

Prenatal Screening and Diagnosis ?

The first half of pregnancy is a time when various tests are offered to check for potential problems, by blood tests (pages 6-7) and ultrasound scans (pages 8-9). The tests listed here are the ones offered in the NHS. We can list only brief points here, but further information can be found on www.screening.nhs.uk and a leaflet, 'Screening tests for you and your baby' will be available from your midwife or doctor.

Do not hesitate to ask what each test means. The choice is yours and you should have all relevant information to help you make up your mind, before the visit when the test(s) are actually done.

Blood Tests and Investigations

Asymptomatic bacteriuria is a bladder infection with no symptoms. Treating it can reduce the risk of developing a kidney infection. It is detected by testing a urine sample (Mid stream urine).

Anaemia is caused by too little haemoglobin (Hb) in the blood. The Hb is usually tested as part of the 'full blood count'. Hb carries oxygen and nutrients around the body and to the baby. Anaemia can make you feel very tired. If you are anaemic, you will be offered iron supplements and advice on diet.

Blood group & antibodies. It is important to know whether you are Rhesus Positive (Rh+ve) or Negative (Rh-ve); and whether you have any antibodies (foreign blood proteins). If you are Rh-ve, you will be offered further blood tests to check for antibodies. If your baby has inherited the Rh+ve gene from the father, antibodies to the baby's blood cells can develop in your blood. To prevent this, you will be advised to have Anti-D injections if there is a chance of blood cells from the baby spilling into your blood stream (e.g. due to miscarriage, amniocentesis or CVS and after the birth). It is recommended that Anti-D is given routinely to all Rh-ve mothers in later pregnancy.

Rubella (German Measles) if caught early in pregnancy can damage your baby. A test is offered to check your immunity to rubella. Although most women will have had vaccinations they still may not be immune. If you are not immune, you will be advised to be immunised after the birth. Tell your midwife or doctor if you have a rash.

Hepatitis B is a virus which infects the liver. If you are a carrier, or have become infected during pregnancy, you will be advised to have your baby immunised at birth.

Syphilis is a sexually transmitted disease, left untreated can seriously damage your baby. If detected, you will be offered antibiotic treatment.

HIV (Human Immunodeficiency Virus) affects the body's ability to fight infection. This test is important because **any** woman can be at risk. It can be passed to your baby during pregnancy, at birth or through breastfeeding. Treatment given in pregnancy can *greatly* reduce the risk of infection being passed from mother to child.

Sickle Cell and Thalassaemia are blood disorders which affect haemoglobin and can be passed from parent to child. All women will be offered a test for thalassaemia. You will not always be offered a test for sickle cell. You may be asked to complete a questionnaire first to find out where your family and the family of your baby's father come from. If you are low risk you will not be offered the test. The test results may require the **baby's father** to be tested.

Additional tests are offered as necessary, such as to check for infections which can cause damage to the developing baby, but rarely cause problems for you. Tell your midwife /Dr of any rashes or if you think you have been in contact with: **Chicken pox, Cytomegalovirus (CMV), Parvovirus (slapped cheek) or Toxoplasmosis** (see page 20).

Chlamydia is a sexually transmitted infection which can result in pelvic inflammatory disease and infertility. If you are under 25, you may be offered a simple test, either a vaginal swab or urine test. If positive, you and your partner will be offered antibiotics.

Oral Glucose Tolerance Test (OGTT) is to find out if you have gestational diabetes (see page 12). A blood test is taken after fasting, you will be advised how long to not eat. You will then be asked to drink a glucose drink and a further blood test will be taken two hours later. You maybe offered this test if you have a history of the following:

Gestational diabetes Family Origin Family history - first degree relative BMI > 30 kg/m²
Polycystic ovarian syndrome Previous baby's birth weight > 4.5kg or >90th Centile

Screening for Down's syndrome

Down's syndrome is a condition caused by the presence of an extra chromosome in a baby's cells and usually occurs by chance. There is no such thing as a typical person with Down's syndrome, like all people they vary a lot in appearance and ability. They have learning difficulties and are at an increased risk of health problems. It is hard to tell in a baby how they will be affected when they grow up. The tests can show if there is an 'increased or higher risk or chance' of your baby having Down's syndrome. The tests offered will depend on how many weeks pregnant you are. If you have any questions ask your midwife or doctor.

-**The combined test** involves having a blood test and an ultrasound scan. A blood sample is taken from you, between 10 weeks and 13 weeks and 6 days to measure the levels of substances naturally found in the blood. The ultrasound scan is performed between 11 and 13 weeks and 6 days, to measure the amount of fluid lying under the skin at the back of the baby's neck (nuchal translucency measurement, NT). A computer program is used to work out a risk for you.

-**The quadruple test** is offered if you are not able to have the combined test in early pregnancy. A blood sample is taken between 15 and 20 weeks. A computer program is used to work out a risk for you.

The result: Your midwife or Dr will discuss your results with you.

High result: You will be offered a diagnostic test which can tell you definitely if your baby has Down's syndrome or not. There are two tests; CVS or Amniocentesis. For more information about these tests see page 8.

Low result: If your result is lower than the recommended national cut off, you will not be offered a diagnostic test. It is important to be aware that none of the tests are 100% accurate, they detect between 70-90% of all cases.

PRINTER: Cut sheet on dotted line exactly (at 61)

Investigations If additional blood tests / investigations are required, please record on p17 and update management plan p13.

Booking	Explained	Accepted by mother No Yes	Date taken	Results	Action	Signed*	Date
Mid-stream urine	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	D D M M Y Y				D D M M Y Y
Hb	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	D D M M Y Y				D D M M Y Y
Blood group	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	D D M M Y Y				D D M M Y Y
Antibodies	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	D D M M Y Y				D D M M Y Y
Sickle cell	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	D D M M Y Y				D D M M Y Y
Thalassaemia	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	D D M M Y Y				D D M M Y Y
Rubella	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	D D M M Y Y				D D M M Y Y
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	D D M M Y Y				D D M M Y Y
Syphilis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	D D M M Y Y				D D M M Y Y
HIV	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	D D M M Y Y				D D M M Y Y
OGTT	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	D D M M Y Y				D D M M Y Y
Leaflet(s) given <input type="checkbox"/>	Date <input type="checkbox"/>	<input type="checkbox"/>	Comments		Signed*		
	Care provider	Care provider					

Tests from Father	Explained	Accepted	Date taken	Results	Action	Signed*	Date
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	D D M M Y Y				D D M M Y Y
<input type="text"/> Date	D D M M Y Y	D D M M Y Y	D D M M Y Y				D D M M Y Y
Leaflet(s) given <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments		Signed*		
	Care provider	Care provider					

28-week check Re-offer tests for infections if declined at booking	Explained	Accepted No Yes	Date taken	Results	Action	Signed*	Date
Haemoglobin	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	D D M M Y Y				D D M M Y Y
Antibodies	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	D D M M Y Y				D D M M Y Y
Date <input type="checkbox"/>	D D M M Y Y	D D M M Y Y	Comments		Signed*		
*Signed	Care provider	Care provider					

Anti D prophylaxis	If Rh-ve	Accepted No Yes	Date given	Site	Batch No.	Dose	Signed*
Gestation <input type="text"/> W ks	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	D D M M Y Y				
Gestation <input type="text"/> W ks	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	D D M M Y Y				
Leaflet(s) given <input type="checkbox"/>	Date <input type="checkbox"/>	<input type="checkbox"/>	Comments		Signed*		
	Care provider	Care provider					

Screening Tests for Down's syndrome

Screening explained	No <input type="checkbox"/> Yes <input type="checkbox"/>	Screening offered	No <input type="checkbox"/> Yes <input type="checkbox"/>	If no: why <input type="text"/>	Date taken	Signed*
NSC leaflet given	<input type="checkbox"/> <input type="checkbox"/>	Accepted by mother	<input type="checkbox"/> <input type="checkbox"/>	Test type <input type="text"/>	D D M M Y Y	<input type="text"/>
Date <input type="text"/>	<input type="text"/>	Results	High <input type="checkbox"/>	Action	Signed*	
*Signed	Care provider	Low <input type="checkbox"/>	<input type="text"/>		<input type="text"/>	

* Signatures must be listed on page 26 for identification

Name
Unit No