You're **pregnant!**

Scans and tests

what you need to know

Pregnancy Screening **Tests**

NHS SCOTLAND

Healthier Scotland
Scottish Government

This booklet explains the screening and diagnostic tests you can have in pregnancy.

Screening in pregnancy involves simple tests that help to find out the chances of you or your baby having a health problem, so you and your baby can have treatment early if needed.

All screening and diagnostic tests in this booklet are provided free in Scotland by the NHS.

The screening tests we look at in this booklet use:

- blood tests
- ultrasound scans.

Most screening tests show there is no problem. But if the screening tests suggest there might be a health issue for you or your baby, the next step is follow-up diagnostic tests to get a definite answer.

The **diagnostic tests** we look at are:

- chorionic villus sampling (CVS)
- amniocentesis.

More information on your pregnancy can be found in the Ready Steady Baby book or online at **www.readysteadybaby.org.uk**

For information about immunisations offered during pregnancy, go to **www.immunisationscotland.org.uk**

Your midwife will guide you through all the tests and scans offered during your pregnancy.

At a glance

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* These tests should ideally be carried out in the early stages of pregnancy, but are still worth carrying out at any point, up to and including labour.

Screening involving blood test Screening involving ultrasound scan

Contents

Remember you should discuss all screening tests with your midwife.

Your pregnancy,

It's your choice whether to accept screening and diagnostic tests. You should have a more detailed conversation with your health professional, who will explain the benefits and drawbacks screening brings.

You can decide at any point that you don't want to be tested, or you only want some of the tests. No one will ever test you without being sure you know what the test is for and how it's done, and that you're prepared to have it.

We talk about 'your health professional' throughout this booklet – this can be a midwife, your GP, a specialist doctor (obstetrician), a sonographer or any other professional involved in your care during your pregnancy.

your choice

People make different decisions about screening and diagnostic testing. They may choose:

- **not to be screened**, because they don't want to know whether they or their baby has a health problem
- **to be screened and consider diagnostic testing** so that if they or their baby has a problem, they can prepare for it and have treatment earlier – others may want to think about whether they wish to continue with the pregnancy.

If you do not speak or understand English, the NHS will provide someone who can translate what is being said into your own language. Let your health professional know if you feel you need an interpreter.

Decisions about whether to accept screening or diagnostic testing can be difficult. You may want to talk with your partner, family or friends. Your health professional and the organisations listed at the back of this booklet can help. But the final decision is yours.

Whatever decision you make, it will not affect in any way the quality of care you receive or the attitudes of professionals caring for you.

Facts

Health care and treatment for children in Scotland born with health problems or disabilities is provided free on the NHS.

Screening

using blood tests

At a glance ...

- Blood tests are an important part of your care during pregnancy.
- They help to protect your own and your baby's health.
- The blood needed for these tests can usually be taken at one time.
- Your midwife will take blood from your arm at one of your first visits and you should get the results at your next clinic visit.
- Some of the tests may be repeated routinely later in your pregnancy and this will be discussed with you.

What will I be tested for?

Full blood count

This test helps to find out if you have anaemia – which means your blood has difficulty carrying oxygen around the body. This can be treated with iron tablets and other treatments to support your health and the health of your baby.

Blood group and Rhesus status

People belong to one of four blood groups, called A, B, O and AB. It's important to know your blood group:

- in case you need a blood transfusion
- because substances in the blood called blood-group antibodies can sometimes affect the baby – if these antibodies are found, your health professional or your midwife will discuss it with you.

The test will also show if you are Rhesus positive or Rhesus negative. About one in six women are Rhesus negative. This means they don't have a substance called the Rhesus antigen on their blood cells.

If you're Rhesus positive, you don't need treatment.

If you're Rhesus negative, problems can occur if your baby is Rhesus positive and his or her blood enters your blood stream. This is unlikely to be a problem in a first pregnancy, but can be serious in future pregnancies. So your health professional will offer you an injection in your arm – the 'anti-D' injection – that will help to protect your health and that of any future babies you might have.

Ask your midwife how and when you'll receive your results. If any health problems are found, your health professional will contact you as soon as possible and give you advice and care.

by ultrasound scan

At a glance ...

- Your midwife will offer you two ultrasound screening scans during your pregnancy. One between 11 and 14 weeks and a second between 18 and 21 weeks.
- These scans are carried out by trained health professionals called sonographers.
- Scans are not 100% accurate. Sometimes there are health problems that cannot be picked up by the scan.
- Your scan will be a two-dimensional black and white image. Three-dimensional (3D) and colour scans are not routinely used in the NHS.
- Ultrasound scans are safe for mother and baby.

For most people, having a scan is a happy experience, but that's not true for everybody. Screening scans look for problems and check if the baby is growing normally. Read this section carefully and speak to your health professional before deciding if you want to have the scans.

Early-pregnancy screening scan

Your first screening scan is performed between 11 and 14 weeks. The scan:

- checks your baby's heartbeat
- estimates the stage of pregnancy
- assesses the baby's growth and development
- confirms whether you're having one baby or more
- provides the nuchal-translucency measurement. (This is used as part of the screening test for Down's syndrome – see page 30.)

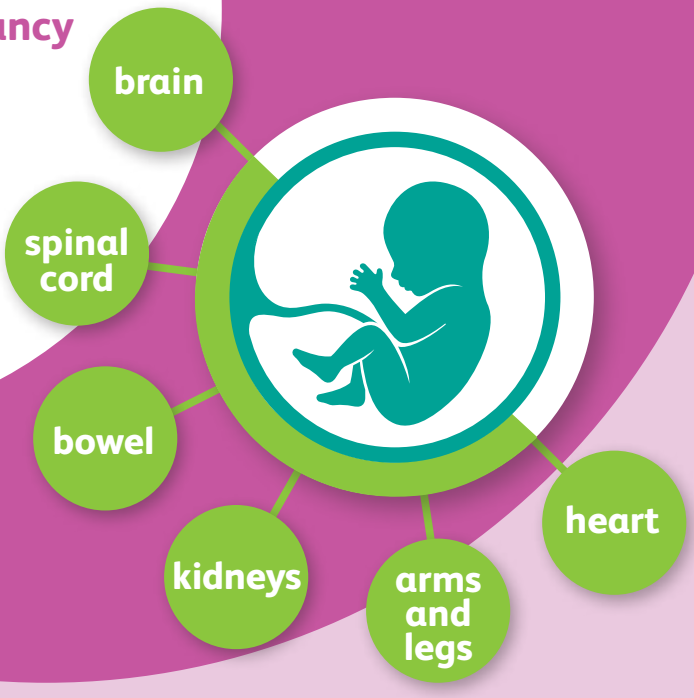
If a specific problem is found at this stage, your health professional will discuss it with you at the time.

Mid-pregnancy screening scan

This scan is performed between 18 and 21 weeks and aims to discover any problems with the baby.

Most women find their baby is healthy and developing well. But sometimes we find a problem – usually these are minor, but some are serious.

The mid-pregnancy screening scan is used to look for the main health problems affecting the development of the baby's:



Some health problems may not be picked up by the mid-pregnancy scan. If we find or suspect a problem, the sonographer may ask for a second opinion from another sonographer or doctor. We'll tell you what the concerns are, but we might not be clear on how serious the problem is at this stage.

If no problems are found on the mid-pregnancy screening scan, you probably won't need another scan during the pregnancy. But you may be asked to come back on another day for a repeat scan if the sonographer hasn't been able to see the baby clearly.

Before, during and after your scan

- You'll be asked to drink some water (about a pint/500 ml) an hour before the early-pregnancy screening scan. Having fluid in your bladder will help the sonographer to see your baby more clearly.

- You don't need a full bladder before the mid-pregnancy screening scan, but drinking a glass or two of water will help the sonographer.
- Most hospitals are happy for you to have someone with you during the scan. Young children may not be allowed in with you because they can distract the sonographer. It's a good idea to check beforehand.
- The sonographer will ask you to lie on a couch, raise your top to your chest and lower your skirt or trousers to your hips. She or he will squeeze some gel onto your abdomen (tummy) then gently pass a hand-held device across it – the device sends and picks up ultrasound waves that allow a computer to build an image of your baby.
- The scan doesn't hurt at all. But the gel might be a little cold at first and sometimes the sonographer needs to press your tummy if some parts of your baby are difficult to see.

Finding out about a health problem before birth can help parents to plan and prepare. For instance, if your baby has a problem that will need an operation, we can arrange for you to deliver the baby in a hospital so the operation can be done soon after birth.

Facts

Screening tests can't find all problems.

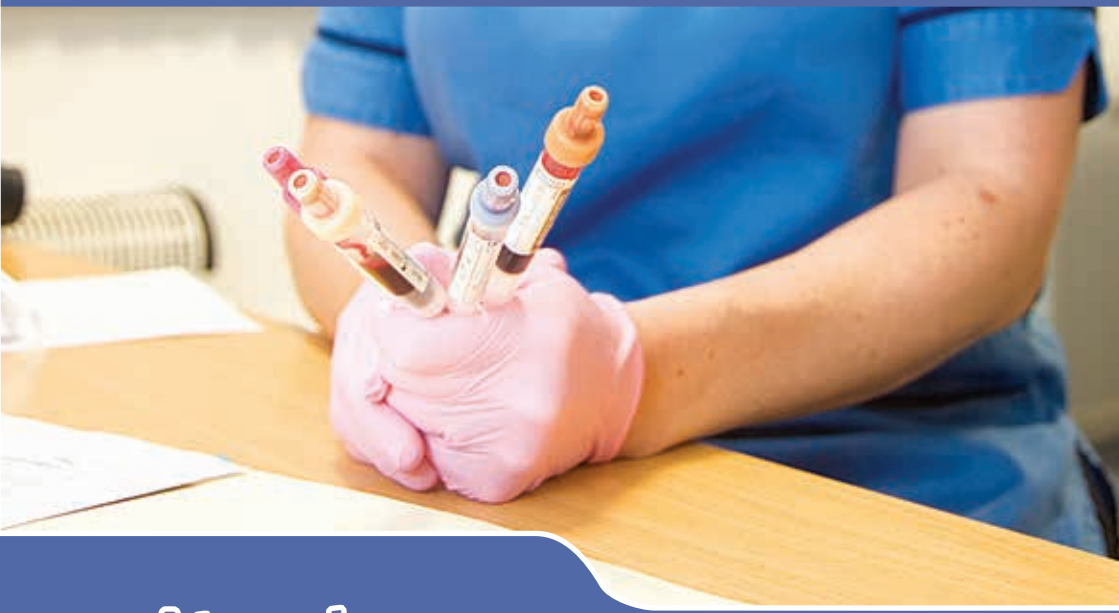
- **The sonographer might not be able to get a clear view of the baby.**
- **Some problems develop after 21 weeks.**
- **Some problems can't be seen on a scan because they don't affect the baby's appearance.**

The sonographer carrying out a scan

Sonographer's screen with an image of the baby

- The scan will take up to 30 minutes.
- You should be able to recognise parts of your baby's body on the screen as the sonographer does the scan – she or he will point them out to you.
- Finding out the sex of the baby is not the purpose of the scan unless there is a medical reason for doing so. Often it's impossible to tell because of the position of the baby. It's not completely reliable and can sometimes be wrong.
- The vast majority of scans show that the baby is healthy and no problems are found.

for infectious diseases



At a glance ...

- Simple treatments can often reduce the chances of you and your baby being affected by infectious diseases. That's why we'll offer you a blood test for hepatitis B, syphilis and HIV.
- You'll usually be able to get the results at your next clinic visit, but we'll contact you as soon as possible if we find one of these infections.
- You can find more information about how infectious diseases are caused, diagnosed, treated and prevented at **www.nhsinform.scot**

What will I be tested for?

Hepatitis B

Hepatitis B is caused by a virus that can be passed from mother to baby during birth. The virus can cause serious liver disease, but women infected with hepatitis B may have no signs of infection – without a test, they wouldn't know they're infected.

Without immunisation, many babies born to mothers who are infected with hepatitis B will become infected themselves.

If the test shows you're infected with hepatitis B, we'll provide specialist treatment.

Your baby will be immunised against hepatitis B at birth. This will usually stop them getting infected, and stop them getting serious liver disease when they are older.

Syphilis

Syphilis can damage your own and your baby's health if it isn't found and treated. It can be treated quickly and simply with antibiotics. People can have syphilis without realising it.

HIV

HIV is the virus that causes AIDS. Over time, HIV damages the body's defences against infection and disease.

A woman who has HIV can pass the infection to her baby during pregnancy and childbirth and through breastfeeding. Like hepatitis B and syphilis, many women with HIV may not know they're infected until they have a test – it can take years for HIV to make someone ill.

If the test shows you're infected with HIV, we'll provide antiviral medicines to keep you healthy. The same medicines will be given to your baby for a few weeks after he or she is born to help prevent them getting the infection. This will greatly improve your health – people with HIV who are treated can usually expect to live a full and healthy life. It will also greatly reduce the chance of you passing HIV to your baby – we'll give you advice about the best way to deliver your baby and different methods of feeding.

If the screening tests for syphilis or HIV suggest you may be infected, we'll offer you a second blood test to confirm the results.

Support and advice

Organisations listed at the end of the booklet can provide information and support on infectious diseases.

Facts

Having a blood test for HIV doesn't affect your current or future life insurance policies, but if a health problem is found, it could affect your insurance. You might wish to check any policies you have for further details.

We would still recommend that you take the test.

for sickle cell and thalassaemia

At a glance ...

- Sickle cell and thalassaemia are serious blood disorders that affect haemoglobin.
- Haemoglobin is the part of the blood that carries oxygen around the body.
- People who have these conditions need specialist care throughout their lives.
- If necessary the father of the baby will also be offered a test. This will make the results more accurate.

People with sickle cell:

- can have attacks of very severe pain
- may have serious life-threatening infections
- are usually anaemic (which means their blood has difficulty carrying oxygen)
- may need medicines and injections throughout their lives to stop them getting infections.

People with thalassaemia:

- may be very anaemic
- may need blood transfusions every four to six weeks
- may need injections and medicines throughout their lives.

You'll be offered screening tests for sickle cell and thalassaemia at or shortly after your first midwife visit. You should decide early whether you want to have the tests, as they should be carried out as soon as possible in the pregnancy – ideally by 10 weeks, although it can still be helpful to have them later.

What causes the conditions?

Sickle cell and thalassaemia are passed from parents to children through **altered haemoglobin genes.**

Genes

Genes are the factors that determine your characteristics, from the colour of your hair to your blood group. For all our characteristics, we inherit one gene from each parent.

People only have these disorders if they inherit **two** altered haemoglobin genes – one from their mother and one from their father. People who inherit just one altered gene and do not have either condition are known as **carriers**.

Carriers

Carriers do not have either sickle cell or thalassaemia. But if a carrier has a baby with someone who is also a carrier, or who has sickle cell or thalassaemia, there is a chance that the baby could have one of the disorders, or be a carrier.

Anyone can be a carrier. But you are more likely to carry the altered genes if your ancestors (parents, grandparents and those further back in your family line) came from places where malaria was common, such as:

- an African country
- South Asia (India, Pakistan or neighbouring countries)
- the Caribbean
- the Middle East
- South America
- Southern Europe
- East and South-East Asia (China, Hong Kong, Malaysia or their neighbours).

People from Poland may also be affected because some Polish people migrated many generations ago from areas where malaria was common.

Facts

Although sickle cell carriers are healthy, they can have problems when their bodies don't get enough oxygen (when having an anaesthetic, for example). Knowing you're a carrier can help you manage these situations.

People who are thalassaemia carriers don't experience these problems.

The Family Origin Questionnaire

To help find out if you or your baby's father have a chance of carrying genes for these conditions, your health professional will ask you questions from the **Family Origin Questionnaire.**

The aim is to identify where your immediate family and your ancestors came from. That way, we can see if you may have a higher chance of carrying the genes.

What will I be tested for?

Thalassaemia screening is done through:

- a blood test
- answering questions from the Family Origin Questionnaire.

If the results from your thalassaemia screening show that testing for **sickle cell** is needed, this test will be done using the same blood sample.

Tell your health professional if …

you and your partner are related by blood. If you each have inherited genes from a shared relative, it may be more likely that you are both carriers.

What will the results tell me?

The most likely result is that you aren't a carrier. If the result shows you are a carrier for sickle cell or thalassaemia, your health professional will talk to you about what this could mean for you, your baby and your family. We'll also invite your baby's father to have a test.

Very rarely, the test may show that either you or the father has a blood disorder without knowing it. A health professional will discuss this with you and give you more information.

The test is usually very reliable, but sometimes the result is unclear. If this happens, we'll usually offer you another test.

Results from your own and your partner's tests will then be used to see if your baby has a higher chance of developing one of the conditions.

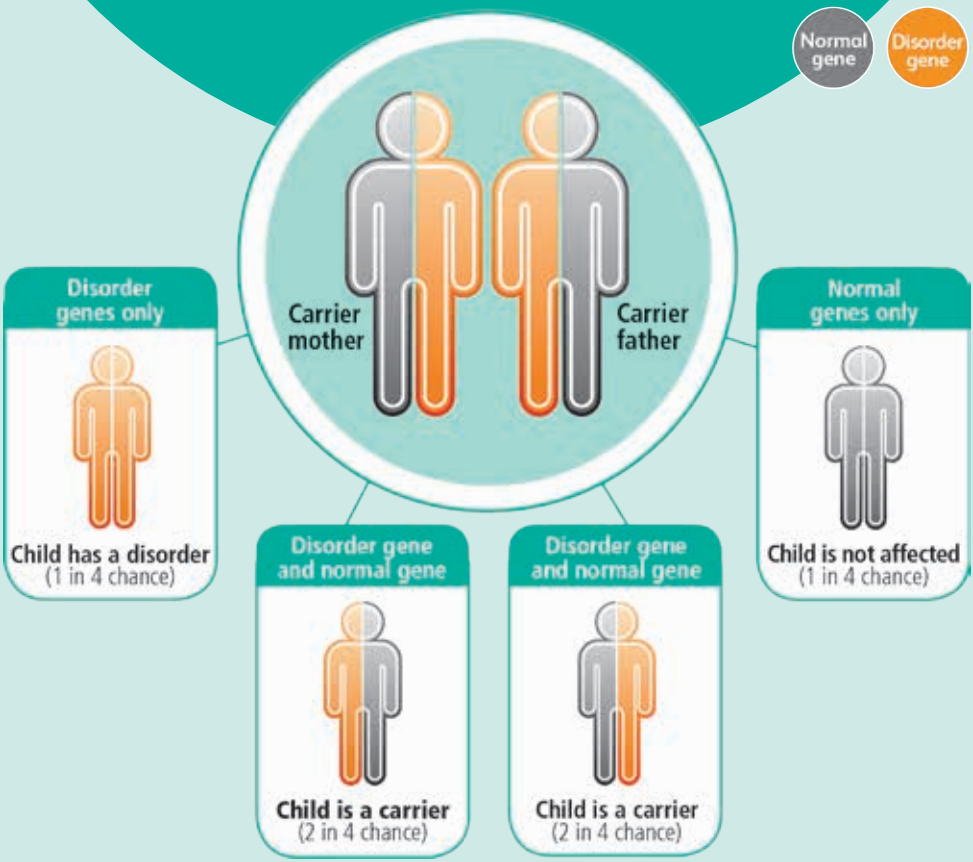
Facts

If your results show that you're a carrier, it's important to find out if your baby's father is too. Having the father of the baby tested makes the results more accurate.

If you and the baby's father both carry the gene for sickle cell, thalassaemia or another blood disorder, there is usually:

- a 25 % (one-in-four) chance your baby will **not have a disorder**
- a 50 % (two-in-four) chance your baby will **be a carrier**
- a 25 % (one-in-four) chance your baby will **have a disorder.**

The chances stay the same with each pregnancy.



If testing the father isn't possible for any reason, you may be offered **a diagnostic test (see page 32)**.

Please give staff as much information as you can if ...

you have an assisted pregnancy (for example IVF – in vitro fertilisation). This could affect your screening result. Your health professional will explain your results.

Can my unborn baby be tested?

You can choose to have a diagnostic test on your unborn baby. This will show whether your baby has a disorder. You can find the tests we use – chorionic villus sampling (CVS) and amniocentesis – on pages 33 and 34.

Your health professional will explain the tests and help you decide. If you choose to have your unborn baby tested, it's important to do it as early as possible in your pregnancy.

Your health professional will help you to understand what it will mean if the results show your baby has a blood disorder. She or he will talk with you about the care that is available and whether you wish to continue with your pregnancy.

If your test results make you feel worried about future pregnancies, you might find it helpful to talk to a genetic counsellor. A genetic counsellor is a professional who is specially trained to give you information and support if you have worries about a genetic disorder. Your midwife or GP will be able to refer you.

Testing new babies for sickle cell

All newborn babies are offered a 'blood spot' screening test, ideally when they are 5 days old. The test is done by taking some blood from your baby's heel. It looks for several health problems, including sickle cell, and will show whether your baby is unaffected, is a healthy carrier, or has a disorder.
It may also detect some types of thalassaemia.

For more information about newborn screening tests

Look out for the booklet *Your baby! Tests offered* which we'll give you later in your pregnancy.

Or you can visit the NHS inform website at **nhsinform.scot/newbornscreening**

for Down's syndrome

At a glance ...

- A small number of babies are born each year with Down's syndrome.
- If you choose to have the test during pregnancy, it can help to detect if your baby has this condition.
- Down's syndrome is caused by an alteration in one of the chromosomes.

What is Down's syndrome?

Down's syndrome is a genetic condition caused by the presence of a full or partial third copy of chromosome 21 in the body's cells. This usually happens by chance and is not caused by anything parents do before or during pregnancy.

Chromosomes

Chromosomes carry genes that determine how we develop. People usually have 46 chromosomes, 23 from the mother and 23 from the father.

What are the chances of having a baby with Down's syndrome?

Older mothers are more likely to have a baby with Down's syndrome and the chance increases with the mother's age at pregnancy.

- For pregnant women **aged 20 years or younger**, the chance is **1 in 1,500**.
- For pregnant women **aged 30**, the chance is **1 in 900**.
- For pregnant women **aged 40**, the chance is **1 in 100**.

But Down's syndrome can occur in women of any age.

All pregnant women, no matter what age, can have the test.

The age of the mother, along with a blood test and specialist ultrasound scan, gives a more accurate result of the chance of the baby having Down's syndrome.

People with Down's syndrome

Like all people, people with Down's syndrome vary a lot in appearance, personality and ability. People with Down's syndrome have learning disabilities, some having more serious difficulties than others.

It's hard to tell in babies how much they will be affected as children, or when they are grown up. Many children with Down's syndrome go to mainstream schools. Some adults with Down's syndrome are able to get jobs and live fairly independent lives. But some will need long-term help and support.

Many people with Down's syndrome enjoy good health, although a number of health issues are linked, including heart problems and reduced hearing and vision. Many of the problems can be treated and frequent health checks can make sure they are picked up as early as possible.

Most people with Down's syndrome live to around 50 years of age, with some living to be over 70. Alzheimer's disease (a form of dementia) can affect people with Down's syndrome at an earlier age than other people.

Should I have the Down's screening test?

Your midwife will discuss the test with you, and you should think about it very carefully. It's a personal decision and you should take time to talk it through with your health professional, partner or people close to you. The organisations listed at the back of the booklet can also provide further information and support.

What type of screening test will I be offered?

We'll either offer you:

a blood test combined with a special ultrasound scan

(if you are less than 14 weeks pregnant)

or

a blood test on its own

(if you are between 14 and 20 weeks)

Sometimes we find at your early-pregnancy screening scan that you're at a different stage of pregnancy than you had thought. If this happens, we'll need to change the type of tests we offer.

Blood tests

The blood test measures substances that have passed between you and your baby. If you decide to have the test, a sample of your blood will be taken between 11 and 20 weeks.

The results of your blood test, along with your age, weight, stage of pregnancy and any other information (like whether you smoke or not), are put into a computer to work out the chance of the baby having Down's syndrome.

Speak to your health professional if ...

- you smoke
- you have an assisted pregnancy (for example IVF – in vitro fertilisation). Your age and the age of the egg donor are used in the calculation. Having this information can provide a more accurate screening result.

NT ultrasound scan

The NT (standing for 'nuchal translucency') ultrasound scan is carried out between 11 and 14 weeks of pregnancy, usually as part of your early-pregnancy screening scan. You might hear it called the 'combined' test, because it combines the results from the scan with your blood test.

The ultrasound measures the amount of fluid lying under the skin at the back of the baby's neck. A computer uses this measurement, along with your blood-test result, to work out the chances of your baby having Down's syndrome.

If you're having twins or triplets, the midwife will discuss with you what screening tests are available.

What happens when I get the results of the Down's syndrome test?

If the screening test shows the chance of your baby having Down's syndrome is low, you will not need to move to the next stage, which is diagnostic testing.

Facts

More than 95% of screening test results show the chance of the baby having Down's syndrome is low. It doesn't mean there's no chance at all that the baby has Down's syndrome, just that it's unlikely. Overall, about 10% of babies (one in ten) with Down's syndrome will not be detected by screening.

If the screening test shows a higher chance that the baby has Down's syndrome, you'll be contacted by a health professional who'll discuss the results with you and answer any questions you may have. The higher chance result usually means that there is a greater chance than one in 150 that your baby is affected. You'll be offered diagnostic tests that will confirm whether your baby has the condition or not.

As with all tests, you can choose whether or not to have the diagnostic tests.

Diagnostic tests

At a glance ...

- These tests are offered to women whose screening tests show they have a higher chance of being a carrier for (or having) sickle cell or thalassaemia. Or whose baby has a higher chance of having Down's syndrome.
- There are two types of diagnostic tests: chorionic villus sampling (CVS) and amniocentesis.

It's very important to stress at this point that **the choice of whether to have the diagnostic tests is yours**.

In most cases, further tests don't find any health problems. But they can cause great worry for parents. For some people, this worry can continue throughout the pregnancy.

Your health professional will talk it through with you and answer any questions you have. She or he will also speak about the increased risk of miscarriage that goes with the tests.
Other sources of information and support are listed at the back of this booklet.

CVS (chorionic villus sampling)

CVS can be done from 11 weeks of pregnancy. It's usually only offered in a specialist centre.

With the help of an ultrasound scan, a specialist doctor (obstetrician) will guide a fine needle through your abdomen (tummy) and will take a small sample of tissue from the placenta.

Placenta

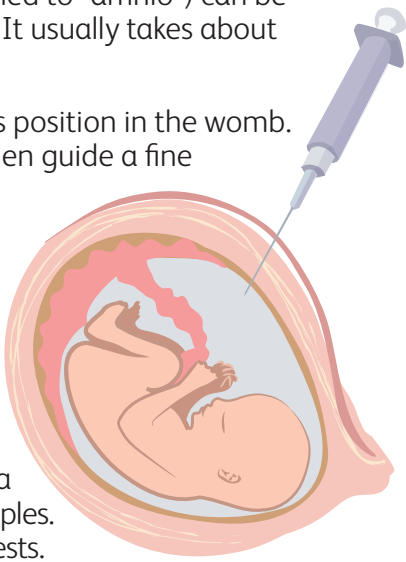
The placenta is on the inside of your womb. It links your blood to the baby and provides nourishment. Only a tiny piece of the placenta is taken away in the CVS test, so there is no effect on the baby.

We can count the baby's chromosomes from the sample. CVS doesn't produce a clear result in around two in every 100 samples. If this happens, we may offer you further tests.

Amniocentesis

Amniocentesis (you might hear it shortened to 'amnio') can be carried out after 15 weeks of pregnancy. It usually takes about 10 minutes.

An ultrasound scan will check your baby's position in the womb. The specialist doctor (obstetrician) will then guide a fine needle through your abdomen (tummy) into your womb. The doctor can then take a sample of the fluid surrounding the baby (called amniotic fluid).



This fluid contains cells from the baby that we will examine.

The baby's chromosomes will also be counted. Amniocentesis doesn't produce a clear result in around one in every 100 samples. If this happens, we may offer you further tests.

Referral to the fetal medicine team

If we offer you further tests, your health professional may refer you to the fetal medicine team.

This is a team that includes a specialist doctor, midwife and other health professionals. The team, which could be based in another hospital, may offer you further tests and will give information and advice about any health issues or disabilities you or your baby might have. You'll usually have an appointment within a few days.

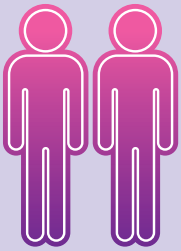
How safe are the tests?

They are not entirely safe, which is why we don't offer them to everybody. If you would like to know more about CVS or amniocentesis in your hospital, or miscarriage rates after these diagnostic tests, please ask your health professional.

Support

Organisations listed at the back of this booklet can also provide further information and support.

For every 100 women who have CVS



one or two will have a miscarriage

For every 100 women who have amniocentesis

one will miscarry

Are the tests painful?

Many women find the tests uncomfortable.

Some discomfort in your lower abdomen for a couple of days is normal, and you can take paracetamol for this. You should take things easy and avoid strenuous exercise for a day or two afterwards. If the discomfort carries on beyond this, or if you have any other worries, please contact your midwife.

What happens if the diagnostic test finds a problem?

Follow-up diagnostic testing finds a healthy baby in most cases, but some may have health problems. We may offer you further scans throughout your pregnancy to monitor these problems.

If the health problem is serious, your health professional will talk to you about it and discuss your options with you. You'll then be able to choose what you feel is best for you.

Some people may decide to continue with the pregnancy, while others will feel that termination of the pregnancy is right for them. Termination is when a pregnancy is ended, either by taking medicines or by surgery.

There will be no pressure to influence you in your decision – the hospital staff will provide you with help and support whatever you decide.

What happens to my information?

We keep a record of your personal screening information, including test results. All NHS staff must keep your personal health information private.

We regularly review what we do to make sure we offer you the best service possible. We use information from screening to identify areas for improvement and make sure that screening and testing meets agreed standards. Only authorised staff and appropriate healthcare professionals have access to this information.

After being looked at, any of your leftover blood samples will be stored in the laboratory for at least 12 months. This is so they can be used in future if any test results need to be checked.

Your leftover blood samples may be used anonymously for other monitoring and laboratory purposes, such as comparing different screening methods and developing new tests.

Sometimes leftover blood samples are also used anonymously for education and research to improve the quality of patient care. If we ever need to use samples that aren't anonymous, **we will always ask for your consent before your samples are used in this way**.

If you don't want your stored blood samples to be used for research, please ask the midwife to write 'no research' in the comments box on the request form.

Information and support

The information about screening tests in pregnancy can be a lot to take in. Please talk to your health professional if you have any questions or worries.

We've listed contacts here that you may also find useful for advice and support. Some of these organisations are able to work in different languages or provide interpreters, but this may be more difficult for others.

NHS inform

The helpline is open every day from 8 am to 10 pm and provides an interpreting service.

Phone: 0800 22 44 88

Textphone: 18001 0800 22 44 88

www.nhsinform.scot/pregnancyscreening

Antenatal results and choices (ARC)

Provides support and information to parents throughout the pregnancy screening and diagnostic testing process. And to parents who are affected by a diagnosis of fetal abnormality.

Phone: 0845 077 2290 or 0207 713 7486 from a mobile phone

arc-uk.org

Contact a Family Scotland

Provides information and support to parents and carers of children with any special need or disability.

www.cafamily.org.uk/advice-and-support/resource-library/

Phone: 0808 808 3555 (voice and text)

www.cafamily.org.uk

Down's Syndrome Scotland

Provides information to parents during screening and ongoing support throughout life to people with Down's syndrome, and their parents, carers and professionals.

Phone: 0131 442 8840

www.dsscotland.org.uk

Positively UK

Offers a range of peer support, advice, information and advocacy services for HIV positive women and men.

Phone: 020 7713 0444

positivelyuk.org

Scottish Spina Bifida Association

A family support service for those affected by spina bifida, hydrocephalus and allied conditions.

Helpline: 03455 211 300

www.sbhscotland.org.uk

Sickle Cell Society

Phone: 020 8961 7795

www.sicklecellsociety.org

SOFT UK

Supports families affected by Patau's syndrome, Edward's syndrome, partial trisomy, mosaicism, rings, translocation, deletion and related disorders.

soft.org.uk

UK Thalassaemia Society

Phone: 020 8882 0011

ukts.org

Waverley Care

Provides care and support to people living with HIV and hepatitis C and their partners, families and carers.

Phone: 0131 558 1425

www.waverleycare.org

Healthtalkonline

Provides short recorded interviews and written descriptions of people's experiences of health procedures, tests and conditions. This includes experiences of pregnancy screening and diagnostic testing, including those for sickle cell and thalassaemia, and termination of pregnancy following diagnosis of a fetal abnormality.

healthtalk.org

British Pregnancy Advisory Service (BPAS)

BPAS provides help to women with an unplanned pregnancy or a pregnancy they choose not to continue with.

Phone: 03457 30 40 30

Email: info@bpas.org

bpas.org

This booklet explains the screening and diagnostic tests you can have in pregnancy.

Screening in pregnancy involves simple tests that help to find out the chances of you or your baby having a health problem, so you and your baby can have treatment early if needed.

This resource may also be made available on request in the following formats:

0131 314 5300

nhs.healthscotland-alternativeformats@nhs.net

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