

Memorandum

To: Heads of Midwifery for all Health Boards in Wales

**From: Maternal and Child Screening Programmes –
Antenatal Screening Wales, Newborn Bloodspot Screening
and Newborn Hearing Screening**

Date: 11th December 2020

**Re: Maternal and Child Screening Programmes and response
to COVID-19**

Version 6

Summary of change			
Date	Version	Section	Comments
24/03/20	1	Guidance published	Health boards sent electronic guidance 24 March 2020
21/04/20	2	Antenatal Screening	Women booking after 18 weeks and consenting to screening for HIV/hepatitis B- consider taking an extra sample (EDTA) to test for viral load if screen positive
24/07/20	3	Antenatal Screening	Updated RCOG guidance, updated symptoms of COVID-19, amending clinical provision locally as the infection rate falls.
		Newborn Bloodspot Screening	Update to paragraph regarding laboratory working.
		Newborn Hearing Screening	Updated well baby model
7/09/2020	4	Antenatal Screening	Updated RCOG guidance Updated self-isolation period.
23/11/2020	5	Antenatal screening	Updated RCOG guidance
11/12/2020	6	MAC	Link to self-isolation guidelines

Antenatal Screening Wales

The Royal College of Obstetricians and Gynaecologists (RCOG) published updated guidance on 14th October 2020 on Coronavirus (COVID-19) Infection in Pregnancy.

There is also RCOG guidance specifically about antenatal screening and ultrasound in pregnancy in the evolving COVID-19 pandemic, updated on 10th July 2020.

www.rcog.org.uk/coronavirus-pregnancy

Current recommendations include:

- Care for pregnancy and post-natal women is an essential service and should be planned for with other essential services.
- Women should be advised to attend routine antenatal care unless they need to self-isolate. For further information and guidance about self-isolation for individuals and households please see- [Self-isolation: stay at home guidance for households with possible coronavirus](#).
- Units should appoint a group of clinicians to co-ordinate care for women forced to miss appointments due to self-isolation. Women should be able to notify the unit of their self-isolation through phone numbers that are already available to them. Appointments should then be reviewed for urgency and either converted to remote appointments, attendance appropriately advised or deferred.

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 overleaf indicates where there is flexibility in the timescales. The main principle is to offer appointments at the earliest opportunity so that there is scope to reappoint if the woman is self-isolating at that point or the clinic needs to be rearranged due to staffing shortages without the woman not having 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. Ideally and where safe, these appointments should be offered in-person, particularly to those from BAME communities, those with communication difficulties or those living with medical, social or psychological conditions that put them at higher risk of complications, or adverse outcomes, during pregnancy.

Flexibility in the antenatal screening programme during COVID-19 – Communicable Diseases

If a woman presents late for her pregnancy care (after 18 weeks), and consents to the screening bloods for blood group and antibodies, sickle cell and thalassaemia, syphilis, hepatitis B and HIV these should be taken at the earliest opportunity. If this is when the woman attends for her dating/ fetal anomaly ultrasound scan (or her first face-to-face contact), when obtaining the screening bloods, an extra EDTA sample bottle should be obtained, so that if the initial screening sample for hepatitis B (HBsAg) or HIV is positive, a viral load can be performed without having to recall the woman. Consideration can then be given to future appointments being virtual rather than face-to-face providing accessibility needs have been carefully assessed.

This adjustment to the normal screening pathway should be explained to the woman during her booking consultation, and her verbal consent obtained and documented.

The request card should be labelled “**Antenatal Late Booking – EDTA sample enclosed. Please store and analyse viral load if screening result positive for hepatitis B or HIV**”.

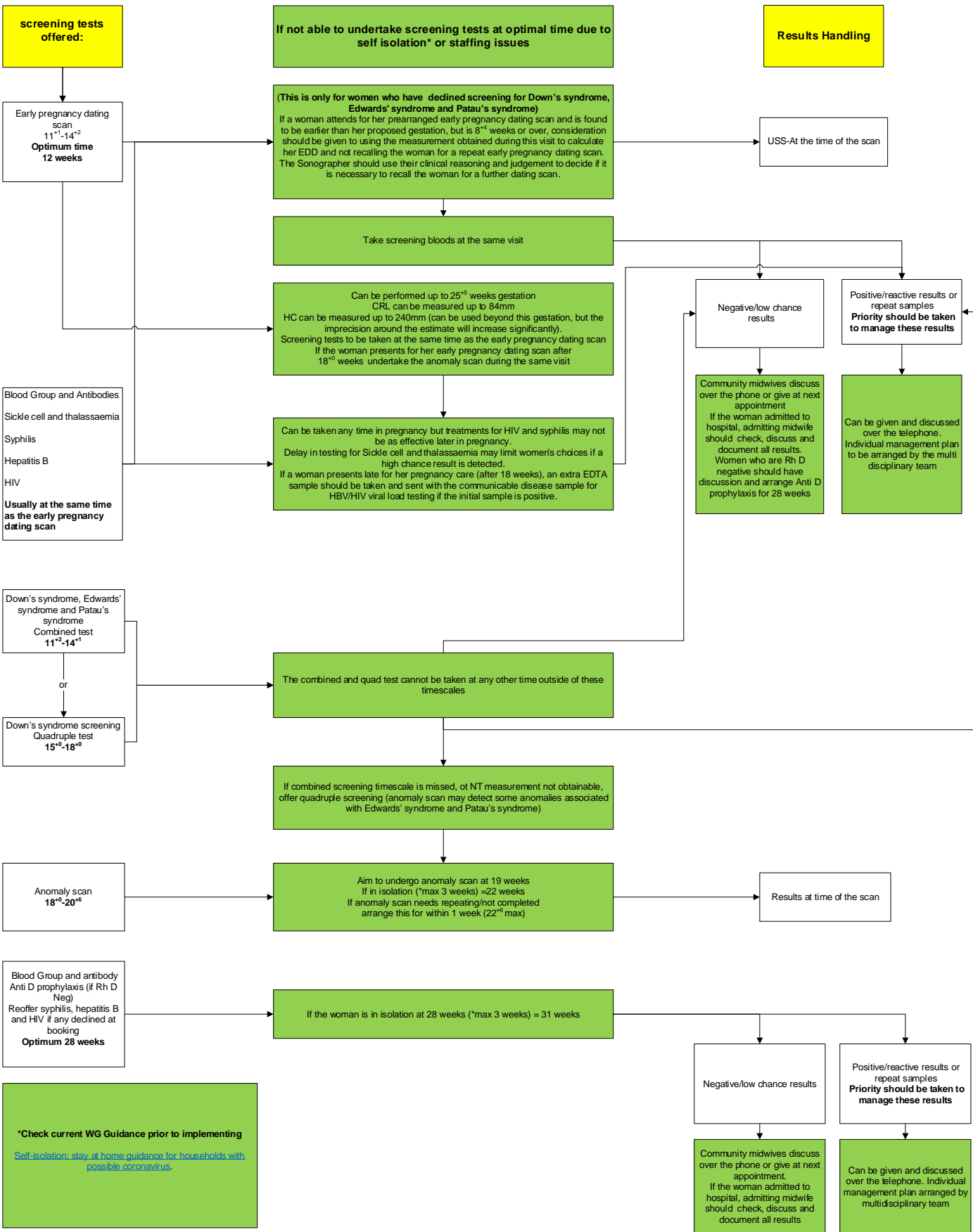
Confirmatory Sample- a confirmatory sample should still be obtained at the earliest opportunity to ensure the sample originated from the correct person.

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:

Christine Bovington	Regional Coordinator	christine.bovington@wales.nhs.uk	07425 616339
John Regan	Regional Coordinator	john.regan2@wales.nhs.uk	07425 616328
Kindry Williams	Regional Coordinator	kindry.williams@wales.nhs.uk	07425 616337

Proposed Pathway for Antenatal screening tests during the COVID-19 Pandemic



Newborn Bloodspot Screening

Newborn bloodspot screening identifies and refers babies affected with rare but serious conditions that would benefit from early intervention and reduce morbidity and mortality from the condition. Early identification is key to improved outcomes and some of these conditions are included in the vulnerable groups to complications from COVID-19.

Conditions screened for:

- Inherited metabolic disorders
 - Medium-chain acyl-CoA dehydrogenase deficiency (MCADD)
 - Phenylketonuria (PKU)
 - Maple syrup urine disease (MSUD)
 - Isovaleric acidaemia (IVA)
 - Glutaric aciduria type 1 (GA1)
 - Homocystinuria (HCU)
- Congenital hypothyroidism (CHT)
- Cystic fibrosis (CF)
- Sickle cell disorders (SCD)

While it is still strongly recommend that newborn bloodspot samples are taken between days 5-8 of life, it is appreciated that during these exceptional times, situations such as staffing shortages or mum being symptomatic may not allow the sample to be taken during these times.

- If there is a postnatal visit planned for day 4 of life then the sample can be taken during this visit to reduce another visit being required and this sample will be analysed and reported on.
- If a visit is not able to be arranged between days 5 to 8 day of life then this needs to be re-scheduled at the earliest opportunity.

It is really important that sample takers take good quality bloodspots on the visit and that the card is completed in full so as to avoid an avoidable repeat and a need to revisit the mother and baby.

Infection control measures that are to be undertaken that are in additional to universal control measures are those that are advised by the health board for the home visits.

If parents decline a visit by midwifery or health visiting services, it must be clearly documented that the importance of this test has been discussed with the parents. A decline card will then need to be completed and sent into the laboratory. The parents will then receive a declined letter which will give them the opportunity and details to contact to arrange testing in the future. This will be for the health boards to decide who will take these samples.

If health visiting services are unable to visit a baby that has moved in from abroad who is less than one year of age, screening should be offered at the earliest opportunity regardless if the baby has had its first birthday. This sample will be analysed and reported on.

The newborn screening laboratory has also put plans in place to ensure that there is minimal disruption to the service. In the event that laboratory staffing is very limited then the conditions tested for will be prioritised to the conditions that are most time critical.

Contact details for the Newborn Bloodspot Screening Wales team:

NBSW Programme Coordinators

Catherine Boyce	Programme Coordinator	catherine.boyce2@wales.nhs.uk	07964 132707
Margaret Birch	Programme Coordinator	margaret.birch@wales.nhs.uk	07425 616341

Newborn Screening Laboratory

Telephone – 029 2184 4032 Email – New.Screening.cav@wales.nhs.uk

Newborn Hearing Screening Wales

Newborn Hearing Screening identifies babies who have a significant hearing loss that could affect their speech and language development without early support. Screening is undertaken by newborn hearing screeners. The test (which is only able to be undertaken in the first few weeks of life) is either offered when the baby is still in hospital or within a week or two later in a local clinic.

In response to COVID-19 to reduce additional travel and attendance in a clinic environment and to accommodate staff shortages, screening will be prioritised to be undertaken on the ward. Screening will not be offered if babies or mothers are identified as symptomatic for COVID-19.

The well baby model will be amended during this time to ensure that baby will complete the screening pathway as promptly as possible with reduced repeats and required referrals to audiology. It is recognised that some babies will not be able to be screened in hospital either due to mothers being symptomatic for COVID-19 or because babies were discharged from hospital before screening was able to be offered or they were home births. The pathway for babies that have missed the offer has been developed to increase the number of such babies who are able to be seen in the community for newborn hearing screening within the first 12 weeks of life.

To this end all Audiology Departments in Wales have been offering screening to babies whose screening appointments were cancelled due to suspension of community clinics run by Newborn Hearing Screening or who have missed or had an incomplete screen in hospital. From 6th July, Newborn Hearing Screening began to resume community screening with Newborn-Hearing Screener led clinics. Consent is taken over the phone to reduce the amount of time spent in the appointment. The COVID-19 status of the household is checked before booking the appointment, including whether household members have been identified as close contacts of someone with COVID-19 and advised to self-isolate. Contact is made again the day before the appointment to ensure that the household is symptom-free and not self-isolating.

Newborn Hearing Screening Wales Well Baby Service Model in response to COVID-19

- The pathway for well babies who have a bilateral clear response remains unchanged and they are discharged from the programme with no action needed.
- For babies with a clear response in one ear only, they will be offered a targeted behavioural test with audiology.
- Babies who have no clear responses in both ears will have an immediate follow on test (AABR) to provide further clarity.
 - If the outcome from the AABR is a clear response in both ears they will be discharged from the programme.
 - If the outcome is a clear response in one ear only then baby will be offered a targeted behavioural test with audiology.
 - If the AABR shows no clear responses in both ears, baby will be referred to audiology for assessment.

It is recognised that these are rapidly changing times and every effort will be made to continue with newborn hearing screening so that babies in Wales continue to be identified with significant hearing loss to enable early intervention to prevent impact to their speech and language development. However issues such as newborn hearing staff shortages; access to maternity wards to offer screening and continuation of referrals of babies to audiology services across Wales are key factors to be able to continue the offer of screening.

Contact details of Newborn Hearing Screening Wales team:

Meg Shepherd	Regional Coordinator (North)	meg.shepherd2@wales.nhs.uk	01978 727003
Jackie Harding	Regional Coordinator (South East)	jackie.harding2@wales.nhs.uk	02921 844373
Lara Tompkins	Regional Coordinator (Mid & West)	lara.tompkins2@wales.nhs.uk	01656 754085
Jacqui Evans	Newborn Screening Manager (North)	jacqui.evans@wales.nhs.uk	01978 727005
Annette Dimond	Newborn Screening Manager (South East)	annette.dimond@wales.nhs.uk	02921 843568
Gail Hall	Newborn Screening Manager (Mid & West)	gail.hall@wales.nhs.uk	01656 754085

Contact details of Maternal and Child Screening team:

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