry colleague.

And,

Receipt of sample to be documented and signed for by both phlebotomist and receiving clinical chemistry colleague.

A daily check should be performed by the named clinical chemistry person of the day, to ensure all samples and paperwork has been received. If it appears that there are no samples, clinical chemistry must check with fetal medicine that this is the case.

Useful numbers:Fetal medicine 2682, Screening 3092

Screening coordinator to review process every 12 months with fetal medicine staff and Clinical Chemistry lead to ensure practice remains reasonable and effective.