Appendix Momen and their families should understand the purpose of all tests before they are taken **Screening Programmes** Pre-Antenatal Newborn conception Blood for syphilis, hepatitis B, HIV and rubella Blood for haemoglobin, group, rhesus and susceptibility as early as possible, or at any stage antibodies as early as possible, or as soon as a of the pregnancy, including labour woman arrives for care, including labour Blood for sickle Blood for T21. Reoffer screening for Repeat Newborn physical Blood for T21 Newborn Infant physical Commence cell and T18 and T13 infectious diseases if haemoglobin (quadruple folic acid hearing and antibodies thalassaemia (combined test) initially declined by 72 hours screen at 6-8 weeks Week 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 +1Early pregnancy Detailed ultrasound scan for Give and discuss newborn Newborn blood spot screens scan to support structural abnormalities, screening information (ideally on day 5) for: type 2 diabetes are including T18 and T13 T21, T18 and T13 sickle cell disease (SCD), offered diabetic eve (DE) cystic fibrosis (CF), congenital hypothyroidism (CHT) and inherited pregnancy women with metabolic diseases (PKU, MCADD, type 1 or type 2 diabetes Further DE MSUD. IVA. GA1 and HCU) Follow-up DE screen for NB: babies who missed the screen women with type 1 or 2 can be tested up to one year (except for care diabetes found to have CF offered up to 8 weeks) Give screening information as soon as possible Key to screening programmes 3 Ċ4. T21, T18, T13 and fetal anomaly ultrasound Newborn blood spot Infectious diseases in pregnancy Sickle cell and thalassaemia Diabetic eye Newborn and infant physical examination Newborn hearing

Antenatal and Newborn Screening Timeline - optimum times for testing

Version 7, February 2015, Gateway ref: 2014696, Public Health England is responsible for the NHS Screening Programmes

NHS