

Consent for Antenatal Screening for Down's Syndrome / Edwards Syndrome / Patau Syndrome

Screening Test

The screening test aims to identify women who have a higher chance of having a baby affected with Down's Syndrome, Edwards Syndrome or Patau Syndrome. Although it will not give a definite answer, it will highlight most of the babies that have an increased chance of having one of these syndromes.

Your Midwife will discuss these conditions with you. You can also find more information about these conditions in the **'Screening tests for you and your baby'** booklet you received when you had your first appointment with your Midwife. If you do not have a copy of this booklet or have lost it, please ask your Midwife or at the Antenatal Clinic (at the hospital) for another copy. If you would like to discuss these conditions or the screening test further, please contact our **Screening Midwives on 01270 273775**.

Combined Screening

(Scan and Blood Test from 11 to 14 weeks)

Combined screening is now offered to all women booking at the Mid Cheshire Hospital NHS Foundation Trust. This testing is offered at the time of the dating scan.

What is involved?

The test combines a Nuchal Translucency (NT) scan and a blood test. An NT scan measures the nuchal translucency (fluid at the back of the neck) on your baby. The blood test taken at the time of the scan is to measure the levels of two pregnancy hormones in your blood. The measurement from the NT scan and your blood results, combined with your age, weight and stage of pregnancy are entered into a computer programme and your individual chance of having a baby with Down's or Edwards / Patau Syndrome is calculated. **If you are further on in your pregnancy or we are unable to measure the NT, we can offer you an alternative blood test only called quadruple testing up to 20 weeks of pregnancy. We are unable to screen for Edwards or Patau syndrome with this test. We will screen for these conditions via scanning. This is done at your 18-20+6 week scan.**

The cut-off for offering further testing is 1 in 150 which is recommended by the UK National Screening Committee and the Fetal Medicine Foundation. This means if the likelihood of your baby having one of the conditions is 1 in 150 or higher (e.g. 1 in 100) this is classed as an increased chance.

Do I have to have the test?

No – It is completely your decision whether you would like to have the test.

You may decide that you do not want to test for all the conditions. You have a choice whether you would accept the test for all three conditions, just for Downs Syndrome, just for Edwards and Patau Syndrome or none at all.

Please sign the consent form over leaf indicating which option is right for you.

How will I get my results?

Lower chance (Less than 1 in 150)

You will receive a letter to inform you of your result in around two weeks' time.

Please contact your Community Midwife if you would like to discuss this further.

Higher chance (Greater than 1 in 150)

It is usual practice that you will be contacted via a phone call by one of our Screening Midwives if your result indicates your baby/babies have a higher chance of being affected by Downs / Edwards / Patau Syndrome. You will be informed of your result and given the opportunity to discuss further tests that can give you a definitive result.

Consent

Please sign this form before you come for your dating scan and tick which screening test you have opted for. Hand it to the Sonographer when you go for your scan.

(Please note you can change your mind even if you have signed the form – Just inform the Sonographer BEFORE you have your scan)

I have read this form and the relevant pages in the ‘Screening tests for you and your baby’ booklet or had it explained to me by a Midwife / Doctor / Sonographer.

Interpreter used? Yes ☐ No ☐

I opt for the follow screening tests

(please tick which tests you would like)

- ☐ I consent to screening tests for Downs Syndrome, Edwards Syndrome and Patau Syndrome
- ☐ I consent to screening tests for Downs Syndrome only
- ☐ I consent to screening tests for Edwards and Patau Syndrome only
- ☐ I decline screening tests for Downs Syndrome, Edwards Syndrome and Patau Syndrome

Signed: _____ Print: _____

Date: ____/____/____

Interpreter I.D.: _____

In the event of receiving an increased chance result could you please provide the phone number you would like to be contacted on and the preferred time of day Monday to Friday.

Phone number(s)	1st	2nd		
Time of day (please circle)	Anytime	9am – 12pm	1pm – 4pm	4pm – 6pm

This information is available in audio, Braille, large print and other languages. To request a copy, please ask your midwife.

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Because you Matter

