

JSNA Blackpool

Joint Strategic Needs Assessment

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Antenatal and newborn screening



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Introduction

Antenatal and newborn screening programmes are an important element of high quality maternity care and are in place to detect a range of conditions, which might increase disability if not identified early in the antenatal or neonatal period.

The antenatal and newborn screening [timeline](#) offers a visual reference to optimum times for NHS antenatal and newborn screening tests to take place.

Antenatal screening

The [NHS Infectious Diseases in Pregnancy Screening \(IDPS\) Programme](#) recommends screening to all pregnant women for hepatitis B, HIV and syphilis. Currently, all eligible women in England should be offered screening for infections in pregnancy that can significantly reduce the risk of vertical transmission from mother to child.

- HIV weakens the immune system making it difficult to fight off infections. It can eventually lead to AIDS (acquired immune deficiency syndrome). Treatment in pregnancy greatly reduces the risk of passing on HIV to the baby from 1 in 4 (25%) to less than 1 in 200 (0.5%).
- Hepatitis B affects the liver and can cause acute (immediate) and chronic (long-term) ill health. Specialist care is needed for pregnant women with hepatitis B. Vaccination of the baby in the first year of life greatly reduces the risk of the baby developing hepatitis B.
- Syphilis is an infection passed on through sexual contact. It can be passed from mother to baby during pregnancy. If it is untreated, it can result in serious health problems for the baby or cause miscarriage or stillbirth.

The [NHS Sickle Cell and Thalassaemia \(SCT\) screening programme](#) identifies people who are genetic carriers for sickle cell, thalassaemia and other haemoglobin disorders. If 2 people who are carriers have a baby together, there is an increased risk that their baby could inherit a haemoglobin disorder. Screening for SCT is offered to all pregnant women. It is also offered to the baby's biological father if the mother is found to be a carrier of or have a sickle cell or thalassaemia condition¹.

The [NHS fetal anomaly screening programme \(FASP\)](#) offers screening for fetal anomalies, Down's, Edwards' and Patau's syndromes. The combined test involves a blood test and an ultrasound scan. All women in England are offered screening for Down's syndrome using this test. Screening for Patau's and Edwards' syndromes using the combined test started in 2015 and is now available across England².

Newborn screening

The [NHS newborn blood spot \(NBS\) screening programme](#) offers blood spot screening, also known as the heel prick test to find out if a baby has one of nine rare but serious health conditions. Most babies screened won't have any of these conditions but, for the few who do, early treatment can improve their health and prevent severe disability, and even death³.

- Sickle cell disease
- Cystic fibrosis
- Congenital hypothyroidism
- 6 inherited metabolic diseases

The **NHS newborn hearing screening programme (NHSP)** aims to identify moderate, severe and profound deafness and hearing impairment in newborn babies. Early identification of hearing impairment gives children a better chance of developing speech and language skills, and of making the most of social and emotional interaction from an early age

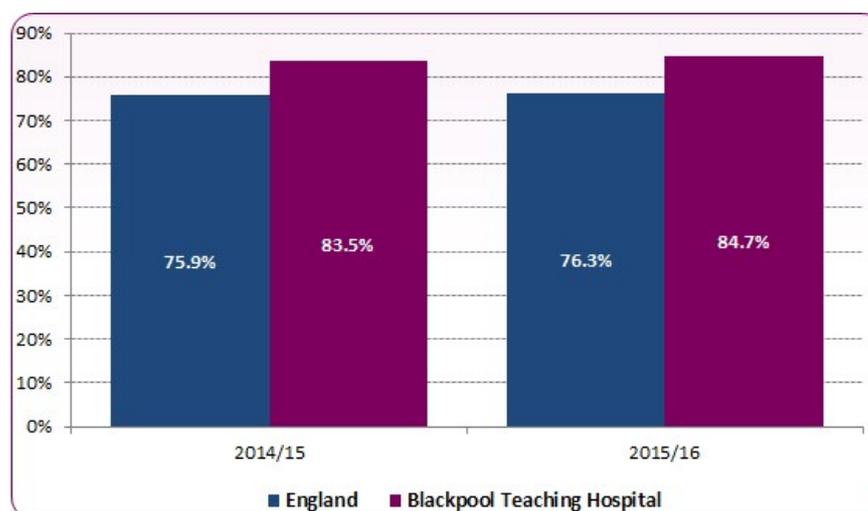
The **NHS newborn and infant physical examination (NIPE)** includes specific screening tests to find out if your baby has any problems with their eyes, heart, hips and, in boys, the testicles (testes). NIPE screens newborn babies within 72 hours of birth, and then once again between 6 to 8 weeks.

Facts and figures

Data on antenatal screening programmes is at maternity unit level; that is, for all women who attend Blackpool Hospitals, not just for Blackpool residents. NICE guidance⁴ covers the care that healthy women and their babies should be offered during pregnancy and aims to ensure that pregnant women are offered regular check-ups, information and support. An indicator of care is the proportion of women who receive antenatal assessment before 13 weeks gestation (**Figures 1**). **Figure 2** shows all antenatal assessment by length of gestation.

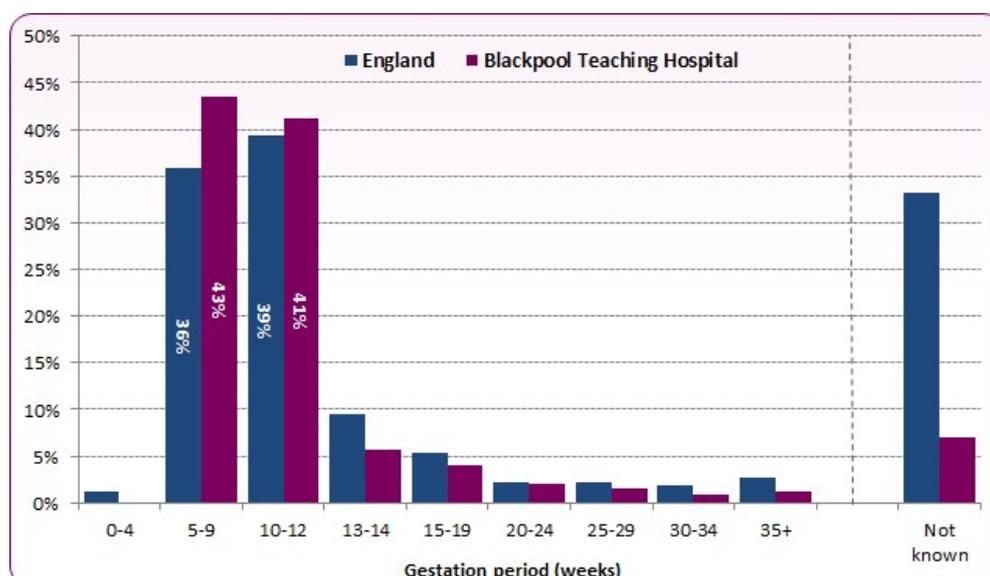
- 2,351 (84.7%) of women attending Blackpool Teaching Hospital received their antenatal assessment before 13 weeks gestation
- This is significantly higher than the national average of 76.3%

Figure 1: Proportion of women who have an antenatal assessment before 13 weeks gestation, England and Blackpool Teaching Hospital, 2014/15 and 2015/16



Source: NHS Digital, Hospital Maternity Activity, 2015-16

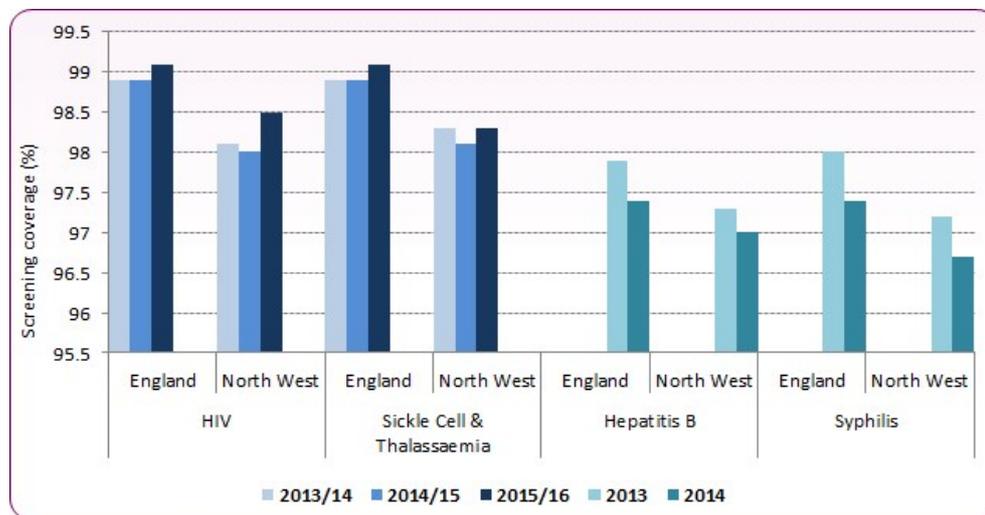
Figure 2: Antenatal assessment by gestation, England and Blackpool Teaching Hospital, 2015/16



Source: NHS Digital, Hospital Maternity Activity, 2015-16

Public Health England (PHE) publish data at regional and national level for HIV, sickle cell and thalassaemia, Hepatitis B and Syphilis screening coverage. **Figure 3** shows screening uptake for all four conditions is generally lower in the North West than across England, though coverage is consistently above the 95% acceptable standard.

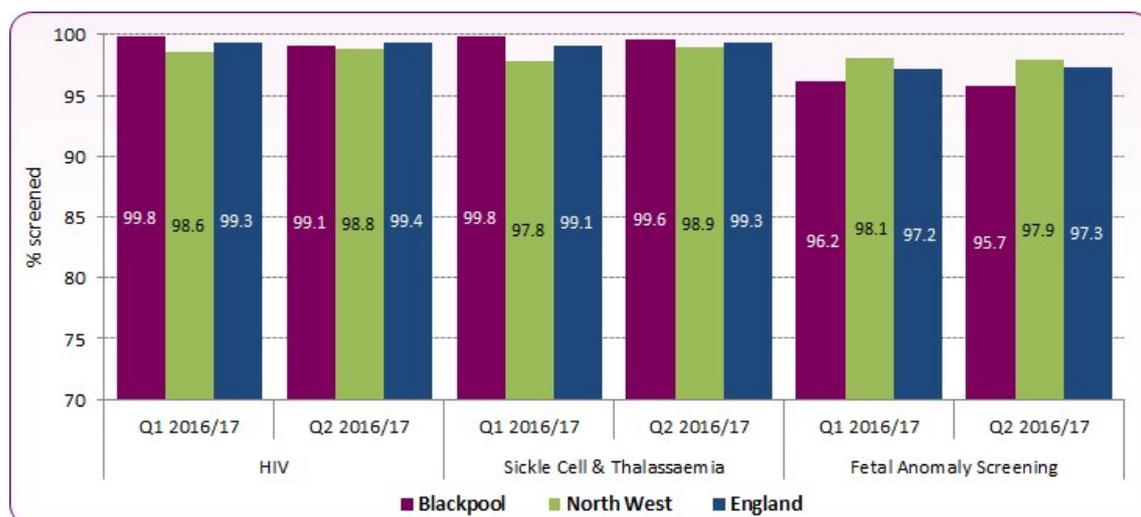
Figure 3: Antenatal screening coverage - HIV, Hep B, Syphilis, England and the North West



Source: PHE, Public Health Outcomes Framework, Indicator 2.20

Blackpool Teaching Hospitals antenatal screening coverage for HIV infection and sickle cell and thalassaemia is consistently high and above the national target level of 95% (Figure 4). While fetal anomaly screening (the completion of laboratory request forms) is not significantly different to national averages, it is slightly lower than the 97% target level.

Figure 4: Infectious Diseases in Pregnancy Screening - HIV, Sickle Cell and Thalassaemia and Fetal Anomaly screening. Q1 and Q2 2016/17, Blackpool Teaching Hospitals, the North West and England

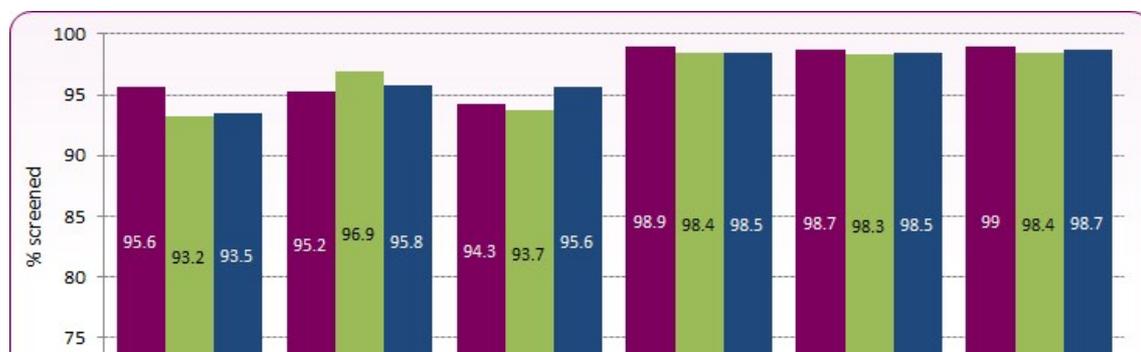


Source: NHS screening programmes: KPI reports and briefings 2016 to 2017

Newborn screening indicators provide an opportunity to track and monitor uptake levels of a variety of screening programmes that have a significant impact on the health and well-being of the population. Data from PHE (Figure 5) shows the proportion of Blackpool babies who have their blood spot result recorded on the child health information system (CHIS) by 17 days of age has been consistently around the 95% target for the last three years. Coverage of newborn hearing screening has been consistently above the 97% target locally and nationally.

Figure 6 shows the proportion of babies in Blackpool receiving the newborn physical examination screening has been higher than the national average and above the 95% target for screening for the first two quarters of 2016/17.

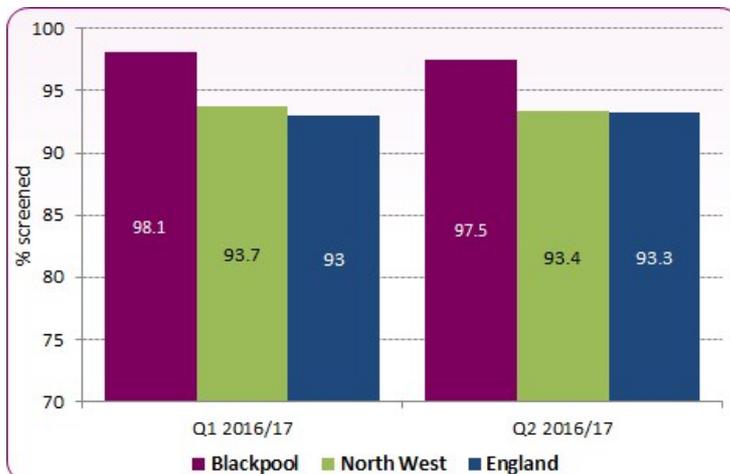
Figure 5: Trend in coverage of newborn blood spot screening and newborn hearing screening (%), Blackpool, the North West and England





Source: PHE, Public Health Outcomes Framework, Indicator 2.20

Figure 6: Newborn physical examination screening - % who are tested for all 4 components (3 components in female infants) within 72 hours of birth



Source: NHS screening programmes: KPI reports and briefings 2016 to 2017

Strategies and Guidance

NICE guideline [CG62] [Antenatal care for uncomplicated pregnancies](#) (January 2017) covers the care that healthy women and their babies should be offered during pregnancy

NICE quality standard [QS65] [Hepatitis B](#) (July 2014) covers testing, diagnosis and management of hepatitis B in children (from birth), young people and adults.

PHE Screening [BLOGs](#) provide up to date news from all NHS screening programmes

[1] PHE Screening, [Sickle cell and thalassaemia screening: fathers matter](#), March 2017

[2] NHS Choices, [Screening for Down's, Edwards' and Patau's syndromes](#)

[3] NHS Choices, [Newborn blood spot test](#)

[4] NICE guideline [CG62] [Antenatal care for uncomplicated pregnancies](#) (January 2017)

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