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NHS Worcestershire Acute Hospitals NHS Trust

WOMEN AND CHILDRENS DIVISION

Title: Standard Operating Procedure (SoP) for Antenatal Screening and Ultrasound in Pregnancy in the Evolving Covid-19 Pandemic (includes Fetal Medicine Advice)
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Approved by:
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Target Organisation: Worcestershire Acute Hospitals NHS Trust
Target Departments: Antenatal Clinics
Target Staff Categories: Midwives, Maternity Support Workers, Consultant Obstetricians & Gynaecologists.

SOP Purpose
To ensure the correct and proper procedure is followed when caring for women attending for Antenatal Screening and Ultrasound in pregnancy.

Date	**Amendment**	**By Whom**
06.04.2020	Schedule of growth scans amended in response to NHSE guidance Appendix G; Guidance for maternity services regarding fetal growth surveillance and management during Covid 19 pandemic	Justine Jeffery

1.0 Introduction

There are 3 antenatal screening programmes:

- Sickle cell and thalassaemia (SCT)
- Infectious diseases in pregnancy screening(IDPS)
- Fetal anomaly screening (FASP)

All of the above are time critical and will continue to be provided until such time that the service cannot support. This SoP provides some nationally agreed changes that can be adapted to the fetal anomaly pathway. The Antenatal Screening Team and Fetal Medicine Lead will review scheduled scans each week and postpone where appropriate.

2.0 Assessment of women presenting for screening and/or scanning

All women should be asked to attend alone if possible, if women require additional support (i.e. a carer) this person may attend if they are symptom free. Information will be provided to all newly pregnant women alongside their appointment details. Those already booked will be contacted separately by staff who must confirm that all women are well at time of attendance.

2.1 Screening for possible coronavirus infection

All women should be initially screened before entering the department to see if they have symptoms that are suggestive of COVID-19, or if they meet current ‘stay at home’ guidance. If a woman currently meets ‘stay at home’ guidance the appointment should be rebooked after the isolation period ends:

- Symptomatic women: rebook after 7 days from when symptoms started.
- Living with others who have symptoms of coronavirus: rebook after 14 days (all household members must stay at home for the duration).

2.2 Rebooking appointments

Rebooking of appointments (blood tests and/or scans), should take place at the time of the cancellation and the woman should be informed of their new appointment.

NB: Appointments should not be cancelled without an alternative appointment having been made.

The woman should be informed that if she remains symptomatic or develops symptoms she must **not** attend her appointment; instead she should phone the Antenatal Clinic for advice.

NB: Women self- isolating who require an urgent scan will need to be scanned on Meadow Birth Centre (MBC) on a case by case basis agreed by a fetal medicine consultant.

2.3 DNA

The local DNA policy must be followed if women do not attend.

3.0 Fetal anomaly screening where appointments are rearranged

3.1 Women who decline screening

Book a dating scan and/or anomaly scan.

3.2 Women who wish to have screening for trisomy 21, 18 and 13 but have missed combined screening (11^{+2} - 14^{+1} weeks)

If seen at:

- 14^{+2} to17^{+6} perform a dating scan and offer quadruple screening for trisomy 21. Use head circumference (HC) for the quadruple test.
- 18^{+0} to 20^{+0} perform anomaly scan and offer quadruple screening for trisomy 21. Use head circumference (HC) for the quadruple test.
- 20^{+1} to 23^{+0} perform anomaly scan only. The anomaly scan is the screening test for trisomy 18 and 13 in this instance.

3.3 Anomaly scan

The screening window is 18^{+0} to 23^{+0}.

If indicated, refer to Fetal Medicine in line with FASP guidelines.

If gestation is $\geq 23^{+1}$, perform full clinical ultrasound examination of the fetus irrespective of gestational age and if indicated refer as per local guidelines.

3.4 Fetal medicine

Fetal medicine to continue as planned; however fetal echoes for history only may be postponed until 22/40.

Follow up fetal medicine scans in cases of known anomaly may be postponed on a case by case basis following discussion with the Consultant

Preterm Clinic to proceed as planned.

4.0 Modifications for services

4.1 Capacity

The current advice is to continue with usual national screening programmes as specified for as long as possible. **If the service is only able to provide a single scan, it is recommended that this is performed at 18^{+0} to 20^{+0} weeks with the option of the quadruple test for women who wish to be screened for trisomy 21.** The anomaly scan is the screening test for trisomy 18 and 13 in this instance.

If we are not able to provide the normal schedule of screening the teams will be informed as part of the daily briefing and the above will be enacted. Until that point in time normal service should continue, to include offering a repeat Nuchal scan had the initial measurement not been possible owing to fetal position.

4.2 Staffing numbers

Daily discussions have been scheduled with the Divisional Management Team with oversight of the pathway to review service provision. In the event that there is insufficient staff to provide the service, scans will be prioritised in the following order:

- Anomaly scan (18^{+0} - 23^{+0} weeks)
- Ultrasound +/- screening (11^{+2} - 14^{+1} weeks)
- Growth scans

If, for any reason, an ultrasound examination is not possible the quadruple test can be offered between 14^{+2} to 20^{+0} weeks based on the Last Menstrual Period (LMP).

Although the performance of the quadruple test with scan measurements is marginally better than without a scan, quadruple testing using LMP remains an acceptable screening test in this instance.

If we are not able to provide the normal schedule of screening the teams will be informed as part of the daily briefing and the above will be enacted.

4.3 Fetal Medicine

Consultants will arrange cross cover and consider telephone conferencing if required to ensure MDT meetings continues.

4.4 Additional measures

Triage growth scans

To reduce the workload to the ultrasound screening service it has been agreed that:

- Uterine artery Doppler pilot will be postponed.
- Serial scans will be rationalised as outlined in Table 1 (Appendix 1)Placental site location should be delayed up to 36 weeks as required.
- Twin assessment should continue per protocol.
- Women with diabetes should have scans as outlined in Table 2 (Appendix 2) wh.

5.0 Probe cleaning

Please esnure that you clean the ultrasound probes between each patient with the Clinell “green" wipes as follow:

- Wipe the probe using one wipe, then using another wipe, wipe the probes cable.
- Put another wipe around the probe and leave it on the probe for at least 60 seconds, while writing report etc. (to be able to successfully remove the spores, the probe needs to be covered by a wet Clinell wipe for at least 60 seconds between patients).
- Scan machine control panel and computer key boards should be cleaned using the wipes also between each woman. (The touch screen panels on the new scan machines however **should not be** wiped with the Clinell wipes as it will leave residual, which will make the screen less affective and not as clear).
- Strict hand hygiene and use gloves when scanning.

6.0 Personal Protective Equipment (PPE)

PPE should be worn in accordance with advice from PHE. Staff are required to wear surgical mask with visor or a separate surgical mask with eye protection (goggles or separate visor) with gloves and a plastic apron. Staff do not require FFP3 mask.

References:

RCOG (2020) Guidance for antenatal screening and ultrasound in pregnancy in the evolving coronavirus (COVID-19) pandemic. Version 1, 2020. RCOG.

RCOG (2020) Guidance for fetal medicine units in evolving coronavirus (Covid 19) pandemic. Version 1, 2020 RCOG.

Appendix 1

Table 1: Suggested pathways for women at risk of fetal growth disorders to reduce demand on USS resources during the COVID-19 pandemic

Workforce availability (FTE)	Uterine artery Doppler at anomaly scan for fetal growth risk assessment*	Ultrasound surveillance for growth: moderate risk category	Ultrasound surveillance for growth: high risk category	Change to management for those with normal growth
Able to provide normal service	As per local/national guidance (see RCOG Green-top Guideline 31 and SBLCBv2).	As per local/national guidance (see RCOG Green-top Guideline 31 and SBLCBv2).	As per local/national guidance (see RCOG Green-top Guideline 31 and SBLCBv2).	As per local/national guidance (see RCOG Green-top Guideline 31 and SBLCBv2).
Reduced service (>50% still working) (Phase 1)	Provide where possible in high-risk group, at time of anomaly scan. If normal, manage as moderate risk; if abnormal, continue on high-risk pathway.	Aim for 2 USS in third trimester: 30-32 weeks and 36-37 weeks is suggested.	USS from 28 weeks, every 4 weeks until delivery.	Timing of delivery to be determined by indication for growth scan: eg maternal age ≥40 years IOL at 40 weeks
Minimal service (<50% still working) (Phase 2)	Provide where possible in high-risk group, at time of anomaly scan. If normal, manage as moderate risk; if abnormal, continue on high-risk pathway.	Aim for 1 USS in third trimester: 36 weeks is suggested.	Aim for 2 USS in third trimester: 30 and 36 weeks is suggested.	Consider IOL at 38-39 weeks in moderate-risk category and 37-38 weeks in high-risk category**

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Appendix 2

Table 2 Suggested surveillance pathways for women with diabetes or multiple pregnancy to reduce demand on USS resources during the COVID-19 pandemic

Workforce availability (FTE)	Gestational diabetes	Pre-existing diabetes (Type 1 and type 2)	DCDA twins*	MCDA twins*
Able to provide normal service	As per local/national guidance (see RCOG Green-top Guideline 31 and SBLCBv2).	As per local/national guidance (see RCOG Green-top Guideline 31 and SBLCBv2).	As per local/national guidance (see RCOG Green-top Guideline 31 and SBLCBv2).	As per local/national guidance (see RCOG Green-top Guideline 31 and SBLCBv2).
Reduced service (>50% still working) (Phase 1)	USS at 36 weeks to help plan delivery	Good glycaemic control: 28 and 36 weeks Poor glycaemic control: 28, 32, 36 weeks	Aim for 3 USS in third trimester: 28, 32 and 36 weeks is suggested.	USS at 16, 18, 20, 22, 26, 30, 34 weeks
Minimal service (<50% still working) (Phase 2)	USS at 36 weeks to help plan delivery	Good glycaemic control: 36 weeks Poor glycaemic control: 30 and 36 weeks	Aim for USS at 32 weeks**	USS at 19, 23 and 32 weeks**

*DCDA: dichorionic diamniotic twins; MCDA: monochorionic diamniotic twins.

**In women with multiple pregnancies aiming for vaginal birth where a USS has not been performed near to delivery, a presentation scan should be performed on admission in labour.