Mid Essex Hospital Services NHS
NHS Trust

RECEIVING AND ACTING ON TEST RESULTS IN MATERNITY BY BOTH HOSPITAL AND COMMUNITY	CLINICAL GUIDELINES Register No: 06031 Status: Public

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Consulted With	Post/Committee/Group	Date
Dr Agrawal	Clinical Director for Women's, Children's and Sexual Health Directorate	February 2012
Miss Joshi	Consultant for Obstetrics and Gynaecology	
Meredith Deane	Head of Maternity Services, Supervisor of Midwives	
Deb Cobie	Maternity Risk Management	
Susan French	Senior Midwife	
Claire Fitzgerald	Pharmacy	
Sarah Moon	Lead Midwife for Guideline and Audit	
Professionally Approved By		
Miss Rao	Lead Consultant for Obstetrics and Gynaecology	February 2012

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Author/Contact for Information	Nicky Leslie, Acting Antenatal Newborn Screening Co-ordinator
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Review No	Reviewed by	Review Date
1.0	Julie Bishop	January 2006
2.0	Kathleen Bird	December 2009
2.2	Cross reference Downs Syndrome and administration of prophylactic anti D for rhesus negative women. Clarification to 3.2, 16.4	February 2010

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1.0 Purpose of Antenatal Screening

1.1 The purpose of this guideline is to provide staff with the appropriate procedure when working in the hospital or community environment when receiving blood results, mid-stream specimen urine results and high vaginal swab results.

1.2 The professional has a responsibility to the patient to ensure any abnormal results are acted upon and appropriate treatment provided.

1.3 To ensure that the patient receives the results in a timely manner.

2.0 Equality and Diversity

2.1 The Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals

3.0 Review Process

3.1 All blood tests should be offered and undertaken within the appropriate timescales as advised by the NHS Antenatal and Newborn Screening Programmes.
(Refer to 'Guideline for Maternity Care')

3.2 All pregnant patients should be provided with verbal and written patient information 'Screening tests for you and your baby' or in a format appropriate to their individual requirements.

3.3 Informed consent must be given prior to test being requested and a specimen being obtained.

3.4 Any declined screening tests should be documented in the handheld notes and information given on the availability of the test at any point during the pregnancy.

3.5 All antenatal booking bloods should be taken in early pregnancy, ideally by 10 weeks gestation.

3.6 All patients should be seen at 16 -18 weeks gestation where the screening results will be reviewed and documented in the patient's healthcare records. If the patient attends at 16-18 weeks and the screening results are not available electronically or paper copy (Downs screening results), the midwife present at that time should follow up the missing results and if necessary obtain further blood samples. This should be documented by the midwife in the patient's healthcare records. The midwife should arrange a follow up appointment to review the missing results and ensure that all the results have been duly documented in the patient's healthcare records.

3.7 The midwife should ensure that any abnormal results are actioned and documented in the patient's healthcare records and the management process that follows as detailed in the relevant sections below.

3.8 At every visit the test results should be reviewed to ensure that they are all in the notes. This is the responsibility of every clinician seeing the patient. Any missing results must be chased up and if not available, the test needs to be repeated.

3.9 For patients who book after 24 weeks in pregnancy, booking blood tests should be offered and arranged. An appointment should be offered and arranged to see the patient in 2 weeks to review, discuss and document the results of all screening tests undertaken in the patient's health care records. Blood samples taken for infectious diseases screening should be labelled urgent.
(Refer to the 'Maternity Care' guideline; register number 09062)

3.10 Patients transferring their care in pregnancy should have the antenatal booking bloods repeated.

3.11 In the event blood tests are needed to be repeated and the patient is unable to be contacted by telephone, the midwife should send an explanatory letter and appropriate blood request form to the patient (letter template kept in the filing cupboard in the midwives office in Antenatal Clinic).
(Refer to Appendix A)

4.0 Full Blood Count (FBC) Booking Bloods 8 – 10+0 weeks Gestation

4.1 Pregnant patients should be offered screening for anaemia. Screening should take place early in pregnancy (at the booking appointment) and at 28 weeks when other blood screening tests are being performed. This allows enough time for treatment if anaemia is detected.

4.2 A haemoglobin (Hb) of 11.1g/dl and above at booking is classed as normal in pregnancy and does not need any further action. The midwife present at the 16-18 week antenatal visit should document all blood test results in the patient's healthcare records.

4.3 A haemoglobin of 11.0g/dl or below at booking is classed as a low Hb and iron therapy should be considered.

4.4 If the originator is the general practitioner (GP) the GP has the responsibility to document the test result and treat appropriately

4.5 If the test was originated by antenatal clinic (ANC), the midwife should ring the patient and inform her of the need to commence oral iron therapy. The midwife should ensure that the abnormal results are actioned and then documented in the patient's healthcare records. The reporting of the results to the patient should not exceed 72 working hours.

4.6 If the midwife is unable to contact the patient by telephone, an explanatory letter should be sent to the patient with the instructions to collect TTA (to take away) packs of pregaday / ferrous sulphate from the antenatal clinic.

4.6 Oral pregaday and ferrous sulphate 200 mg are kept in the drug cupboard at Broomfield Antenatal Clinic, William Julian Courtauld Midwife-led Birthing Unit and St Peters (STP) Midwife-led Unit.

4.7 The patient may decide to contact her GP's surgery for a prescription.

4.8 The midwife should arrange a convenient time for the patient to collect her tablets.

4.9 The midwife should complete a drug chart prescribing the iron therapy.

4.10 The midwife should document the result and treatment in the patient's healthcare records.

5.0 28 Week Gestation Repeat FBC Blood Test

5.1 At 28 weeks gestation an Hb of 10.6/dl and above is classed as normal in pregnancy and does not need any further action. The report should be checked and documented in the patient's healthcare records.

5.2 A haemoglobin of 10.5g/dl or below at 28 weeks is classed as a low Hb and iron therapy should be considered.

5.3 Follow the recommendations as in point 4.0

6.0 Blood Group and Rhesus Status (Rh)

6.1 Patients should be offered testing for blood group and rhesus D status in early pregnancy.

6.2 The four main blood groups are group O, group A, group B and group AB, with a rhesus positive or rhesus negative status.

6.3 The patient should be informed of her blood group and rhesus status at her subsequent antenatal appointment i.e. at 16-18 weeks gestation.
(Refer to the 'Maternity Care' guideline; register number 09062)

6.4 At 16-18 week antenatal appointment the midwife should identify the patient's blood results electronically and document in the handheld records.

6.5 When the midwife has identified the patient as rhesus negative, the blood results are documented in the antenatal booking tests section of the patient's healthcare records and the midwife should stamp the intrapartum and partogram record with the rhesus negative status in the patient's healthcare record. A red rhesus negative stamp should be used for documentation purposes.

6.6 When a patient is confirmed as rhesus negative, the midwife should ensure that an appointment is offered for prophylactic Anti D and arrange a subsequent antenatal appointment for 28 weeks gestation. The appointment should be made for the antenatal clinic at either Broomfield Hospital, or the Midwife-led Units depending on where the patient is receiving her antenatal care.
(Refer to the guideline entitled 'Guideline for the administration of prophylactic anti D for rhesus negative women; register number 06065)

7.0 Antibodies

7.1 Patients should be screened for atypical red-cell allo-antibodies in early pregnancy and again at 28 weeks, regardless of their rhesus D status.
(Refer to the 'Guideline for the administration of prophylactic anti D for rhesus negative women'; register number 06065)

7.2 If the patient's antibodies are negative, the midwife should document the blood results in the patient's health care records at the 16-18 week antenatal visit.

7.3 If the patient has antibodies detected, the midwife receiving the blood results should contact the patient by telephone to inform her of the result, answer any questions and ensure that further blood tests are undertaken at regular intervals to monitor their levels (or titres). The reporting of the results to the woman should not exceed 72 working hours. The timeframe for actioning of the antibody results depends on the severity of the risk for haemolytic disease of the newborn as illustrated below in point 7.5 to 7.8.

7.5 The patient's unborn baby may need closer monitoring for iso-immunisation, an appointment should be made by the midwife for the next available obstetric consultant in antenatal clinic or to be reviewed by the obstetric registrar/consultant on call in the Day Assessment Unit; if the results indicates urgent assessment.

7.5 The anti-D antibody is the most likely to cause problems. It can cause rhesus disease in the baby. It can form if the maternal blood group is D negative and the baby's is D positive. The levels of antibody that are significant are as follows:

- Anti-D < 4.0 units/ml, low risk of fetus developing haemolytic disease of the newborn (HDN).
- 4 – 15 units/ml, moderate risk of fetus developing HDN
- above 15 units/ml, high risk of HDN

7.3 There are other antibodies that can arise and cause concern i.e. Anti-c ('little c')

- Anti-c <7.5 units/ml, low risk of fetus developing HDN
- 7.5-20 units/ml, moderate risk of fetus developing HDN
- >20 units/ml, high risk of fetus developing HDN

7.4 Anti-K (Kell) antibodies can cause haemolytic disease of the newborn. Anti-K is slightly different. The fetus may be affected regardless of titre. This antibody may cause anaemia by suppressing fetal erythropoiesis

7.5 For antibodies to other systems such as Kidd, Duffy and Ss, titres of >1 in 32 are significant and should still be monitored with the advised repeat blood tests.

7.6 Blood tests are repeated monthly until 28 weeks of pregnancy and then every 2 weeks until delivery, unless requested more frequently by the doctor. The midwife should ensure that the recommended action is documented on the printed blood report. The midwife should ensure that she/he completes the antibody action form in the antibody folder in the antenatal clinic midwife's office.

7.8 If antibody levels are rising, the midwife should ring the patient and discuss the result and formulate a plan of care for her i.e. an antenatal consultant appointment. If the antibody levels rise dramatically, consider an urgent review on Day Assessment Unit (DAU). Patients may need to be referred to a Fetal Medicine Unit to monitor for signs of fetal anaemia. The midwife should document all actions in the antibody folder in the antenatal clinic midwives office.

7.9 The midwife should document all conversations and actions on the printed blood report and in the patient's healthcare records.

7.10 Further advice or information is available by contacting blood transfusion on extension 4140.

7.11 The midwife should complete a neonatal alert form when the antibodies are identified and forward to the consultant paediatrician.

8.0 Microbiology High Vaginal swabs (HVS) and Mid Stream Urine Specimens (MSU)

8.1 Patients should be offered routine screening for asymptomatic bacteriuria by midstream urine culture early in pregnancy. Identification and treatment of asymptomatic bacteriuria reduces the risk of pyelonephritis.

8.3 When a MSU or HVS is taken, the health professional should ask the patient to ring the originator of the test to discuss the result and see if any action is needed. The result will take 3 – 4 days to be analysed.

8.4 If the result shows an infection, the midwife/GP should ensure that the patient informed and that a convenient time is arranged for the patient to collect a prescription or medication.

8.5 The midwife should document the test results, all conversations and actions in the patient's healthcare records.

9.0 Group B Streptococcus (GBS)

9.1 Refer to the guideline for the 'Prevention of Early Onset Neonatal GBS Disease'. (Register number 04292)

10.0 Rubella Status

10.1 Rubella susceptibility screening should be offered early in antenatal care to identify patients at risk of contracting rubella infection and to enable vaccination in the postnatal period for the protection of future pregnancies

10.2 If Rubella immune, the midwife should document the result in the patient's health care records.

10.3 If Rubella antibodies are not detected, the midwife should stamp with the healthcare records MMR vaccine required. Stamps are kept in Antenatal Clinic at Broomfield Hospital, William Julian Courtauld (based at St Michaels Hospital, Braintree) and St Peters Midwifery-led Units.

10.4 The healthcare records should be stamped on the partogram page, labour page and postnatal pages.
(Refer to the 'Guideline for the administration of the MMR vaccination postpartum' (for patients found to be non rubella immune). Register number 09012)

11.0 Treponema Pallidum (Syphilis)

11.1 Screening for syphilis should be offered to all pregnant patients at an early stage in their antenatal care. The treatment of syphilis is beneficial to the mother and baby.

11.2 If treponema pallidum antibodies are not detected inform the patient and then document the result in the patient's healthcare records

11.3 If antibodies are detected, the screening co-ordinator will be contacted by serology at Broomfield to repeat the blood test for confirmation of the antibodies. The screening co-

ordinator will discuss the result with the patient by telephone and then sign and file the pertinent report in the maternity healthcare records.

11.4 Requests for repeating inconclusive or unacceptable samples should be received by the laboratory within 10 working days.

11.5 Patients with a positive screening test should be contacted and have an appointment made to discuss the results within 10 working days of the result being available to the maternity services.

11.6 The Antenatal Newborn Screening Co-ordinator will arrange an urgent appointment with the Genito-urinary Medicine Clinic, where the second blood sample will be taken.

11.7 A second blood sample is required to confirm a syphilis positive result. Confirmation testing is carried out at the Sexually Transmitted Bacterial Reference Laboratory. Results should be available after 8 working days, as extra time is required transporting specimens and receiving results.

11.8 The Antenatal Newborn Screening Co-ordinator will arrange a Consultant Antenatal Clinic appointment at the next available clinic.
(Refer to the 'Guideline for the Management of Syphilis in Pregnancy'; register number 10083)

11.9 The Antenatal Newborn Screening Co-ordinator will complete a neonatal alert form and send to the consultant paediatrician.
(Refer to the 'Guideline for calling paediatric staff and obtaining paediatric referral'; register number 09113)

12.0 Hepatitis B (Hep B) and Human Immunodeficiency Virus (HIV)
(Refer to the 'Guideline for the management of HIV in pregnancy'; register number 08056, 'Guideline for the Management of Hepatitis B in pregnancy and the postnatal Period; register number 12004 and the 'Guideline for management of neonates born to HIV positive mothers'; register number 07056).

12.1 Serological screening for hepatitis B and HIV virus should be offered to pregnant patients so that effective postnatal interventions can be offered to infected patients to decrease the risk of mother-to-child transmission.

12.2 If no antibodies are detected the midwife should document the results in the patient's healthcare records.

12.3 All positive results are sent to the Antenatal Newborn Screening Co-ordinator at the Antenatal Clinic, Broomfield Hospital.

12.4 On receipt of the results, if antibodies are detected, the Antenatal Newborn Screening Co-ordinator will be contacted by serology at Broomfield Hospital to repeat the blood test for confirmation of the antibodies. The Antenatal Newborn Screening Co-ordinator will discuss the result with the patient by telephone and then sign and file the pertinent report in the maternity healthcare records.

12.5 Requests for repeating inconclusive or unacceptable samples should be received by the laboratory within 10 working days.

12.6 Patients with a positive screening test should be contacted and have an appointment made to discuss the results within 10 working days of the result being available to the maternity services.

12.7 When a positive confirmatory blood test for Hepatitis B or HIV is received for a patient, a consultant appointment should be offered and arranged for the next available clinic.

12.8 The patient's named midwife should be informed to provide additional support for the patient
(Refer to Appendix B)

12.9 A paediatric referral form should be completed on identification of positive result
(Refer to the 'Guideline for calling paediatric staff and obtaining paediatric referral'. Register number 09113)

13.0 Haemoglobinopathies

13.1 Screening for sickle cell diseases and thalassaemias should be offered to all patients as early as possible in pregnancy (ideally by 8 -10 weeks). A Family Origin Questionnaire (FOQ) should be completed and the top copy sent with the booking blood request forms.

13.2 If results are normal the midwife should document the results in the patient's healthcare records.

13.3 If the result shows a haemoglobin gene variant, the results are sent to the screening co-ordinator midwife in antenatal clinic, by Email or contact by telephone on 01245 513433.

13.4 The screening coordinator will contact the patient as soon as possible to arrange partner testing, if required and pre-natal diagnosis if applicable. Results and counselling should be available within 5 days of a prenatal diagnosis.
(Refer to the 'Guideline for the management of haemoglobinopathies, thrombocytopenia (low platelets) and Von Villebrands disease in pregnancy and labour'. Register number 08041)

13.5 When a patient is identified as positive, a consultant appointment should be offered and arranged for the next available clinic.

13.6 The screening coordinator will refer the patient to the haemoglobinopathy specialist nurse, at Thurrock.

13.5 The patient's named midwife should be informed by the Antenatal Newborn Screening Co-ordinator regarding the test results; to provide additional support for the patient.
(Refer to Appendix C)

13.6 A paediatric referral form should be completed on identification of positive result
(Refer to the 'Guideline for calling paediatric staff and obtaining paediatric referral'. Register number 09113)

14.0 Glucose Tolerance Test (GTT)

14.1 See Maternity Care Guidelines for patients who require a GTT.

14.2 If results are normal sign and file results in the patient's health care records.

14.3 A result of **<7.0mmol/L at fasting and > 7.8 – 11.0mmol/L** post glucose = Impaired Glucose Tolerance Test

14.4 A result of **>6.9mmol/L at fasting and > 11.0mmol/L** at 2 hours post glucose = Diabetes Mellitus

14.5 Refer all increased GTT results immediately to the diabetic centre on extension 6371/4388/4748 who will arrange a combined diabetic/antenatal clinic appointment on a Friday morning in the antenatal clinic at Broomfield.

14.6 The healthcare professional will discuss the result with the patient by telephone and document any action on the report. The printed report should then be signed and filed in the main healthcare records.
(Refer to the 'Guideline for the management of diabetes in pregnancy'. Register number 04266)

15.0 Chlamydia Trachomatis

15.1 At the booking appointment, healthcare professionals should inform pregnant patients younger than 25 years about the high prevalence of chlamydia infection in their age group, and give details of their local National Chlamydia Screening Programme.

15.2 A self testing kit is available from the midwife or antenatal clinic, encourage patients to undertake the test at the same time as the booking appointment.

15.3 A positive test result is sent directly to the Chlamydia screening team. The team will action the appropriate treatment.

16.0 Ultrasound Scanning

16.1 Ultrasound scans should be offered and arranged as follows

- Dating: 11+2 weeks – 14+1 weeks gestation
- Structural anomalies: normally between 18weeks 0 days and 20 weeks 6 days

16.2 If anomalies are identified on scan, the ultrasonographer will immediately refer the patient to the lead midwife for antenatal and newborn screening
(Refer to guideline for antenatal screening for Downs Syndrome Register Number 08058 and Referral to tertiary unit for suspected fetal abnormality Register number 06035)

16.3 If a low lying placenta or a placenta which extends across the internal cervical os is detected, the ultrasonographer should offer and arrange a repeat scan at 36 weeks gestation

16.4 At the next antenatal appointment following the ultrasound scan, the healthcare professional should review the scan result, document any abnormal findings, and the plan of care.

17.0 Staffing and Training

17.1 All midwifery and obstetric staff must attend yearly statutory training which includes skills and drills training.

17.2 All midwifery and obstetric staff are to ensure that their knowledge and skills are

up-to-date in order to complete their portfolio for appraisal.

18.0 Infection Prevention

18.1 All staff should follow Trust guidelines on infection prevention by ensuring that they effectively 'decontaminate their hands' before and after each procedure.

18.2 All staff should ensure that they follow Trust guidelines on infection control, using Aseptic Non-Touch Technique (ANTT) when carrying out procedures i.e. when obtaining blood samples.

19.0 Audit and Monitoring

19.1 Audit of compliance with this guideline will be undertaken on an annual audit basis in accordance with the Clinical Audit Strategy and Policy, the Maternity annual audit work plan and the NHSLA/CNST requirements. The Audit Lead in liaison with the Risk Management Group will identify a lead for the audit.

19.2 As a minimum the following specific requirements will be monitored:

- Designated lead for antenatal screening in the maternity service
- Antenatal screening tests, which follow the UK National Screening Committee guidance
- System for ensuring that appropriate tests are undertaken within appropriate timescales
- System for ensuring that appropriate tests are undertaken when patients book late
- Process for the review of the results
- Process for reporting all results to patients
- Process for reporting results to other relevant healthcare professionals
- Process for ensuring that women with screen positive test results are referred and managed within appropriate timescales
- Maternity service's expectations for staff training, as identified in the training needs analysis
- Process for audit, multidisciplinary review of results and subsequent monitoring of action plans

19.3 A review of a suitable sample will be audited from the health care records of patients who have delivered process for the review of the results to evidence the process for ensuring that patients with screen positive test results are referred and managed within appropriate timescales.

19.4 A minimum compliance 75% is required for each requirement. Where concerns are identified more frequent audit will be undertaken.

19.5 The findings of the audit will be reported to and approved by the Maternity Risk Management Group (MRMG) and an action plan with named leads and timescales will be developed to address any identified deficiencies. Performance against the action plan will be monitored by this group at subsequent meetings.

19.6 The audit report will be reported to the monthly Women's, Children's and Sexual Health

Directorate Governance Meeting (DGM) and significant concerns relating to compliance will be entered on the local Risk Assurance Framework.

19.7 Key findings and learning points from the audit will be submitted to the Patient Safety Group within the integrated learning report.

19.8 Key findings and learning points will be disseminated to relevant staff.

20.0 Guideline Management

20.1 As an integral part of the knowledge, skills framework, staff are appraised annually to ensure competency in computer skills and the ability to access the current approved guidelines via the Trust's intranet site.

20.2 Quarterly memos are sent to line managers to disseminate to their staff the most currently approved guidelines available via the intranet and clinical guideline folders, located in each designated clinical area.

20.3 Guideline monitors have been nominated to each clinical area to ensure a system whereby obsolete guidelines are archived and newly approved guidelines are now downloaded from the intranet and filed appropriately in the guideline folders. 'Spot checks' are performed on all clinical guidelines quarterly.

20.4 Quarterly Clinical Practices group meetings are held to discuss 'guidelines'. During this meeting the practice development midwife can highlight any areas for further training; possibly involving 'workshops' or to be included in future 'skills and drills' mandatory training sessions.

21.0 Communication

21.1 A quarterly 'maternity newsletter' is issued and available to all staff including an update on the latest 'guidelines' information such as a list of newly approved guidelines for staff to acknowledge and familiarise themselves with and practice accordingly.

21.2 Approved guidelines are published monthly in the Trust's Focus Magazine that is sent via email to all staff.

21.3 Approved guidelines will be disseminated to appropriate staff quarterly via email.

21.4 Regular memos are posted on the guideline notice boards in each clinical area to notify staff of the latest revised guidelines and how to access guidelines via the intranet or clinical guideline folders.

22.0 References

UK National Screening Committee. NHS Fetal Anomaly Programme. Screening for Down`s syndrome : UK NSC Policy recommendations 2011 – 2014 Model of Best Practice.

UK National Screening Committee (2011) Screening tests for you and your baby.

UK National Screening Committee : Infectious Diseases in Pregnancy : Programme Standards 2010.

National Institute for Clinical Excellence (2008) Antenatal care, Routine care for the healthy pregnant woman

Appendix A

Letter to Indicate Repeat Blood Test is Required

Mid Essex Hospital Services NHS
NHS Trust

Antenatal Clinic
Broomfield Hospital
Court Road
Chelmsford
Essex
CM1 7ET
Tel: 01245-513289

Date:

Dear

The results of your recent blood test taken on ……, show that the test needs repeating ……

Please take the enclosed blood forms to Broomfield Phlebotomy Department (Blood tests) Zone A (110)
Monday to Friday 08:00 – 16:45 (Walk-In patients)
Monday to Friday 07:00 – 16:30 (Appointments)
Appointment line N°: 01245 516963 (Mon-Fri 9-5)

Yours sincerely,

Midwife
Antenatal Clinic

Appendix B

Mid Essex Hospital Services NHS
NHS Trust

Antenatal and Newborn Screening Coordinator,

Broomfield Antenatal Clinic,

Chelmsford,

Essex. CM1 7ET

Tel: 01245 513433

High Risk Result

Name…… **Hospital No……..**

Date of Birth…… **NHS No……**

Consultant…… **Date…..……..**

The result of the booking blood test has screened positive for:

- **HIV**
- **Hepatitis B**
- **Syphillis**

The above patient has been contacted and the results have been explained to her.

A consultant antenatal clinic appointment has been arranged for:

……

A referral has been made to:

- **Sexual Health**
- **HIV specialist nurse**

A neonatal alert form has/has not been sent

Signed

Date

Appendix C

Mid Essex Hospital Services NHS
NHS Trust

Antenatal and Newborn Screening Coordinator,

Broomfield Antenatal Clinic,

Chelmsford,

Essex. CM1 7ET

Tel: 01245 513433

Haemoglobinopathy

Carrier/Affected Status

Name…… **Hospital No……..**

Date of Birth…… **NHS No……**

Consultant…… **Date…..……..**

The result of the booking blood test has screened a haemoglobinopathy carrier/affected status for

……..

The above has been contacted and the results have been explained to her.

Partner testing has/has not been arranged

A referral has been made to

- **Tertiary Unit for prenatal diagnosis**
- **Haemoglobinopathy specialist nurse At Thurrock**
- **Consultant obstetrician appointment**

A neonatal alert form has/has not been sent

Signed

Date