Newborn Blood Spot Screening

Classification:	Guideline
Authors Name:	Anita Males, Leanne Holliday, Monica Wilson, Lazarus Anguvaa
Authors Job Title:	Antenatal & Newborn (ANNB) Screening Co-ordinator, Audit & Guideline Midwife, ANNB Screening Midwife, Paediatric Consultant
Authors Division:	Women's and Children's Health
Departments/Group this Document applies to:	Maternity, Paediatrics

Approval Group: Paediatric PIG, Maternity Guidelines, Children's CIG, Women's CIG	**Date of Approval:**	Jul 2022
	Last Review:	Jun 2022
	Review Date:	Jun 2025

Unique Identifier: MIDW/GL/179	**Status:** Approved	**Version No:** 5

Guideline to be followed by (target staff): For use with all neonates in Maternity, Community, NNU and Milton Mouse.

To be read in conjunction with the following documents:

- 'Screening Tests for You and Your Baby'
- Screening in Pregnancy guideline
- Haemoglobinopathy (SCT) Screening guideline
- Sickle Cell in Pregnancy guideline
- SOP – Antenatal & Newborn Screening Failsafe & Tracking Processes
- SOP – Babies without NHS numbers
- Postnatal Care Pathway guideline
- Public Health England: NHS – Guidelines for Newborn Bloodspot Sampling
- SOP – ANNB – Cystic Fibrosis Screen Positive Pathway

Are there any e-CARE implications? No

CQC Fundamental standards:

Regulation 9 – person centered care
Regulation 10 – dignity and respect
Regulation 11 – Need for consent
Regulation 12 – Safe care and treatment
Regulation 15 – Premises and equipment
Regulation 16 – receiving and acting on complaints
Regulation 17 – Good governance
Regulation 18 – Staffing
Regulation 19 – Fit and Proper

Disclaimer

Since every patient's history is different, and even the most exhaustive sources of information cannot cover every possible eventuality, you should be aware that all information is provided in this document on the basis that the healthcare professionals responsible for patient care will retain full and sole responsibility for decisions relating to patient care; the document is intended to supplement, not substitute for, the expertise and judgment of physicians, pharmacists or other healthcare professionals and should not be taken as an indication of suitability of a particular treatment for a particular individual.
The ultimate responsibility for the use of the guideline, dosage of drugs and correct following of instructions as well as the interpretation of the published material **lies solely with you** as the medical practitioner.

Index

Guideline Statement:

To enable staff to competently complete NHS Newborn Bloodspot Screening.

Executive Summary:

The NHS recommends Newborn Bloodspot (NBS) screening because it can improve health and prevent severe disability or even death. However, screening is always a choice and parents can decline it for their baby if they wish.

Target Population:

All babies up to but not including their first birthday are eligible for NBS screening for the 9 conditions listed below. This excludes testing for one of the conditions, cystic fibrosis (CF), which is unreliable after 8 weeks of age.

Babies who are new to the country or are yet to have a blood spot test are eligible for testing up to a year old.

Conditions screened for:

The NBS screening programme enables early identification, referral and treatment of babies with 9 rare but serious conditions.

These are:

- sickle cell disease (SCD)
- cystic fibrosis (CF)
- congenital hypothyroidism (CHT)
- phenylketonuria (PKU)
- medium-chain acyl-CoA dehydrogenase deficiency (MCADD)
- maple syrup urine disease (MSUD)
- isovaleric acidaemia (IVA)
- glutaric aciduria type 1 (GA1)
- homocystinuria (HCU)

The last 6 conditions are inherited metabolic diseases (IMDs).

Definitions:

ANNB – Antenatal & Newborn
NBS – Newborn Bloodspot
MSW – Maternity Support Worker
NHS – National Health Service
PCHR – Personal Child Health Record

1.0 Roles and Responsibilities:

At the routine antenatal booking appointment all women should be sign-posted to the digital 'Screening Tests for You and Your Baby' leaflet, which provides detailed information on the Newborn Bloodspot (NBS) screening programme. A QR code is provided to access the information, which is available in several languages and 'easy read' versions. If the woman is unable to access digital versions, they can be downloaded, printed, and provided to her as a hard copy.

Antenatal discussion should be conducted at appropriate intervals with translation facilities used as required.

1.1 Community Midwives and Community Maternity Support Workers:

- At the first day at home postnatal visit, the community midwife should calculate the age of the baby, the date of birth is day 0.
    - If the baby ≤ 4 days old, the community midwife should explain and discuss newborn bloodspot screening and ensure the mother/baby's guardian has information to be able to make an informed decision. The woman should be advised newborn bloodspot screening is completed on day 5 and confirm the appointment date with her.
    - If the baby is 5 days of age, as above, and if informed consent obtained, complete newborn bloodspot screening as per NHS Guidelines for Newborn Bloodspot Sampling.
    - NBS screening to be completed on day 5 (*as per Standard 4: NBS-SO4:test: timely sample collection*).
    - Ensure a newborn bloodspot NHS barcoded number label is included (*as per Standard 3: NBS-SO3: test: barcoded NHS number label is included on the bloodspot card*).
- If the woman/baby's guardian declines newborn bloodspot screening (*see 1.4*). Please inform the ANNB Screening team and complete a NBS card as normal, with declined clearly written on it, and send as per routine practice (*see 3.1.2*).
- Completed or declined NBS screening should be clearly documented in the infant's handheld postnatal notes and Personal Child Health Record (PCHR) (red book).
- Missed and repeat NBS samples are to be actioned as urgent visits or high priority in care plans (*see 3.1.3*).

1.2 Postnatal Ward Midwives, Maternity Support Workers, and Nursery Nurses

- On allocation of workload in the morning, review of neonatal age is required to ensure all relevant neonates are offered NBS screening.
    - Missed and repeat samples should be performed as a priority.

- Discussion should be conducted with parents on the indication for NBS screening, referring to the 'Screening tests for you and your baby' information.

- Prior to discharge home from any maternity area or on departure from homebirth, discussion should take place regarding planned home visits for routine care and neonatal screening.

- On completion of a NBS sample, parents should be informed of the expected result time (up to 6 weeks).

- Documentation of completed or declined NBS screening (*see 1.4*) should be completed in e-Care (assessments and fluid balance and clinical note), infant's handheld postnatal notes and the Personal Child Health Record (PCHR) (red book).

1.3 Neonatal Unit

Babies admitted to neonatal units are likely to have multiple blood samples taken. Blood spot screening should be coordinated with other tests when possible.

1. The parents must be given both written and verbal information on 'Newborn Bloodspot Screening' prior to the procedure being undertaken.

2. Informed consent must be obtained prior to any NBS sample being taken.

3. If the parents/legal guardian decline NBS screening (*see 1.4*).

4. Ensue a newborn bloodspot barcoded number label is included (*as per Standard 3: NBS-S03: test: barcoded NHS number label is included on the bloodspot card*).

5. On admission / prior to a blood transfusion, babies less than 5 days of age have a single circle blood spot sample taken for routine SCD screening. This card is marked pre-transfusion and sent together with the routine day 5 sample.

6. NBS screening is completed on day 5 for all babies (*as per Standard 4: NBS-SO4:test: timely sample collection*); the day of birth is day 0 (except where the baby has had a blood transfusion - *see point 6 below*).

7. If the blood transfusion is on day 5 then all the tests will be done with one sampling as long as it is taken prior to the blood transfusion.

Blood Transfusions:

The test for Haemoglobinopathies will be affected by a blood transfusion such that unless a blood spot is done before the transfusion, it will have to be repeated at **120 days** post transfusion.

8. When a baby has had a blood transfusion, either intrauterine or in the newborn period, an interval of at least three clear days is required between the transfusion and the routine blood spot sample for CF, CHT and the IMDs. (For intrauterine transfusion count day of birth as date of transfusion).

9. However, in the event of multiple blood transfusions, even if it has not been at least three clear days since the last transfusion, a routine blood spot sample should be sent by day 8 at the latest regardless. In this scenario, a repeat sample will be needed at least three clear days after the last transfusion.

10. The date of the last blood transfusion before the blood spot must be recorded on the blood spot card and on discharge / transfer notifications.

11. If a baby who has been transfused has not had a pre-transfusion sample taken, the laboratory will forward the routine day 5 sample to the DNA laboratory for analysis as a failsafe.

12. To ensure all babies are screened for SCD.
13. For preterm infants born at less than 32 weeks (less than or equal to 31 weeks + 6 days), a repeat sample (2 spots) MUST be sent when the baby is 28 days old or at discharge, whichever is the sooner (*as per Standard 7c: NBS-S07c: test: timely taking of a repeat bloodspot sample for CHT screening for preterm infants*).

    This is to test for congenital hypothyroidism (CHT).

    Date of 'day 5 sample' to be recorded in the daybook, admission book, baby's care plan and the Personal Child Health Record. The card must be marked CHT preterm. Also write the gestational age on the card.

Details of additional tests that are required will be identified by the laboratory on Omnilab in the relevant cases.

When transferring/discharging babies it is the responsibility of the nurse caring for the baby to ensure that test details (day 5 sample / expected date of 28-day test) are transferred:

• To Postnatal Ward	- Inform ward midwife
• To home, less than 28 days of age	- Inform community midwife
• To home, more than 28 days of age or under care of Community Neonatal Sisters	- Inform community neonatal sisters - Inform Health Visitor - Details on transfer letter

All NBS samples should be transported to the community midwives' office (see process 3.1.2).

1.4 If the parents decline screening:

The healthcare professional responsible for ensuring that screening has been offered should:

- Record each condition declined and reason (if stated) in the personal Child Health Record (PCHR) (Red book) and maternity/professional record (and baby's hospital records if applicable) on eCare.
- If screening is declined for all conditions, complete the details on the blood spot card (add the reason for the decline if stated) and send marked **'Decline – all conditions'** to the laboratory
- If screening is declined for only one or some of the conditions, arrange for the blood spot sample to be taken. The blood spot card should be completed and marked **'Decline – XX'** (where XX is the condition(s) declined – add the reason if stated)
- Send a notification letter to the child health records department (CHRD), GP and health visitor and a separate letter to the parents.
- Inform the Antenatal and Newborn screening coordinator
- Inform the parents who to contact if they change their mind or would like further information. Record this information in the PCHR.

1.5 ANNB Failsafe Officer, ANNB Screening Co-ordinator and ANNB Deputy Screening Midwives

Each working day the failsafe officer prints a list of all day 5 NBS samples due that day and takes to the community midwife office (on a Friday the weekend/bank holiday lists are also printed and

taken). The MSWs check the list against all babies listed for a visit to ensure all babies requiring a day 5 NBS are accounted for.

The failsafe officer completes each working day failsafe checks, via Omni-lab and Northgate Newborn Bloodspot Failsafe Solution for:

- Repeat samples required; insufficient samples, borderline Thyroid-stimulating hormone (TSH).
- Raised Immunoreactive trypsinogen (IRT), Carrier or affected status for Haemoglobinopathies
- Any samples not received.
- Any additional samples.
- ***Any screen positive samples to be escalated to ANNB Screening Co-ordinator and/or Deputy ANNB Midwife.***

If <28 days, contact community midwifery team to request repeat/additional NBS samples.

If > 28 days, contact Paediatric Day Care Sister.

When a repeat NBS sample is requested, the sample should be taken within 72 hours of the receipt of the request (unless ongoing transfusions).

A request for a further sample should be treated as a priority visit and completed as soon as possible, preferably the same day.

The Failsafe Officer will monitor receipt of repeat/additional samples, using the community midwife NBBS logbook.

1.6 Haemoglobinopathy Lead Nurse / Counsellor

Attend ANNB Screening Office weekly for affected and carrier status results and notification of new pregnancy bookings affected by a haemoglobinopathy or carrier status

Local Haematology department is informed of these results.

Inform parents of affected status. Parents will only be informed of carrier status by prior arrangement.

Where a child is found to have a major Haemoglobinopathy parents are contacted within 1 working day of receipt of result, ideally this is a face-to-face contact. Screening results are given to parents and a care pathway is initiated; this includes requesting a GP referral to the designated local Paediatrician. These results are documented in the Personal Child Health Record. Health Visitors and GP practices are also informed and copied into the results.

1.7 Community Nurses/Health Visitors

Ensure all babies eligible for NBS are offered NBS except for Cystic Fibrosis not being tested after 8 weeks of age.

Gain informed consent from parent/guardian prior to the appointment by giving information from the PHE screening QR code/booklet.

Document sample obtained in Child Health Record Red Book and send in the post to the Oxford John Radcliffe Laboratory.

For Babies under 28 days old - In the event of a result not being available, the Health Visitor should telephone the Antenatal and Newborn Screening (ANNB) coordinator to request a first or repeat sample.

For Babies over 28 days old – the Health Visitor should use request form (Appendix 4) to request a first or repeat sample to Paediatric Day Care Sister, Ward 4**,** MKGH. The referral will only be accepted with correct paperwork. Email contact **paeds@mkuh.nhs.uk**

Ideally the results for each baby will be available by 17 days of age. Results should be entered into the Child Health Summary and the PCHR in preparation for the 6 - 8-week Child Health Review.

If the Health Visitors experience problems fulfilling their role described in this protocol, then they should contact their manager and discuss the details of the case.

For Transfer-In infants up to 1 year of age

Every effort should be made to maximise the uptake of screening in the eligible population.

Where the infants are thriving and developing normally, with no evidence of previous biochemical screening, parents should be advised of the need to arrange screening tests. With their informed consent, complete the request form (Appendix 4) and send to Sister on Paediatric Day Care, Milton Mouse Unit, and MKGH. Email contact **paeds@mkuh.nhs.uk**

The appointment should be made as 'Urgent' within 5 days of request.

A conclusive result should be recorded on the Child health information system no more than 21 calendar days of moving into the area to conform to the key performance indicator NB4.

If there is no written evidence of the test being done but the parents believe that the test was done and was normal and do not wish to have a repeat test, it is to be treated as a "decline" to screening.

If parents decline screening a newborn blood spot card should be completed with all baby's details and 'declined screening' written on the card. The card is then sent to Oxford screening laboratory. The decline is entered on to System One and documented in the Child health record (red book).

If patients do not attend the appointment, the Health Visitor will be informed. A further appointment will be made, and the parents will be informed via the Health Visitor.

Irrespective of age, if the transferred in infant/child has developmental delay and there is no documented evidence of Newborn Blood Spot Screening, contact the Community Paediatrician responsible. Discuss the case, with a view to arranging a medical assessment / day case investigations including tests on venepuncture sample.

NB: Please note that screening for Cystic Fibrosis can only be done up until the baby is 8 weeks of age by the blood spot technique.

1.8 Role of Oxford John Radcliffe Hospital Neonatal Screening Laboratory

Processing samples and reporting insufficient or abnormal through Northgate and inform of any abnormal results to the neonatal consultant on call and antenatal and newborn screening team.

1.9 Child Health

Oversight of newborn blood spot samples for the region. Will contact the parent/guardian of results via letter formulated from laboratory results.

Contribute towards KPI data for newborn blood spot screening.

2.0 Implementation and dissemination of document

Disseminated via email and monthly guideline memo. Available trust wide on the intranet for all Milton Keynes staff to use.

Training via the PHE e-learning module and refresher to be completed yearly as part of protected time training.

Log of all trained and in the process of training to be kept by Antenatal and newborn screening team.

Neonatal team to be overseen by Neonatal matron and for e-learning module to be used for training.

Useful Telephone Numbers and Addresses

Our Regional Unit	The Screening Laboratory Department of Clinical Biochemistry, Level 4 John Radcliffe Hospital Oxford OX3 9DU	Results and Enquiries 01865-220488 (laboratory phone/fax) Chief Biomedical Scientist 01865-221638
Milton Keynes ANNB Screening Department	Screening coordinator	01908 995236 07790935490 or 01908 660033 bleep 1169
Child Health Information Service Hertfordshire	Child Health Failsafe Officer	01707 396888

Telephone directory - "Directory of Community Nursing" - for contacting colleagues in other areas, is available from the Children's 0-19 service - Single Point of Access Tel: 01908 725100

3.0 Processes and procedures

3.1.1 How to obtain the sample

Refer to the PHE guidance of obtaining high quality blood spot samples.
Guidelines for newborn blood spot sampling, March 2016 (publishing.service.gov.uk)

3.1.2 Tracking the sample for maternity

All NBS samples need to be logged into the tracker in the community midwife office, and checked for quality and accuracy of details, by another member of trained staff. The NBS tool is an overlay that is kept in the folder and is to be used to ensure all mandatory information is completed and the member of staff is to check the details are correct. Both members of staff are to sign the tracker to confirm they are happy with the quality of sample sent.

- Good quality blood spot samples are vital to make sure that babies with rare but serious conditions are identified and treated early.
- Good quality samples should be obtained first time to prevent the need for avoidable repeats (*as per Standard 6: NBS-S06: test: quality of the bloodspot sample*). Avoidable repeat samples can cause anxiety for parents, distress to babies and delays in the screening process. They are also a waste of resources.
- If the sample is of poor quality or has incorrect or missing details when logging in to the tracker, then the checker or sample taker should escalate and prioritise a repeat is required (*see 3.1.5*).

The samples are taken to MKUH pathology reception by 10.00am for transport to Oxford University Laboratory.

- Newborn bloodspot samples are to be received less than or equal to 3 working days after sample collection (*as per Standard 5: NBS-S05: test: timely receipt of a sample in the newborn screening laboratory*).

The ANNB screening team are to check by day 8 for any not received samples.

The ANNB failsafe officer checks each working day for not received, insufficient and abnormal results and escalates these to the ANNB Screening Co-ordinator and/or Deputy ANNB Midwife.

3.1.3 Repeat samples

- All repeat NBS samples are to be actioned as urgent visits or high priority in care plans.
- If the sample is of poor quality or has incorrect or missing details when logging in to the tracker, then the checker or sample taker is to document repeat needed and the date of visit for re-sample. This should be same day unless parent/guardian cannot accommodate another visit appointment. This will need to be documented then arranged for next possible opportunity to obtain the sample.
- Repeat sample reasons are documented from the laboratory and the reason should be explained to the parent/guardian.
- Informed consent needs to be obtained prior to resampling.
- Document on NBS card in comments repeat sample and on the tracker.

3.1.4 Screen Positive Result

Parents will be contacted as soon as possible if their baby has a screen positive result for a condition. This enables them to start treatment as soon as this can be arranged.

In all cases an appropriately trained healthcare professional must give the results to parents (verbally in most circumstances). They should give parents the national parent information leaflet for the particular condition.

The initial clinical referral guidelines for each condition set out the agreed methods and timeframes for contacting parents. These are available in:

- managing positive results from CF screening
- CHT laboratory guide (appendix 1)
- inherited metabolic disease laboratory guide (appendices 2 to 7)
- sickle cell and thalassaemia handbook for newborn laboratories

Healthcare professionals must be sensitive to the possibility of screening results revealing non-paternity. The NHS Sickle cell and Thalassaemia Screening Programme has guidance on raising issues of non-paternity.

OUH Screening Laboratory report any 'positive' screen results to the ANNB screening team and/or on-call Consultant. Screen positive results are also reported on NBS Failsafe system – Northgate.

- Screen positive for Sickle Cell Disease or a thalassaemia (not carrier status only) are referred to the haemoglobinopathy team via:
  - NHS.net mail – hbo.mk@nhs.net
    01908 724511 option 4
  - Document referral on eCare.
  - Inform on call neonatal consultant, send email and document on eCare.
- Screen Positive for Cystic Fibrosis are referred to paediatric respiratory specialist nurse – lead for CF (***see SOP – ANNB – Cystic Fibrosis Screen Positive Pathway***)
- Screen positive CHT
  - Contact on-call Neonatal consultant and document on eCare.
- Screen positive IMDs or other results.
  - Contact on-call Neonatal consultant and document on eCare.

4.0 Statement of evidence/references

Statement of evidence:

Antenatal & Newborn Screening Failsafe SOP

References:

National Institute of for Health and Care Excellence (NICE) (2021) *Postnatal Care NICE guideline [NG194],* 1.3.8.

Public Health England (2018) Newborn blood spot screening: progamme overview. Newborn blood spot screening: programme overview - GOV.UK (www.gov.uk) [Accessed May 2022]

Public Health England (2021) Newborn blood spot screening: sampling guidelines. Newborn blood spot screening: sampling guidelines - GOV.UK (www.gov.uk) [Accessed May/June 2022]

Public Health England (2021) Newborn blood spot screening: standards. Newborn blood spot screening: standards - GOV.UK (www.gov.uk) [Accessed May 2022]

External weblink references: Please note that although Milton Keynes University Hospital NHS Foundation Trust may include links to external websites, the Trust is not responsible for the accuracy or content therein.

Appendix 1 – Factsheets for conditions

Sickle cell factsheet
factsheets as rollfold.qxp (publishing.service.gov.uk)

Cystic fibrosis (CF) factsheet
Newborn blood spot screening result: cystic fibrosis suspected - GOV.UK (www.gov.uk)

Medium-chain acyl-CoA dehydrogenase deficiency (MCADD) factsheet
MCADD: detailed information - GOV.UK (www.gov.uk)

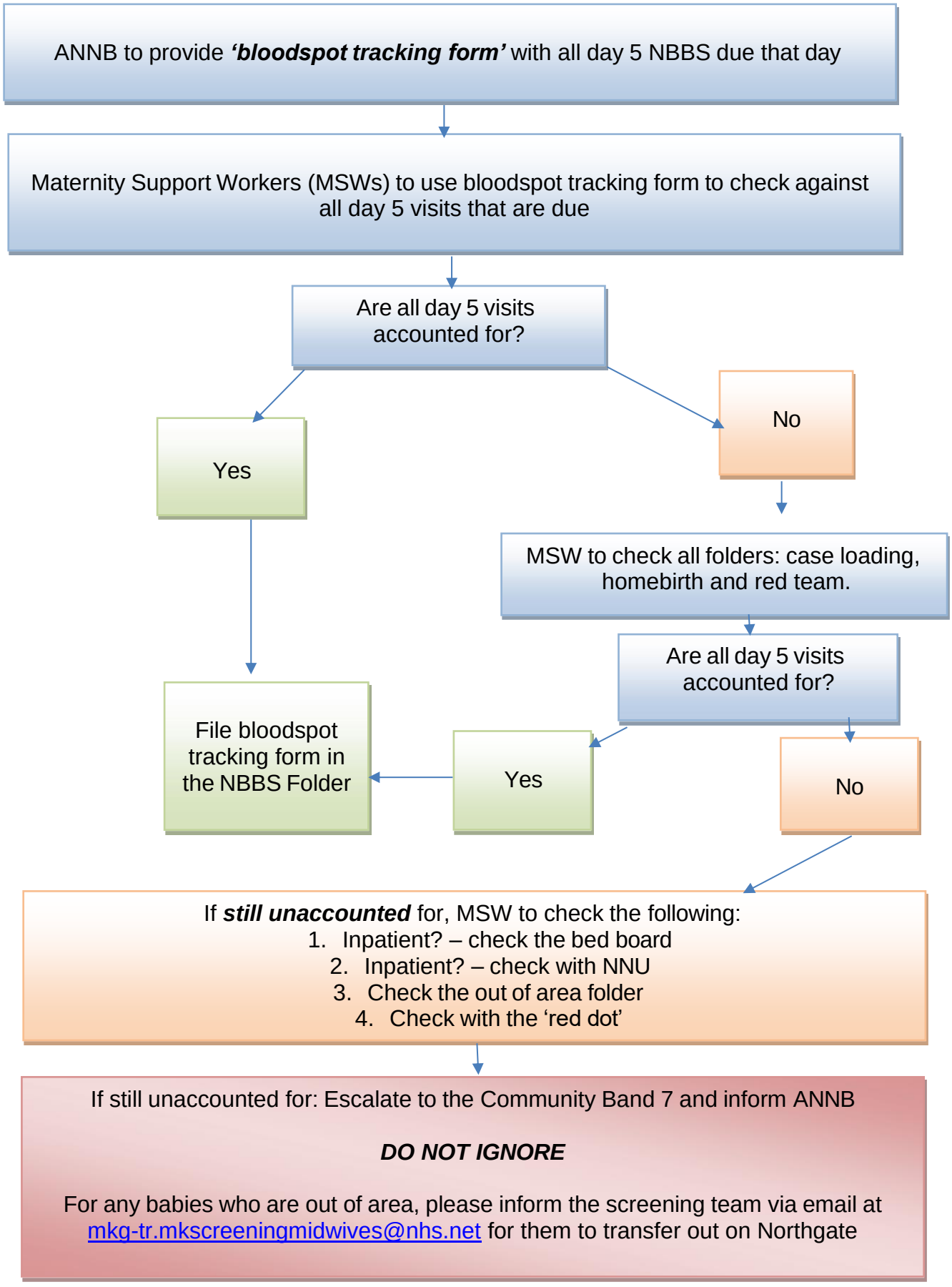
Maple syrup urine disease (MSUD) factsheet
Maple syrup urine disease (MSUD): detailed information - GOV.UK (www.gov.uk)

Isovaleric acidaemia IVA factsheet
Isovaleric acidaemia (IVA): detailed information - GOV.UK (www.gov.uk)

Glutaric aciduria type 1 (GA1) factsheet
Glutaric aciduria type 1 (GA1): detailed information - GOV.UK (www.gov.uk)

Homocystinuria (pyridoxine unresponsive) (HCU) factsheet
Homocystinuria (HCU): detailed information - GOV.UK (www.gov.uk)

Appendix 2: Newborn Bloodspot 'Tracking Form' Flow Chart



Appendix 3: Form for Request of Newborn Blood Spot Test for Babies aged between 28 days – 12 months

Send to Paediatric Day Care Sister
Ward 4
MKHFT via email
paeds@mkuh.nhs.uk
Marked Urgent Neonatal Screening Test

Name of Baby:	Date of Birth:
Name of Mother Language spoken:	**Babys NHS No:**
Present Address Telephone No. for contact Date of previous Test:	Place of birth: Result: Known Unknown
Place of Previous Test: Other information:	
GP Details:	

Date of Request: To: PDCU Sister, Ward 4

Please find enclosed information. Could you please undertake a first/repeat – neonatal screening test on this baby.

Name: Email address:

Signed: Position:

5.0 Governance

5.1 Document review history

Version number	Review date	Reviewed by	Changes made
5	June 2022	L Holliday/M Wilson/ L Anguava	Review and update

Version number: 3		**Date:** 07/2015		
Section Number	**Amendment**	**Deletion**	**Addition**	**Reason**
Executive Summary-Sickle Cell Disease	Amended			Review and update
Procedure for Blood Test (all)		Section deleted		Review and update
1.3	The test for Haemoglobinopathies will be affected by a blood transfusion such that unless a blood spot is done before the transfusion, it will have to be repeated at **120 days** post transfusion.			Review and update
1.3	PKU/CH/CF tests should be done at least **4 days** post transfusion.			Review and update
3.0			NSC Standard 4 states that samples should be dispatched to the laboratory within 24 hours and that 99% of samples should arrive in the laboratory within 3 working days.	Review and update
3.1			Section added	Review and update
4.0	Updated in relation to current guidance, and telephone numbers updated.			Review and update

5.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
Mary Plummer	Supervisor of Midwives	21/5/14	29/5/14	Yes	Yes
Diane Summersgill	Supervisor of Midwives	21/5/14	22/5/14	Yes	Yes
Yogi Thakker	Consultant for	21/5/14 11/6/14	21/5/14 12/6/14	Yes Yes	Yes No

	Community Paediatrics/Child Health Surveillance Group Chair				
Erika Lamb	Specialist Children's Health Services Manager	22/5/14 11/6/14	27/5/14 11/6/14	Yes Yes	Yes Yes
Bev Shaw	Health Visitor	22/5/14	27/5/14	Yes	Yes
Alison Heywood	Head Orthoptist	22/5/14	23/5/14	Yes	No
Carolyn Rooth	Consultant Midwife	11/6/14	12/6/14	Yes	Yes
Helen Robinson	Risk Midwife	11/6/14	16/6/14	Yes	No
Tracey Payne	Head of Midwifery	11/6/14	23/6/14	Yes	No
Kate Swailes	Matron	11/6/14	23/6/14	Yes	No
James Bursell	Consultant	2/4/15	17/4/15	Yes	No
Zuzanna Gawlowski	Consultant	2/4/15	11/4/15	Yes	Yes
Basheer Mohamed	Consultant	16/4/15	22/4/15	Yes	Yes
Sharon Page	Midwife		04/10/2018	Yes	Yes
Obstetric Consultants	Consultant	15/10/2018		See individual comments	Yes
Midwives	Midwife	15/10/2018		See individual comments	Yes
Paediatrics Consultants	Consultant	15/10/2018		See individual comments	Yes
Alison Turner	Practice development	15/10/2018		Nil received	
Marian Foster	NNU	15/10/2018	15/10/2018	Comment received	Yes
Denise Campbell	Risk and Quality	15/10/2018	15/10/2018	Comments received	Acknowledged
Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No

5.3 Audit and monitoring

Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board
Avoidable repeats	KPI	ANNB co-ordinator	quarterly	ANNB/Women's health
Audit of NBS cards	KPI	OXJR Lab	Quarterly	ANNB/ Women's Health

5.4 Equality Impact Assessment

As part of its development, this Guideline and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified. Equality Impact assessments will show any future actions required to overcome any identified barriers or discriminatory practice.

Equality Impact Assessment			
Division	Women's Health	Department	Maternity
Person completing the EqIA	Anita Males	Contact No.	85236
Others involved:		Date of assessment:	Jun 2022
Existing policy/service	Yes	New policy/service	

Will patients, carers, the public or staff be affected by the policy/service?	Yes
If staff, how many/which groups will be affected?	All maternity, neonatal and health visiting groups

Protected characteristic	Any impact?	Comments
Age	NO	Positive impact as the policy aims to recognise diversity, promote inclusion and fair treatment for patients and staff Ensure an offering of newborn screening to all children under 1 years old.
Disability	NO	
Gender reassignment	NO	
Marriage and civil partnership	NO	
Pregnancy and maternity	YES	
Race	NO	
Religion or belief	NO	
Sex	NO	
Sexual orientation	NO	

What consultation method(s) have you carried out?
Circulation for comments, maternity guideline review group
How are the changes/amendments to the policies/services communicated?
Maternity guideline review group minutes – emailed, monthly memo poster
What future actions need to be taken to overcome any barriers or discrimination?

What?	Who will lead this?	Date of completion	Resources needed
Review date of EqIA	Jun 2025		