

Memorandum

To: Health Boards in Wales

From: Antenatal Screening Wales Date: 12 July 2022

Re: Antenatal Screening Wales response to coronavirus

(COVID-19)

Version 11



Antenatal Screening Wales

The Royal College of Obstetricians and Gynaecologists (RCOG) have published guidance on Coronavirus (COVID-19) Infection and Pregnancy.

www.rcog.org.uk/coronavirus-pregnancy

Women should be advised to attend routine antenatal care unless they need to self-isolate. For further information and guidance, please see-

Guidance for people with symptoms of a respiratory infection, including COVID-19 | GOV.WALES

Some of the antenatal screening tests have optimum gestations to be performed within. Other screening tests have specific timeframes that the test will need to be performed within. The proposed pathway below indicates where there is flexibility in the timescales. The main principle is to offer appointments at the earliest opportunity. This gives scope to reappoint if the woman is self-isolating or the clinic needs to be rearranged due to staffing shortages, and should result in the woman having timely access to the antenatal screening tests.

The RCOG has advised that the National Institute for Health and Care Excellence (NICE) recommended schedule of antenatal care should be offered in full wherever possible.

If the screening pathway needs to be changed significantly for a woman then please contact Antenatal Screening Wales and this can be discussed with a member of the team on a case by case basis.

Contact details for the Antenatal Screening Wales team:

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Proposed Pathway for Antenatal screening tests during coronavirus (COVID-19) screening tests If not able to undertake screening tests at optimal time due to self isolation* or staffing issues **Results Handling** offered: (This is only for women who have declined screening for Down's syndrome, Edwards' syndrome and Patau's syndrome) If a woman attends for her prearranged early pregnancy dating scan and is found to be earlier than her proposed gestation, but is 8rd weeks or over, consideration should be given to using the measurement obtained during this visit to calculate her EDD and not recalling the woman for a repeat early pregnancy dating scan. The sonographer should use their clinical reasoning and judgement to decide if it is necessary to recall the woman for a further dating scan. Early pregnancy dating scan USS-At the time of the scan Optimum time 12 weeks Take screening bloods at the same visit Can be performed up to 25¹⁵ weeks gestation CRL can be measured up to 84mm HC can be measured up to 240mm (can be used beyond this gestation, but the imprecision around the estimate will increase significantly). Screening tests to be taken at the same time as the early pregnancy daing scan if the woman presents for her early pregnancy daing scan after 18¹⁰ weeks undertake the anomaly scan during the same visit Positive/reactive results or Negative/low chance repeat samples Priority should be taken results to manage these results Community midwives discuss over the phone or give at next appointment if the woman admitted to hospital, admitting midwife should check, discuss and document all results. Women who are Rh D negative should have discussion and arrange blood group and antibody and Anti D prophylaxis (RAADP) for 28 weeks. (Blood group and antibody taken same day, and prior to administration of RAADP) Blood Group and Antibodies Sickle cell and thalassaemia Can be given and discussed over the telephone. Individual management plan to be arranged by the multi disciplinary team Syphilis Can be taken any time in pregnancy but treatments for HIV and syphilis may not be as effective later in pregnancy. Delay in testing for Sickle cell and thalassaemia may limit women's choices if a Hepatitis B high chance result is detect HIV Usually at the same time as the early pregnancy dating scan Down's syndrome, Edwards' syndrome and Patau's syndrome Combined test 11*2-14*1 The combined and quad test cannot be taken at any other time outside of these Down's syndrome screening Quadruple test 15*0-18*0 If combined screening timescale is missed, or NT measurement not obtainable, offer quadruple screening (anomaly scan may detect some anomalies associated with Edwards' syndrome and Patau's syndrome) If the woman is isolating, see up to date guidance on isolation. If anomaly scan needs repeating/not completed arrange this by 22*6 weeks Anomaly scan 18*0-20*6 Results at time of the scan Blood Group and antibody Anti D prophylaxis-RAADP (if Rh D Neg). (Blood group and antibody taken same day, and prior to administration of RAADP) If the woman is isolating at 28 weeks, see up to date guidance on isolation Reoffer syphilis, hepatitis B and HIV if any declined at booking Optimum 28 weeks Positive/reactive results or repeat samples Priority should be taken to Negative/low chance results manage these results Community midwives discuss over the phone or give at next appointment. If the woman admitted to hospital, admitting midwife should check, discuss and document all results Can be given and discussed over the telephone. Individual nanagement plan arranged by multidisciplinary team