Your guide to screening tests during pregnancy
Contents

Screening and diagnostic tests 5

Screening for sickle cell and thalassaemia disorders in early pregnancy 8

Routine blood tests offered during pregnancy 16

The screening test for Down’s syndrome 20

Mid-pregnancy fetal anomaly ultrasound scan 28

Having a scan 30

More information 38
This booklet is about the screening tests you will be offered during your pregnancy.

Some of the tests need to take place early in pregnancy, so you should start to read this booklet as soon as possible.

This will help you to better understand the tests, and prepare you for any conversations or questions you may have for your midwife or doctor.

It is important that you read the information in this booklet carefully, and remember to keep it handy for any hospital visits or when you meet with your midwife or doctor.

The following pages explain what conditions can be tested for and what the tests involve, so that you can decide whether you want to have them. The health professional taking care of you will always explain the tests in detail and ask for your permission. You can decide at any point that you do not want to be tested or you can choose to have only some of the tests offered to you.

It is important that you realise the reasons for screening, and understand the possible outcomes if you choose not to have the tests.

The health professional taking care of you will be able to provide further information if you are offered any other tests not covered in this booklet.

Throughout this booklet, the term ‘health professional taking care of you’, is used. This is because there can be different specialists responsible for different screening tests.
Screening and diagnostic tests

There are two types of test:

- **Screening tests**, which are offered to everyone, and are intended to show whether there is a chance your baby may have a condition.

- **Diagnostic tests**, which are further tests that may be carried out depending on the results of the screening test, to confirm what, if any, problem there may be.

While screening offers a good way to assess how likely it is that your baby has a condition or health problem, it may not detect all problems.

If you do not want to be screened for any (or all) of the conditions, please talk this through with your midwife or doctor. The pregnancy screening programme will keep a record of your results. Only authorised staff and appropriate healthcare professionals have access to this information. All NHS staff are bound by a strict code of confidentiality. Towards the end of your pregnancy, your midwife will talk to you about screening tests for newborn babies and you will receive another booklet ‘Your guide to newborn screening tests’ that explains these in detail. For more information on screening tests during pregnancy, please talk to the health professional who is taking care of you, and they will be happy to help.

The organisations listed at the back of this booklet can also provide further information and support.
Pregnancy

Routine blood tests: Haemoglobin, group, rhesus and antibodies as early as possible (8–12 weeks) or as soon as a woman arrives for care, including labour – these may be repeated later during pregnancy.

Screening test for Sickle Cell and Thalassaemia disorders (ideally before 10 weeks)

Early screening test for Down’s syndrome

Later screening test for Down’s syndrome

Blood test for Syphilis, Hepatitis B, HIV and Rubella susceptibility as early as possible or as soon as a woman arrives for care, including labour.

Routine examination of the newborn (by 72 hours)

Physical examination (by 8 weeks)

Newborn

Your midwife will give you newborn screening information and discuss this with you.

Newborn blood spot test: PKU, CHT, CF, MCADD, SCD (around day 5)

Newborn hearing screening test (from birth to 4 weeks)

Remember, you can discuss all screening tests with your midwife.

Dating scan

Nuchal translucency scan for Down’s syndrome (11–14 weeks)

Fetal anomaly scan (18–21 weeks)

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Newborn blood spot test: PKU, CHT, CF, MCADD, SCD (around day 5)

Newborn hearing screening test (from birth to 4 weeks)

Remember, you can discuss all screening tests with your midwife.
Screening for sickle cell and thalassaemia disorders in early pregnancy

In the first weeks of your pregnancy you will be offered screening tests for sickle cell and thalassaemia disorders.

Screening for sickle cell is by the Family Origin Questionnaire. You will be offered a questionnaire about your family origins and those of the baby’s father too (see page 11 for more information). This helps determine whether you have a higher chance of passing on sickle cell. If there is, you will be offered a blood test.

The Family Origin Questionnaire is also used to screen for thalassaemia along with the results from one of your booking blood tests (the full blood count). If there is a high chance you are a carrier you will be offered a diagnostic blood test.

What are sickle cell and thalassaemia disorders?

These disorders affect the part of the blood that carries oxygen around the body, called haemoglobin. People who have these conditions will need specialist care throughout their lives.

Sickle cell disorder

People with certain types of sickle cell disorder:

- can experience attacks of very severe pain
- may have serious, life-threatening infections
- are usually anaemic (which means that their blood has difficulty carrying oxygen)
- will need medicines and injections when they are children, and throughout the rest of their lives, to stop them from getting infections.
Thalassaemia
People with certain types of thalassaemia:

- are very anaemic
- need blood transfusions every four to six weeks
- need injections and medicines throughout their lives.

There are also other, less common, haemoglobin disorders. Many of these are not as serious.
How are these disorders passed on?

Sickle cell and thalassaemia disorders are passed on from parents to their children. People are only usually affected if they inherit two or more of the affected (unusual) haemoglobin genes – one from their mother and one from their father. People who inherit just one unusual gene are known as ‘carriers’ (some people call this ‘having a trait’).

It’s important to understand that carriers are healthy and do not have the disorder. However, if a carrier has a baby with someone else who is also a carrier, or who has one of the disorders, there is a chance that their baby could have the disorder.

Who can be a carrier?

Anyone can be a carrier. But you are more likely to carry the genes if your parents or grandparents come from countries with malaria, or where malaria was common in the past. This means you’re more likely to be a carrier if your parents or grandparents come from Poland, the Mediterranean, Africa, the Caribbean, the Middle East, India, Pakistan, South America, or South and South-East Asia.

Don’t worry if you don’t know. You will be given a questionnaire (called the Family Origin Questionnaire) to help find out where your family, and the father’s family, comes from.

Assisted conception using donor eggs or sperm can affect the screening result. It is important that you give the staff as much information as you can, in order for you to be given the most accurate screening results possible.
What tests are involved?
The Family Origin Questionnaire is used to screen for both sickle cell and thalassaemia disorders.

If it shows you have a higher chance of carrying sickle cell you will be offered a diagnostic blood test. Usually the test can be made on blood already taken as part of your antenatal care.

The Family Origin Questionnaire and the full blood count (one of your routine booking blood tests – see page 16) are used to screen for thalassaemia. If either show you have a higher chance of carrying thalassaemia you will be offered a diagnostic blood test. Again the test can be made on blood already taken as part of your antenatal care.

Ideally, the best time to have these tests is before you are 10 weeks pregnant.

Why should I be tested?
The test gives important information about your baby’s health:

- If it shows that you’re a carrier, your baby’s father will be invited for a test. If he is also a carrier, your baby has a chance of having the disorder.

- Finding this out early in your pregnancy gives you the chance to talk to the health professional taking care of you, and to find out more about what this means for you and your baby and the care that is available.
How the test can benefit you and your family

- If the test shows that you’re a carrier, there’s a chance other family members are too. You may want to encourage them to ask for a test, especially if they are planning to have a baby themselves.

- Although sickle cell carriers are healthy, they can experience some rare problems in situations when their bodies might not get enough oxygen (for example, when having an anaesthetic). Knowing that you are a carrier can help you manage these situations.

- People who are thalassaemia carriers do not experience these problems.

Are there any risks I should be aware of?

The screening is a very simple blood test, with almost no risk to you or your baby.

How will I get my results?

The person taking the blood test will discuss this with you at the time.
What will the results tell me?

The most likely result is that you aren’t a carrier. Your pregnancy should continue as normal.

If the result shows that you are a carrier for sickle cell, thalassaemia or another blood disorder, the health professional taking care of you will talk to you about what this could mean for you, your baby and your family.

The baby’s father will be offered a test to find out whether he’s a carrier. In very rare cases, the test may show that one of you has a blood disorder without even knowing it. If this happens, a health professional (for example, a nurse, doctor or midwife) will talk this through with you, and give you more information.

The test is between 95% and 99% accurate, which means it is very reliable. However, in a very small number of cases the result may be unclear. If this happens, you will usually be offered another test.

Why should my baby’s father have a test?

Babies can only inherit these disorders if both parents are carriers. So if you’re a carrier, it is important to find out if your baby’s father is also a carrier.

He will be offered a test, but if he’s not available or does not want to have the test, you may be offered another option – this may be a test to find out whether your baby has a sickle cell or thalassaemia disorder (see overleaf).
What if my baby’s father is also a carrier?

If you and the baby’s father both carry the gene for sickle cell, thalassaemia or another blood disorder, for each baby you have there is:

- a 25% (one-in-four) chance that your baby will not be affected
- a 50% (two-in-four) chance that your baby will be a carrier
- a 25% (one-in-four) chance that your baby will have a disorder.

Some forms of thalassaemia are more complex.

The health professional taking care of you will talk to you about what this means for you, your family and your baby. If you wish, you can choose to have a diagnostic test on the fetus when you are pregnant. This is called a ‘diagnostic test’, and it is explained on page 26. Leaflets are available that explain these tests in more detail.

Adapted with kind permission from the National Screening Committee (NSC)
What happens if I decide to have my baby tested?

This diagnostic test will show whether your baby has a disorder. A health professional will explain the different types of test, and help you to decide whether you want it. If you do want the test, it’s important to have it as early as possible in your pregnancy.

If results show that your baby has a blood disorder, the health professional taking care of you will help you to understand what this may mean for you, your baby and your family. They will talk with you about the care that is available, and whether you wish to continue with your pregnancy.

Testing for new babies

As well as the tests described here, all newborn babies are offered a newborn ‘blood spot’ screening test, usually when they are five-to-seven days old. The test is done by taking some blood from your baby’s heel, and looks for a number of health problems including sickle cell. It will show whether your baby is not affected, is a carrier, or has a disorder. You will be given more information about the tests for newborn babies later in your pregnancy.

Any questions?

It is understandable that this information can be a lot to take in. If you have any questions about the test at all, please discuss them with your doctor, midwife, obstetrician or specialist counsellor. They will be able to give you advice, and may also have information about other organisations who can offer support.
Routine blood tests offered during pregnancy

You will be offered a number of other routine blood tests, that together form an important part of your care during pregnancy. These tests are to help protect your health and the health of your baby.

All the tests can usually be done using one blood sample, usually taken from your arm at one of your first visits with your midwife.

It is your decision whether to accept these tests or not, and it won’t affect the quality of your care. However, having the tests could help you make decisions about the care of your baby, both before and after birth. All results are confidential and only health professionals closely involved in your care will be able to see them. No one will be told about your results without your consent.
What will my blood be tested for?

**Full blood count**
This measures the level of iron in your blood. If it’s low, it means you could be anaemic. You may simply be offered iron tablets, or other appropriate treatments which will help your health and the health of your baby. If any other problems are found, then further tests can be carried out if required.

**Blood group**
This shows which main blood group you belong to, either A, B, O or AB. The test will also show if you belong to the Rhesus positive or Rhesus negative group, and whether there are any blood group antibodies in your blood. Some of these antibodies can occasionally affect the baby, and if this is the case it will be discussed with you. More often, it is important to know whether these are present in the event that you require a blood transfusion, so that the correct type of blood for your particular antibody is made available.

What if I’m Rhesus positive?
You will not need any treatment.

What if I’m Rhesus negative?
You will be offered an injection of ‘anti-D’. This helps prevent serious illness during your current pregnancy, as well as protecting any future babies you may have. This is quite a common blood group – around one in six women are Rhesus negative.
**Infections**

You may be offered a blood test for infections that can affect you and your baby, such as Rubella, Hepatitis B, Syphilis and HIV.

**Rubella (German measles)**

Rubella infection in the first 20 weeks of pregnancy can be harmful to your baby. It can in some cases, for example, lead to deafness.

The good news is that most women are now protected from Rubella because they were immunised in childhood. If you are immune, you and your baby are both protected if you come into contact with the illness during pregnancy.

The test will show whether you are immune. If it shows you’re not, or you have low levels of immunity, you will be given advice and offered immunisation after you have had your baby.

Please remember, Rubella is usually a mild illness, and it is easily confused with other rashes in children and adults. If you do come into contact with someone with a rash or develop a rash yourself, you should contact your doctor or midwife as soon as possible.

**Hepatitis B**

Hepatitis B infection can be passed on from mother to baby during birth. It is a virus that affects the liver, and can be carried in the blood for many years before causing any signs of illness.

Without a test, you may not know that you’re infected. If the test shows that you are infected with Hepatitis B, specialist help will be provided.

Immunisation at birth can usually prevent infection in babies born to infected mothers. Without immunisation, many babies born to mothers who are Hepatitis B carriers become infected. These babies are at risk of developing serious liver disease as they grow older.

**Syphilis**

This infection, passed on through having sex, is uncommon these days. It is tested for because if it’s not treated it can damage the health of you and your baby. If syphilis is found, it can be quickly and simply treated with antibiotics.
Human Immunodeficiency Virus (HIV)

The Human Immunodeficiency Virus (HIV) is the virus that causes AIDS (Acquired Immunodeficiency Syndrome).

Infected women can pass HIV to their babies during pregnancy, childbirth and also through breastfeeding.

HIV damages the immune system, and destroys the body’s defences against infection and disease. It can take years for HIV to do enough damage for someone to become ill. Many women with HIV will not know that they are infected unless they have a test.

If the test shows that you are HIV positive, you will be offered guidance and treatment by specialists. This will include medication that will greatly reduce the chance of infection passing to your baby. You will also receive advice about the best type of delivery and methods of feeding your baby.

If the screening tests for syphilis or HIV suggest that you might have either of these conditions then you will be offered a second test to confirm the results. This is because sometimes the tests can report an incorrect result (called a false positive).

Results of routine blood tests

You will usually be able to get the results at your next clinic visit.

Occasionally technical problems can occur and you may be asked to have another sample taken.

If any health problems are found, you will be contacted as soon as possible and given advice and care. Some tests are routinely repeated later in pregnancy.

Having a blood test does not affect current or future life insurance policies. However, if a health problem is found, this could affect your insurance. You might wish to check any policies you have for further details.

The organisations listed at the back of this booklet can also provide further information and support.
The screening test for Down’s syndrome

A small number of babies are born with Down’s syndrome. You may choose to have a test during pregnancy which can help to detect this condition.

What is Down’s syndrome?

Most people have 23 pairs of chromosomes. These chromosomes carry the genes that determine how we develop.

People with Down’s syndrome (sometimes called ‘trisomy 21’) have an extra copy of chromosome 21 – they have three instead of two. It is a chromosomal accident and is not caused by anything parents do before or during pregnancy.

It is sometimes inherited, but this is very rare. Older mothers are more likely to have a baby with Down’s syndrome, but it can occur in women of any age.

Down’s syndrome occurs:
- once in every 1,500 births to women aged 20 years or younger
- once in every 900 births to women aged 30 years
- once in every 100 births to women aged 40 years.
Children with Down’s syndrome, like all people, vary a lot in appearance, personality and ability. They will have varying levels of learning difficulties and will need special help with their education. Many people with Down’s syndrome enjoy a healthy life, but there are a number of health problems associated with Down’s syndrome, such as heart defects, thyroid problems and reduced hearing and eyesight. Many of the problems can be treated, and frequent health checks can minimise some of these problems.

However some problems can be severe or require surgical repair and result in repeated, sometimes prolonged, periods of hospitalisation.

**Should I have the screening test?**

Your midwife will discuss the test with you, and you should think about it very carefully. It’s a personal decision for you to make, and you should take time to think about it and to talk it through with the health professional taking care of you, your partner or people close to you.

**All pregnant women, no matter what age, can have the test.**
How is the test done?

There are two stages to testing for Down’s syndrome.

The first stage is a screening test. This is offered to everyone. You can choose whether to have this test or not. Depending on the results of the screening test, some women (about 1 in 20) will be offered a second follow-up test. Again, you can choose whether or not to have this follow-up test.

The follow-up test is a diagnostic test, and it will show whether your baby has a health problem. However, having this diagnostic test increases your chance of a miscarriage. This is why it is not offered to all women. You can choose whether or not to have one, or both parts of the testing process.

If the screening test shows the chance of the baby having Down’s syndrome is low, you will not be offered a diagnostic test. Most screening test results (about 95%) fall into this category. This is known as having a ‘low-chance’ result.

It’s important to understand that a low-chance result does not mean that there is no chance at all that your baby has Down’s syndrome, just that it is unlikely. There is still a small possibility, because some babies with Down’s syndrome aren’t detected by screening tests. Overall, about a quarter of babies (one in four) with Down’s syndrome will not be detected by screening.

If the screening test shows that your baby has a ‘high-chance’ result of having Down’s syndrome, you will be offered a diagnostic test.
Can any other types of abnormality be detected by screening?

Occasionally, some other abnormalities may be detected by the screening test. Some of these can be serious, while others will have only a minor, or no effect, on the baby. If the tests show that there may be a problem, you will be given information on the options available and support to help you make your decisions.

What type of screening test for Down’s syndrome will I be offered?

There are different ways of screening for Down’s syndrome. These tests will involve either blood samples taken from you, or blood samples taken from you combined with a special ultrasound scan, depending on how far along you are in your pregnancy.

Blood tests (serum)
The blood test measures substances that have passed between you and your baby. A sample of your blood is usually taken between 11 and 20 weeks.

Several factors can affect the screening result, including if you smoke and if it is an assisted conception (especially if it is a donor egg or frozen embryo). It is important that you give the staff this information in order for you to be given the most accurate screening result possible.
A computer programme then uses the results of your blood test, along with your age, weight, stage of pregnancy and any other relevant factors to work out the chance of the baby having Down’s syndrome.

**Ultrasound scan**

A ‘nuchal translucency scan’ (NT) is a special ultrasound scan usually done at 11-to-13 weeks. The amount of fluid lying under the skin at the back of the baby’s neck is measured. A computer programme uses this measurement, along with your blood test result to work out the chance of Down’s syndrome for your baby. This is sometimes known as the ‘combined’ test.

Because the ultrasound test is based on the measurement of an individual baby, it can be used separately without the blood test if you are having a multiple pregnancy, for example, if you are having twins or triplets, to give the chance for each baby.

**What if the results show a high-chance result?**

If the screening results show a ‘high-chance’, this means that there is higher chance that your baby is affected, and you will be offered diagnostic tests to confirm whether your baby has Down’s syndrome. The health professional will talk this through with you and answer any questions you have. The follow-up tests, which you have the option to choose or refuse, will be fully explained.
Diagnostic tests for Down’s syndrome

If you are offered a diagnostic test for Down’s syndrome, it will be either an ‘amniocentesis’ or Chorionic Villus Sampling (CVS) test. These are explained below.

While many women find the procedures uncomfortable, they shouldn’t be painful. For a day or two afterwards, you will be advised to take things easy. If possible, you should avoid lifting, bending or stretching. You may have some discomfort in your lower abdomen for a day or two after the procedure. This is normal, and you can take paracetamol to relieve the discomfort.

Amniocentesis
Amniocentesis can be done after 15 weeks of pregnancy. It usually takes about 10 minutes. You will have an ultrasound scan to check the position of your baby in the womb. A fine needle will then be inserted through your abdomen, into the womb. The needle will be used to take a sample of fluid surrounding the baby (called ‘amniotic fluid’). This fluid contains cells from the baby which will be examined later at the laboratory and the baby’s chromosomes counted.

For around one in every 100 samples the results are not clear. If this happens, you may be offered further tests.

Chorionic Villus Sampling (CVS)
CVS can be done from 11 weeks of pregnancy. It’s usually only offered in a specialist centre. An ultrasound scan is used to guide a fine needle through your abdomen. A small sample of tissue is taken from the placenta. This is analysed in the laboratory, and the baby’s chromosomes are counted.

As with amniocentesis, very occasionally (about two in every 100 samples) CVS does not produce a clear result.
How safe are these diagnostic tests?

They are not completely safe, and this is why they are not offered to everybody. For every 100 women who have amniocentesis, one will miscarry. And for every 100 women who have CVS, one or two will miscarry. If you would like to know more about the miscarriage rates after CVS or amniocentesis in your hospital, please ask the health professional taking care of you.

What happens if the diagnostic test does find a problem?

In most cases, follow-up testing finds a healthy baby. If the testing finds a chromosome variation, the health professional will talk to you about it and the options that you have. Then you’ll be able to choose what you feel is best for you. Some people may decide to continue with the pregnancy, while others will feel that termination is right for them.

There will be no pressure to influence you in your decision – the hospital staff will provide you with help and support whatever you decide.

The organisations listed at the back of this booklet can also provide further information and support.
Why am I offered a mid-pregnancy scan?
All pregnant women are offered a mid-pregnancy scan. It usually takes place between 18 and 21 weeks. The main purpose is to look for anything that might affect the health of your baby.

What kind of scan will I be offered?
You will be offered a scan that produces a two-dimensional black and white image. The three-dimensional (3D) and colour scan images you sometimes see on television and in magazines are not made by ordinary scan machines, and are not used in the NHS screening programme.

What can a scan tell me about my baby?
During the scan, the health professional will take a very careful look at your baby. Most people find that their baby is healthy and developing well. Sometimes, however, a problem is found. In most cases, any problems are minor and the health professional taking care of you will be able to explain them to you. Rarely, some serious problems are detected.

Scans have their limitations, too. Your health professional may tell you that there might be a problem, but will not be able to say for certain. In a small number of cases, babies are born with health problems that were not picked up by the scan.

Always remember that for most people, the scan is a happy experience. Unfortunately this is not true for everybody, which is why you should read this information carefully, and then make a decision about whether you want a scan or not. Your choice will always be respected.

Whatever you decide, it will not affect the quality of care you receive.
Is the mid-pregnancy scan safe?

Ultrasound scans are considered completely safe for mother and baby.

Does everybody have a scan?

All pregnant women are offered the scan, but you don’t have to have it if you don’t want to. Before you make up your mind there are a few things you need to know, so please read the next section carefully.
Can I bring family or friends with me when I have the scan?

Hospitals have different policies about this, and it’s a good idea to check beforehand. Most hospitals welcome partners in the room. Young children may not be allowed because they can be a distraction.

What will happen when I go into the scan room?

Most scans are carried out by trained health professionals called ‘sonographers’.

In order for the sonographer to take good quality images of your baby, the room will be dimly lit. Scanning requires a lot of concentration, especially if your baby is very active.

First, you’ll be asked to lie on a couch. Then you’ll be asked to raise your top up to your chest, and lower your skirt or trousers to your hips. Tissue paper will be tucked around your clothing to protect it from the ultrasound gel, which will then be applied to your abdomen.
The sonographer then passes a hand-held device across your abdomen, which sends and picks up ultrasound waves. These ultrasonic waves allow the computer to build an image of your baby. The scan doesn’t hurt at all, but the gel might be a little cold at first.

Occasionally the sonographer may need to apply slight pressure to your abdomen if some parts of your baby are difficult to see.

How long will my scan take?

A scan can take anything from 10-40 minutes. The images created on the screen are usually recognisable, for example you may see the head, heart and limbs. However, the sonographer may be prevented from getting clear pictures depending on the position of your baby, or if they are moving around a lot.

If you are overweight, this can reduce the quality of the scan image. If it’s difficult to get a good image, scanning may take longer, or have to be repeated at another time.

The vast majority of scans show that the baby is healthy, and no problems are found. This is because most babies are healthy.
Will the sonographer tell me the sex of my baby?
This depends on the policy of your hospital. It is the policy of some hospitals not to look for the sex of the baby unless clinically indicated. In others, you can be given the information – if the sonographer can get a clear picture of the baby. In some cases it is impossible to tell because of the position of the baby. This information is not completely reliable and can turn out to be wrong.

Can I have a picture of my baby?
You will need to check if your hospital provides this service. If they do, there may be a charge.

Will I need another scan?
If the baby appears to be healthy, you probably won’t need another scan during this pregnancy. If the sonographer is not able to see everything clearly, the scan may need to be repeated on a different day. This happens quite often.
Can the scan detect all problems?

No. Sometimes the sonographer is not able to get a clear view – this can be due to the position or age of your baby, the amount of fluid (‘waters’) surrounding your baby, your own bodyweight, or any scar tissue left by an abdominal operation, such as a previous Caesarean section.

Also, some health problems only develop after 18-21 weeks (when you are offered the scan), and some can never be seen on a scan because they have no effect on the appearance of the baby. This means that in a small number of cases, babies are born with health problems that were not picked up by the scan.

What kind of problems can be seen?

Major health problems affecting the development of the baby, such as Spina Bifida, are usually easily diagnosed on the scan. In these cases, the sonographer and doctors can be absolutely certain of the findings.

Scans are not as reliable at detecting problems such as some heart defects, and they are not expected to be able to pick up every heart condition before birth.

Sometimes minor irregular features of the baby’s body are picked up. Usually these mean nothing at all, but sometimes a pattern can be seen which might suggest an underlying problem.
What will happen if a problem is found or suspected?

If a problem is found or suspected, the sonographer may ask for a second opinion from another sonographer or doctor. You will be told what the concerns are, but the exact nature or extent of the problem might not be clear at this stage.

You might be offered another test, such as an amniocentesis (see page 26), to find out for certain if there is a problem. If you’re offered further tests, the health professional taking care of you will give you more information. You can then choose whether you want to have the test or not.

You might be referred to a specialist doctor for fetal medicine. They will be the best person to talk to about any health problems your baby might have. This could be in another hospital. You will usually be given an appointment within a few days.

In most cases, further tests don’t find any health problems. However, they can cause great worry for parents, and for some people this worry can continue throughout the rest of their pregnancy. You may want to ask questions and talk about these concerns with your own midwife, doctor or consultant. Other sources of information and support are listed at the back of this booklet.
If a definite health problem is found, what happens next?
If a problem is found, it will depend on what the condition is and how serious it is, as to what happens next. Some problems may turn out not to be serious, and others will get better on their own. You may be offered further scans throughout the pregnancy to monitor these problems.

If the health problem is serious, you’ll be talked through your options, which may include having a termination. If you need to make any decision, you will be given time, support and information by your midwife and the hospital team.

Can anything be done before the birth?
Finding out about a health problem before birth can help parents to prepare themselves.

Sometimes it can help them to plan treatment after the baby is born. For example, if your baby is known to have a problem that will need an operation soon after birth, such as the repair of a hernia in your baby’s tummy, arrangements can be made to deliver your baby in a hospital where this can be done within the first few hours after birth.

Can the baby have an operation before birth?
Unfortunately, very few problems can be treated in this way.

I would prefer not to know if my baby has an abnormality
If you would prefer not to know, you need to think carefully about whether you should have a scan at all. You may find it useful to talk to your midwife before deciding.

Contact details of organisations and support groups you might find helpful are given at the back of this booklet.
Thank you for taking the time to read this booklet. The information can be a lot to take in. Please talk to the health professional taking care of you if you have any questions or concerns.

You may also find the following contacts useful:

**Antenatal Results and Choices (ARC)**
Provides non-directive support and information to expectant and bereaved parents throughout and after the antenatal screening and testing process.
Tel: 0207 631 0285
www.arc-uk.org

**Contact a Family Scotland**
Provides information, advice and support to parents and carers of children with any special need or disability.
Tel: 0808 808 3556 (voice and text).
www.cafamily.org.uk

**Down’s Syndrome Scotland**
Works to help people with Down’s syndrome reach their full potential by providing information and support to them, their families, carers and professionals.
Tel: 0131 313 4225
www.dsscotland.org.uk

**Family Planning Association Scotland**
Tel: 0141 576 5088
www.fpa.org.uk
**Positively Women**
Offers a range of peer support, advice, information and advocacy services for HIV positive women.
Tel: 020 7713 0222
www.positivelywomen.org.uk

**Scottish Spina Bifida Association**
Offers a multi-faceted family support service to those affected by spina bifida, hydrocephalus and allied conditions, across Scotland.
Tel: 01236 794500
www.ssba.org.uk

**Sickle Cell Society**
Offers information, counselling and care for people with sickle cell disorders and their families.
Tel: 020 8961 7795
www.sicklecellsociety.org

**SOFT UK**
Supports families affected by Patau’s Syndrome (Trisomy 13), Edward’s syndrome (Trisomy 18), partial Trisomy, mosaicism, rings, translocation, deletion, and related disorders.
Tel: 0121 351 3122
www.soft.org.uk

**UK Thalassaemia Society**
Tel: 020 8882 0011
www.ukts.org

**Waverley Care**
Provides care and support to people living with HIV and Hepatitis C and their partners, families and carers.
Tel: 0131 661 0982
www.waverleycare.org
This publication is available online at www.healthscotland.com or telephone 0131 536 5500 with any queries.

Traditional Chinese
您也可以登入 www.healthscotland.com 瀏覽本刊物，或撥打 0131 536 5500 查詢。

Polish
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Urdu
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NHS 24 08454 24 24 24

GP

Health visitor/public health nurse

Nearest accident and emergency department

Local hospital

Other

This booklet has been designed to be kept with your Scottish Woman-Held Maternity Record, so that you can keep all your information together in one place.