# Fetal Anomaly Screening Programme care pathway: fetal anomaly ultrasound scan: checks and audits to improve quality and reduce risks

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| What  This is what we recommend you do | Why  These are the reasons we are recommending this | How  This is how you might do this | When  This is how often we recommend you undertake the action/check | In addition to failsafe |
| **Identify the eligible population:** have systems in place to:   * record all pregnant women booking for antenatal care * collect and submit data for FASP coverage Key Performance Indicators (KPIs) | To make sure the eligible population are offered an opportunity to make an informed decision about screening.  To make sure that those who choose to accept the offer of screening complete screening within the correct timeframes.  We have evidence from screening safety incidents of:   * women who are not offered screening * screening not undertaken or completed where women have accepted the offer * use of quarterly KPIs as a failsafe- this does not allow for timely checks | Have systems in place to:  Maintain an accurate record of  eligible population which includes:   * all women booking for maternity care * date of completion of the ultrasound scan * follow up of women who did not attend appointments * cross reference bookings and radiology systems, to make sure women not accounted for can be followed up * track all women through the system to a screening outcome | Weekly | Submit data on KPI  FA2 (standard 2: ultrasound coverage) to the NHS screening programmes **quarterly** |
| Provider response: this row for you to enter results or summarise whether you have these checks in place or not and if not to identify gaps and develop an action plan | | | | |

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| **Provide information and offer screening**; have systems in place to:   * record that each woman is given the NHS Screening Programmes booklet “screening tests for you and your baby” (STFYAYB) | To support personalised informed choice. We have anecdotal evidence that:  • the limitations of screening are not always communicated and/or understood for example screening is not 100% and is not diagnostic  • Women feel that screening is compulsory rather than optional | Record STFYAYB given and discussed in the maternity notes/system  It is advisable to engage IT teams from maternity and radiology if systems not already in place | Date that `Screening tests for you and your baby` is given to woman. | Audit that the booklet was given evidenced by records in the maternity notes/system **annually** |
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| **For women accepting the 18+0 to 20+6 week fetal anomaly ultrasound scan:**    • ultrasound images should be captured, stored and archived on an electronic reporting system as per 18+0 to 20+6 FASP ultrasound scan base menu  • offer single repeat scan by 23+0 weeks of pregnancy  where the image quality of the first scan was compromised by:  • increased maternal body mass index (BMI)  • uterine fibroids  • abdominal scarring  • sub-optimal fetal position | We have evidence from screening safety incidents of:   * screening not undertaken or completed where women have accepted the offer | Have systems in place to:   * maintain a record of women`s decisions to accept or decline 18+0 to 20+6 week fetal anomaly ultrasound scan * for women who have accepted the 18+0 to 20+6 week fetal anomaly ultrasound scan, cross reference with radiology systems to make sure a completed screening result is reported * maintain a record of women who required a single further scan to complete screening where the image quality of the first scan was compromised by: * increased BMI * uterine fibroids * abdominal scarring * sub-optimal fetal position * maintain a record of women for whom the 18+0 to 20+6 week fetal anomaly ultrasound scan could not be completed * check attendance at the 18+0 to 20+6 week fetal anomaly ultrasound scan   appointments and follow up DNA`s  It is advisable to engage IT teams from maternity and radiology if systems not already in place | Weekly | Submit data on KPI  FA2 (standard 2: ultrasound coverage) to the NHS screening programmes **quarterly**  Submit data on Standard 4: test performance (18+0 to 20+6 fetal anomaly ultrasound) to the NHS screening programmes **annually (collected and submitted by NCARDRS)**  Audit that women who accepted the 18+0 to 20+6 week fetal anomaly ultrasound attended the appointment; evidenced by records in the maternity notes/system **annually** |
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| **No abnormality suspected/detected:**  have systems in place to make sure :   * results are documented in the maternity records * communicated to women | Women are entitled to their test results  We have evidence that women accept screening tests but:   * screening is not completed | Check that all women who chose to have screening are tested; record results and match against the eligible population |  | Audit that results are recorded in the maternity notes/system  **annually** |
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| **Fetal anomaly suspected/detected**; have systems in place to **either**:   * refer women to an obstetric ultrasound specialist locally for ongoing investigation and care (as clinically appropriate as per local pathway) (standard 8a)   **or**   * refer women to a tertiary fetal medicine centre for further investigation and care (as clinically appropriate as per local pathway) (standard 8b) | We have evidence from screening safety incidents of:   * women with confirmed or suspected anomalies not being appropriately referred within the correct timescales | Have systems in place to:   * maintain a record of local referrals * maintain a record of tertiary referrals * report scan results to NCARDRS | ?weekly | Submit data on standard 8 (a, b): time to intervention (18+0 to 20+6 fetal anomaly ultrasound) to the NHS screening programmes **annually**  Where referral times are not met, audit and identify areas for improvement **annually** |
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| **Diagnostic testing;**  **accepted or declined;**  Have systems in place to:   * make sure for those women who accept Prenatal Diagnosis (PND), that an appointment is made * record results and outcomes of women that have had PND * follow up at birth and offer NIPE for those women who declined PND | To ensure timely intervention for women at higher chance having a baby with one of the conditions screened for | **(Accept PND)**  Have systems in place to:   * record and confirm attendance at appointment for women who accept PND * check that all women who want the test are tested * record PND result * record results and match against the eligible population   **(Decline PND)** Have systems in place to:   * record women who decline PND * follow up at birth and offer NIPE | Weekly | Audit that the woman`s choice to accept or decline PND is recorded in the maternity notes/system  **annually** |
| **Fetal anomaly confirmed;** have systems in place to:   * offer and support women who choose termination of pregnancy (TOP) * support women who choose to continue with their pregnancy | To ensure informed choice; we have anecdotal evidence that the information, support and services that women receive when choosing to end or continue their pregnancy is not always individualised. | Have systems in place to:   * refer for termination of pregnancy and provide support * support ongoing pregnancies * record pregnancy outcome * report test results and pregnancy outcome to NCARDRS | Weekly |  |
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