

Document Control

Title Fetal Anomaly Screening Programme FASP Mid Trimester Scan 18+0 to 20+6 Standard Operating Procedure			
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CONTENTS

Document Control	1
1. Background	4
2. Purpose	4
3. Scope	5
4. Location	5
5. Procedure	5
6. Failsafe	9
7. Audit	9
8. References	10
9. Associated Documents	10

1. Background

The Fetal Anomaly Screening Programme FASP recommends the offer of a mid-pregnancy scan, to all eligible women: Women whose pregnancies are equal to or <23 weeks gestation as confirmed by ultrasound scan, to screen for major fetal abnormalities.

The objectives of the ultrasound scan are to:

- To identify fetal anomalies that are life- limiting
- Identify anomalies that may benefit from antenatal treatment
- Identify anomalies which require early intervention following delivery
- Facilitate instigate choice in appropriate diagnostic testing and pregnancy management.

The 11 auditable conditions currently screened for are:

- Anencephaly
- Open Spina Bifida
- Cleft Lip
- Diaphragmatic hernia
- Gastroschisis
- Exomphalos
- Serious cardiac abnormalities
- Bilateral renal agenesis
- Lethal skeletal dysplasia
- Edward's syndrome (trisomy 13)
- Patau's syndrome (trisomy 18)

2. Purpose

2.1. The Standard Operating Procedure (SOP) has been written to:

- Offer all eligible women booked for Maternity care at the Northern Devon Healthcare Trust the option of a mid-trimester ultrasound scan 18+0 to 20+6 to screen for major fetal abnormalities.

- Offer a clear pathway to all staff involved in the screening process including where necessary referral to a tertiary centre.

3. Scope

The Standard Operating Procedure (SOP) relates to the following staff groups who may be involved in the assessment and delivery of the FASP mid trimester ultrasound scan:

- Registered Midwives
- Obstetricians
- Maternity care assistants

4. Location

- 4.1. This Standard Operating Procedure can be implemented in all clinical areas where competent staff is available to undertake this role.
- 4.2. Staff undertaking this procedure must be able to demonstrate continued competence as per the organisations policy on assessing and maintaining competence.

5. Procedure

- A link to Public Health England's patient information leaflet 'Screening Test for You & Your Baby' should be given to all women before their 1st appointment with the Team Midwife.

Available in 10 languages and easy read version; Hard copies will be made available upon request.

<https://www.gov.uk/government/publications/screening-tests-for-you-and-your-baby-description-in-brief>

- Where there are specific communication requirements, for example English as a second language or visual/hearing impairment, appropriate interpretation services will be used during, Midwifery, Obstetric and scan appointments
- Where appropriate women with their consent can be referred to the learning disability specialist team for support during appointments.

5.1. Offer, acceptance and decline of screening.

- Women will be offered the FASP mid-trimester scan at their first appointment with the midwife, the woman's acceptance or declining will be documented in the hand held notes.
- The Antenatal & Newborn screening Coordinator should be notified of any woman that declines the FASP mid-trimester scan via the generic email ndht.antenatalscreening@nhs.net
- An appointment will be made for the FASP mid-trimester scan after the completion of the dating/1st trimester combined screening scan.
- Missed appointments will be followed up as per Trust guidelines
- The FASP mid trimester scan will be completed in accordance with the FASP handbook (FASP 2019).

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/443865/FASP ultrasound handbook July 2015 090715.p](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/443865/FASP_ultrasound_handbook_July_2015_090715.p)

5.2. Giving, reporting and recording of results.

Fetal Anomaly scan complete- No Anomaly Found

- Screening results will be explained to the woman at the time of the scan by the Sonographer or Consultant.
- A scan report will be filed in the woman's hand held and hospital notes.

Fetal Anomaly scan incomplete due to fetal lie or BMI

- Screening results will be explained to the woman at the time of the scan by the Sonographer or Consultant.
- A scan report will be filed in the woman's hand held and hospital notes.
- An appointment will be made for an anomaly re-scan before 23 completed weeks of pregnancy.

Fetal Anomaly Re-scan complete

- Screening results will be explained to the woman at the time of the scan by the Sonographer or Consultant.
- A scan report will be filed in the woman's hand held and hospital notes.

Fetal Anomaly Re-scan incomplete due to fetal lie or BMI

- Screening results will be explained to the woman at the time of the scan by the Sonographer or Consultant.
- A scan report will be filed in the woman's hand held and hospital notes.
- No further anomaly scan appointments will be made (FASP 2019)

Fetal Anomaly scan complete-Anomaly Found

- Screening results will be explained to the woman at the time of the scan by the Sonographer or Consultant.
- A scan report will be filed in the woman's hand held and hospital notes.
- The Antenatal Clinic Midwife/Antenatal & Newborn Screening Co-ordinator will be notified.
- The woman and partner will be taken to the ANC quiet room and offered refreshments.
- The woman will be offered referral to Fetal Medicine.
- The Community Midwifery team will be notified by generic email.

5.3. Referral to Fetal Medicine

NB: Please note all referral forms, patient information, spreadsheets and audit forms can be found in the Antenatal & Newborn Screening folder in the shared public drive.

- The Antenatal Clinic Midwife/Antenatal & Newborn Screening Coordinator will discuss the results of the screen using the scan report as a guide.
- The woman will be informed of initial findings of scan and advised that a further consultation with a Consultant with fetal medicine interest or Fetal Medicine specialist will be required to confirm diagnosis and advice on prognosis and care pathway.
- The woman will be offered referral to a Fetal Medicine clinic if accepted an appointment should be made for the woman to be seen at NDHT within 3 working days or a referral sent to the tertiary centre to be seen within 5 working days.
- In the event of a suspected cardiac abnormality the woman will require a referral to fetal Cardiology and fetal medicine.

- Tertiary centre referrals should be completed and emailed, along with a copy of blood group & infectious diseases screening results.

Fetal Medicine (Appendix 1)

ubh-tr.Fetalmedicineunit@nhs.net

Fetal Cardiology (Appendix 2)

Ubh-tr.BristolFetalCardiology@nh.net

- The woman should be given Antenatal, Results & Choices ARC, relevant FASP and tertiary centre information.
- The woman should be made aware of how to contact Antenatal Clinic either via the phone or email.

01271 322600

ndht.antenatalscreening@nhs.net

- A fetal anomaly audit form (Appendix 3) should be completed and placed in the 'High risk' folder and a copy placed in the woman's.
- The fetal anomaly spreadsheet, found in the FASP folder, should be updated.

Patient Information

- Antenatal Results & Choice's ARC

www.arc-uk.org

Helpline: 0207 713 7486

- FASP Fetal anomalies: Screening, diagnosis & treatment

<https://www.gov.uk/government/collections/fetal-anomalies-screening-conditions-diagnosis-treatment>

- FASP CVS & Amniocentesis diagnostic tests

<https://www.gov.uk/government/publications/cvs-and-amniocentesis-diagnostic-tests-description-in-brief>

- St Michael's Bristol, fetal medicine unit

<http://www.uhbristol.nhs.uk/patients-and-visitors/your-hospitals/st-michaels-hospital/what-we-do/fetal-medicine-unit/>

5.4. Diagnosis & Follow up

- A diagnosis and/or follow up plan will be documented on the scan report once the woman has been seen in the fetal medicine clinic either at NDHT or the tertiary centre; from this a follow up appointment will be made. A copy of the scan report from the tertiary centre is routinely sent via the Royal mail to the Antenatal & Newborn Screening Coordinator.
- If an urgent follow up is required the tertiary centre will call the antenatal clinic and email the scan report to the generic email. ndht.antenatalscreening@nhs.net
- The Antenatal Clinic Midwife/Antenatal screening Co-ordinator will complete a paediatric referral and email it to the Consultant Paediatrician, copied to the Lead Nurse for SCBU, Antenatal Clinic Midwife and Antenatal & Newborn Screening Coordinator.
- The paediatric plan, once completed by the Consultant Paediatrician will be emailed back to the original sender and a copy placed in the woman's hospital notes.
- The National Congenital Anomaly and Rare Disease Registration Service NCARDS should be notified of any suspected or diagnosed abnormality.

<https://www.gov.uk/government/collections/national-congenital-anomaly-and-rare-disease-registration-service>

- The baby will be screened within 72 hours of birth via the Newborn Infant Physical Examination.

6. Failsafe

A weekly Failsafe will be completed by the Antenatal & Newborn Screening Coordinator/deputy to ensure all eligible women have been offered screening and where accepted have had it completed.

Non-compliance with FASP standards or a missed screen will be reported via the Trust's Datix system. PHE and Regional Quality Assurance team will be notified via a screening incident assessment form (SIAF)

7. Audit

- Quarterly KPI FA2
- Annual data return
- Annual Trust notes audit

8. References

- Fetal Anomaly Screening Programme Handbook 2018
- Fetal Anomaly Screening Programme: Standards 2020

9. Associated Documents

- Fetal Anomaly Screening Programme: Ultrasound Practitioners Handbook 2019

Northern Devon Healthcare NHS Trust Policies for:

- Access to antenatal care including missed appointments guideline
- Alerting appropriate advisors/managers to antenatal & newborn screening incidents standard operating procedures

Appendix 1

+St Michael's Fetal Medicine Unit Referral

Date of Referral	
Name of Patient	
Address	
Postcode (please do not use printed labels)	
Current Phone Number	
Date of Birth	
NHS Number	
Referring Hospital with Clinician and contact number.	
GP Name and Address	
LMP (+ Scan gestation if different)	
BMI	
Blood Group (please fax path report)	
Virology Status (Hep B and HIV and HepC if appropriate)	
<i>Are there any safeguarding concerns? (relevant if delivery may be in Bristol)</i>	
Working Diagnosis / Reason for Referral	

Has an appointment already been made?	
If Yes, please give time and date	

Please help us by completing ALL these details so that we can deal with your referral as speedily and efficiently as possible.

Our Phone Number; 0117 3425470

Our Fax Number 0117 3425180

Email to ubh-tr.fetalmedicineunit@nhs.net

Appendix 2

Fetal Cardiology

Fetal Cardiology Enquiries
Tel: 0117 342 5394

Email (referrals only):
ubh-tr.BristolFetalCardiology@nhs.net

University Hospitals Bristol

NHS Foundation

**Fetal Cardiology Department**

St Michael's Hospital (Level E)

Southwell Street

Bristol

BS2 8EG

Main Switchboard : 0117 923 0000**Fetal Cardiology Referral***Please tick box to indicate if **routine** or **urgent***

Routine <input checked="" type="checkbox"/>	Urgent (48-72 hrs) <input type="checkbox"/>
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Date of Referral		Referring Hospital	Northern Devon District Hospital
Referring Clinician	Click here to enter text.	Contact number	01271 322600
Reason for Referral <i>(As much detail as possible in accordance to the referral guidelines)</i>			

Surname		First Name	
NHS No ESSENTIAL		D.O.B	
Address			
Patient Landline:		Patient Mob:	
EDD		Gestation at referral:	/40
		Patient Email	Click here to enter text.

Interpreter Required? <input type="checkbox"/> Language:	Safeguarding issues? No	Single Pregnancy <input checked="" type="checkbox"/> Multiple Pregnancy <input type="checkbox"/> BMI:	Gravidity: Parity:0
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GP Practice		GP's Name	
GP Address			

For Admin

Triaged by: BTG JF AH JEJ DB

18 wk	Click here to enter a date.	20 wk	Click here to enter a date.	Pt Click here to enter text. No.
Comments: Click here to enter text.				

Appendix 3

Fetal Anomaly Audit Form

Referral date		Contact Details	
Patient ID Sticker		Mobile Number	
		Home Number	
		Email	
		Interpreter Required	

EDD

Gestation at referral

Community Team

Consultant

Reason for referral

1st & 2nd Trimester Screening

Dating scan only

Tr21 result _____

Tr13/18 result _____

Referred to:

NDHT FM

Bristol FMU

RD&E FMU

Patient information given

ANC contact No'

FMU

FASP (where applicable)

CVS/ Amniocentesis

ARC

CMW Informed **Date**

NCARDSW Completed **Date**

Spreadsheet updated **Date**

Paediatric Referral **Date**

1st Appointment date **Time**

NDHT
BRISTOL
RD&E

Follow up appointment date	Time
NDHT <input type="checkbox"/>	
BRISTOL <input type="checkbox"/>	
RD&E <input type="checkbox"/>	

CVS/Amnio Date Declined Accepted

Offered Declined Accepted

Result

Outcome

STOP/MTOP Date Live birth Date

Place 1 copy in the high risk audit file and 1 copy in woman's notes