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## NHS Fetal Anomaly Screening Programme

18<sup>+0</sup>–20<sup>+6</sup> weeks' fetal anomaly screening scan

### CONSULTATION BRIEF

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#### Introduction

Ultrasound screening for fetal anomalies has been recommended since the Royal College of Obstetricians and Gynaecologists (RCOG) publication '*Ultrasound Screening for Fetal Abnormalities: Report of the RCOG Working Party*' (1987) and more recently another publication in 2000, when it produced standards for both early and second trimester scanning.

In an audit by the RCOG in 1995, 82% of units offered a second trimester scan to all women. However, a national survey undertaken by the NHS Fetal Anomaly Screening Programme (FASP) in 2002 showed that 97% (195/202) hospital Trusts offered a second trimester fetal anomaly scan to all women with the remainder offering it on a selective clinical basis.

Following recommendations from the FASP and the RCOG reports, the Department of Health (DH) in 2006 agreed that obstetric ultrasound scanning, should become a national screening programme.

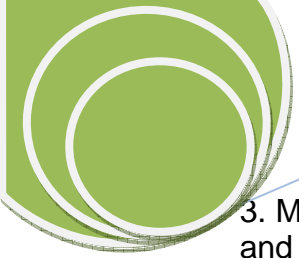
The evidence presented to support that decision was provided by the:

1. HTA report (2000) which concluded that a routine scan offered before 24 weeks:

- *Reduces perinatal mortality rates if detection of fetal malformations is an important objective and a high level of diagnostic expertise exists;*
- *Is associated with fewer indications for induction of labour for post term pregnancy;*
- *Earlier detection of multiple pregnancies;*
- *Earlier gestational age assessment.*

2. NICE clinical guideline (October 2003):

- *Pregnant women should be offered an ultrasound scan to screen for structural anomalies, ideally between 18 and 20 weeks' gestation, by appropriately trained sonographers and with equipment of an appropriate standard as outlined by the National Screening Committee.*



3. Maternity Services National Service Framework for Children, Young People and Maternity Services 15 September 2004,
4. The NHS Quality Improvement Scotland Health Technology Assessment Advice 5 ~ February 2004 Routine ultrasound scanning before 24 weeks of pregnancy.
5. NICE Antenatal care: Routine care for the healthy pregnant woman 2008.
6. RCOG Standards for Maternity Care 2008

*For the purpose of this document the word “sonographer” refers to any person who uses an ultrasound scan to undertake an examination of the fetal structure between 18 weeks 6 days and 20 weeks 6 days of pregnancy.*

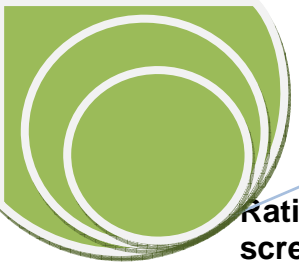
## **Provenance**

The implementation and development of the 18<sup>+0</sup> – 20<sup>+6</sup> weeks’ fetal anomaly screening scan policy comes under the umbrella of the NHS Fetal Anomaly Screening Programme (FASP) and is part of the UK National Screening Programmes Directorate being funded directly by the Department of Health (DH). The work of the Screening Programme is directed, administered and coordinated by the National Programme Centre with the specific aim to improve the quality of the service to women and to ensure that the service is given appropriate guidance and support.

## **Development of the standards for the 18<sup>+0</sup>–20<sup>+6</sup> weeks’ fetal anomaly screening scan and soft marker screening policy**

An expert working group under the Chairmanship of Professor Martin Whittle and overseen by Donna Kirwan, National Projects Officer/Project Manager was set up in summer 2008. The group includes a range of clinical experts all with experience in obstetric ultrasound.

The membership of the group and its terms of reference can be seen in Appendix 1. The Expert Group reports to the Programme Director in the first instance, the Fetal, Maternal and Child Health Group (FMCH) of the UKNSC which in turn, reports to the UK National Screening Committee (UKNSC).



## Rationale of the development of 18<sup>+0</sup>–20<sup>+6</sup> weeks' fetal anomaly screening scan and soft marker screening policy

One of the first tasks of the National Ultrasound Screening Core Reference Group (NUSCoRG) was to identify the aims and objectives of the 18<sup>+0</sup> – 20<sup>+6</sup> weeks' fetal anomaly screening scan. It was agreed that it would:

1. Ensure access to a uniform screening programme which conforms to an agreed level of quality;
2. Provide information for women so that they are able to exercise informed choice;
3. Offer a choice to women about their screening options and pregnancy management;
4. Aim to improve the identification of abnormalities either incompatible with life or associated with morbidity at a time when choice can operate about continuation of the pregnancy or termination;
5. Aim to improve the identification of abnormalities which may benefit from antenatal treatment;
6. Aim to improve the identification abnormalities which require early intervention following delivery.

The RCOG 2000 standards specifically focused on the ultrasound scan, whereas the FASP standards to come will go a step further as it will take the reader through the framework which supports the pregnancy scan and acknowledges specific areas outside of clinical practice. Overall the document:

- provide a general policy framework for sonographers to work within;
- address women's expectations of what they will be offered;
- provide the platform for what should be the minimum standards offered;
- assists the healthcare professional to promote best practice;
- signposts professionals in the management of anomalies;

### Consultation process

The consultation will last for five weeks, **starting from Friday, 13<sup>th</sup> March and ending Monday, 6<sup>th</sup> April**. Those asked to comment will be from a wide audience including English ultrasound departments, all relevant professional colleges, other UK countries and a number of professionals whose names have been forwarded to the Programme Centre as interested stakeholders.

The consultation can also be accessed on the NHS FASP, British Medical Ultrasound Society (BMUS) and College of Radiographers (CoR) websites. A full list of those who have taken part in the consultation can be obtained from the Programme Centre.

Following the closure of the consultation comments received by the deadline will be reviewed by the NUSCoRG to inform review of the standards document.

It is expected that the document will be finalised in August, followed by publishing and dissemination in autumn 2009.

## References

Department of Health (2004) *National Service Framework for Children, Young People and Maternity Services*.

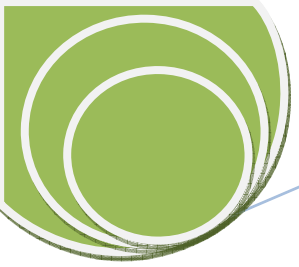
The NHS Quality Improvement Scotland (2004) *Health Technology Assessment Advice 5: Routine ultrasound scanning before 24 weeks of pregnancy*.

Health Technology Assessment (2000) *Ultrasound screening in pregnancy: A systematic review of the clinical effectiveness, cost effectiveness and women's views* Vol.4: No 16

National Institute for Clinical Excellence (2003) *Antenatal care: Routine Care of the Pregnant Woman*. National Collaborating Centre for Women's and Child Health UK

National Institute for Clinical Excellence (2008) *Antenatal care: Routine Care of the Pregnant Woman*. National Collaborating Centre for Women's and Child Health UK

Royal College of Obstetricians and Gynaecologists (2008) *Standards for Maternity Care: Report of a Working Party*. RCOG. London.



## Appendix 1

### National Ultrasound Core Reference Group (NUSCoRG)

#### Terms of reference

##### 1. Aims

The *National Ultrasound Standards Core Reference Group* (NUSCoRG) is a subgroup of the NHS Fetal Anomaly Screening Programme Steering Group a division, of the overarching Feto-Maternal and Child Health Steering (FMCH) Group of the UK National Screening Committee (NSC).

The NUSCoRG includes members that will bring a broad perspective to the project so as to ensure that the final National ultrasound standards are of high quality, and reflective of the 18<sup>+0</sup> to 20<sup>+6</sup> weeks' fetal anomaly screening scan offered to pregnant women within the wider English maternity health economy. Members will do this by fulfilling the role of an expert advisor.

**2. More specifically**, the Core Reference Group will, for example:

- Reach informed decisions about what should be included in the publication and make recommendations were appropriate
- Identify key sources of information that will support and enhance the development process
- Identify key contacts that will be able to assist in meeting the objectives of the project
- Provide the NHS FASP Project Officer with advice and guidance on key aspects of the ultrasound standards such as:

The content and style of the publication  
Proposals to plan the scoping workshop  
Communication strategy both during and after the project

## Appendix 2

### National Ultrasound Core Reference Group (NUSCoRG) membership

Name	Area of work
Mrs. Donna Marie Kirwan	National Projects Officer/Project Manager
Ms Jackie Williams	FASP Administrator
Professor Martin Whittle	Clinical Co-Director, NCC-WH (Chair)
Dr. Trish Chudleigh	Advanced ultrasound practitioner
Professor Peter Soothill	Feto-maternal medicine consultant
Professor Alan Cameron	Feto-maternal medicine consultant
Dr. Colin Davies	Consultant radiologist
Mrs Rita Phillips	Lecturer/practitioner ultrasound
Mr. Tim Overton	Feto-maternal medicine consultant