

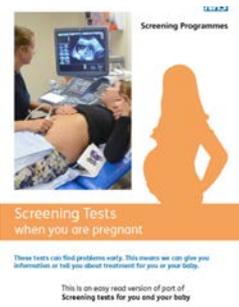
Screening tests when you are pregnant

These tests can find problems early. This means we can give you information or tell you about treatment for you or your baby.

This is an easy read version of part of the patient information booklet *Screening tests for you and your baby*

Contents – what is in this booklet?

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About this booklet



This booklet has information about the tests that you can have.



Your midwife can help you decide if you want to have these tests.



The tests will help you make choices about your care when you are pregnant.



Screening tests find out if you or your baby has a risk of a serious health problem.



They show if you or your baby might need extra care.



These tests are **confidential**.

We only show what we find out (the results) to health staff who need to see them.



It is important to tell your midwife:

- about any health problems you have



- if you move home

Illnesses that your baby can catch in your tummy



This test takes a small bit of your blood to find out if you have:

- hepatitis B
- HIV
- syphilis



- or if you need a **vaccination** against rubella (sometimes called German measles)



What is the test for illnesses that your baby can catch in your tummy?

It is a blood test. It will not hurt your baby.

It is better to have the test. Then we know what care you and your baby need.



Does your baby have to have this test?

You can say no to the test.

You can have the test later in your pregnancy. Or you can ask for another test if you think you have caught the illnesses.



When will you get the results of the test?

If you have any of these diseases a health staff member will contact you.

If you do not have any of these diseases you will be told at your next antenatal visit.





Hepatitis B

You catch this from having sex and from someone else's **body fluids**. If you have hepatitis B you can give it to your baby.

Hepatitis B affects your liver. It can make you very ill.



If you have hepatitis B your baby can have **vaccinations**. This will help your baby not to get hepatitis B. Your baby will need **vaccinations**:



- before they are 1 day old
- when they are 1 month old
- when they are 2 months old
- when they are 1 year old



It is very important that your baby has all 4 **vaccinations**.

HIV



You catch this from having sex and from someone else's **body fluids**. If you have it you can give it to your baby.



Having HIV means you can easily catch other serious illnesses. You have it for life. It can become AIDS which you may die from.



If you have HIV you can have medicines when you are pregnant.

They will make sure there is only a very small chance that your baby will catch it from you.



If you have HIV you must **not** breastfeed.

Syphilis

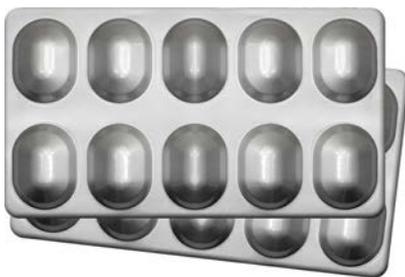


You catch this from having sex. If you have it you can give it to your baby.



If you have syphilis:

- you can [miscarry](#)
- the baby can be born dead
- your baby can have serious health problems



If you have syphilis you will be given strong [antibiotic](#) tablets. Your partner may need to be tested as well. Your baby may need [antibiotics](#) when they are born.

German measles



German measles is also called **rubella**.



It does not make you very ill but having **rubella** in the first 12 weeks of pregnancy is dangerous to your baby.



It can mean your baby will have serious health problems.



If you need a **vaccination** for **rubella** it will stop any babies you have in the future from getting it.

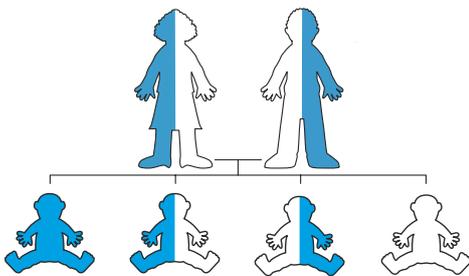
Sickle cell disease and thalassaemia



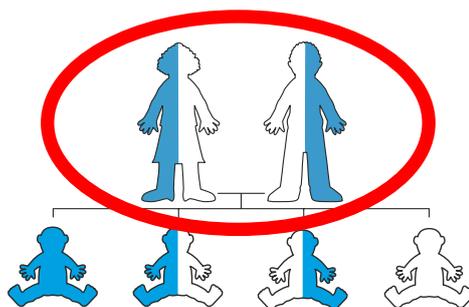
This test takes a small bit of your blood to find out if you may give your baby sickle cell disease (sometimes called SCD) or thalassaemia.



Sickle cell disease and thalassaemia are very serious blood illnesses. You get them from your parents. You have them for life.



They are passed on through **genes**. **Genes** are like a code for your body.

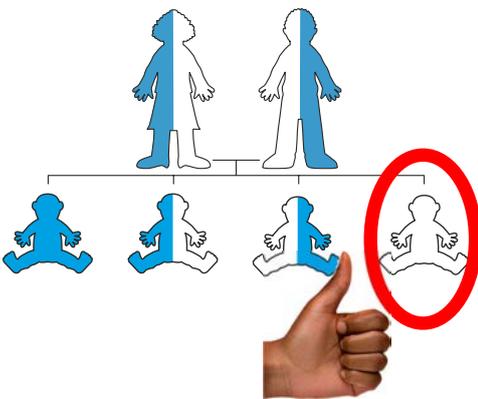


People who have just one **gene** are known as **carriers**.

Carriers are healthy and do not have the blood illness.

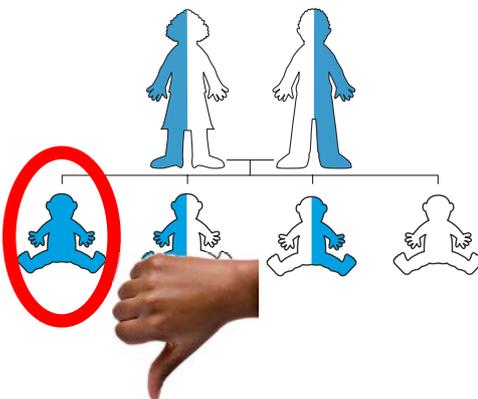


If a **carrier** has a baby with someone else who is also a **carrier** then their baby could be born with the illness.

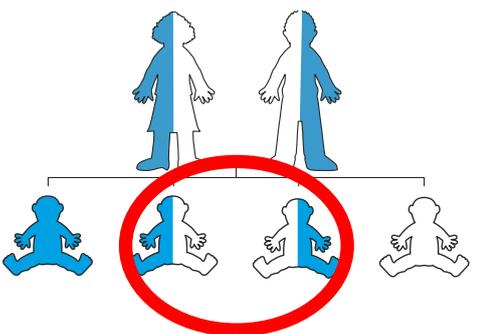


If the mother and father are both **carriers** then their baby has:

- 1 out of 4 chances of **not** having sickle cell disease or thalassaemia



- 1 out of 4 chances of having sickle cell disease or thalassaemia



- 2 out of 4 chances of getting a sickle cell or thalassaemia **gene** from 1 parent – they may then pass it on to their children



Anyone may have this **gene**. But it is more common for people whose family come from:

- Africa
- the Caribbean
- the Mediterranean
- India
- Pakistan
- south and south east Asia
- the Middle East





What is the test for sickle cell disease or thalassaemia?

It is a blood test. It will not hurt your baby. It is best to have the blood test before you are 10 weeks pregnant.



You may be asked questions about where you and the baby's father come from. This is to help health staff know if you need a test.

If you want a test you can ask for one.

Does your baby have to have this test?



You can say no to the test. When your baby is born they can have a test for sickle cell disease. This test takes a small spot of your baby's blood.



When will you get the results of the test?

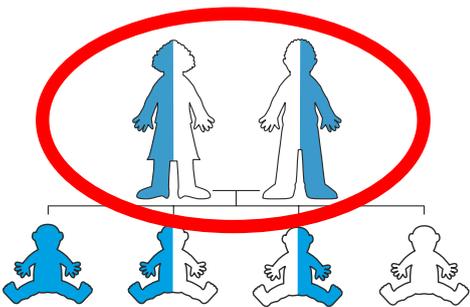
You will get the results within 2 weeks of doing the test.



If the test shows you are a **carrier** for sickle cell disease or thalassaemia a health staff member will contact you.

The person who does your test will talk to you about this more.

Will you need any more tests?



If you are a **carrier** and have 1 of the **genes**, it is really important for the baby's father to get tested too.



If the baby's father has 1 of the **genes**, you will be offered another test. This next test has a very small chance of making you **miscarry**.



These tests may show your baby has sickle cell disease or thalassaemia. You will be given information about the illness to help you decide what to do.



Some babies have the illness worse than others but the test cannot tell you how serious it will be.



Some women who are told that their baby has sickle cell disease or thalassaemia decide to carry on with the pregnancy.

Some women who are told that their baby has sickle cell disease or thalassaemia decide they do **not** want to carry on with the pregnancy. They have an **abortion**.



If your baby has sickle cell disease or thalassaemia you will be given support to decide whether or not to have an **abortion**. This is your decision.

Sickle cell disease



Sickle cell disease can give you:

- very severe pain
- very serious illnesses and danger of dying
- **anaemia** – this means you do not have enough red blood cells to carry oxygen in your blood – this makes you pale, very tired and weak



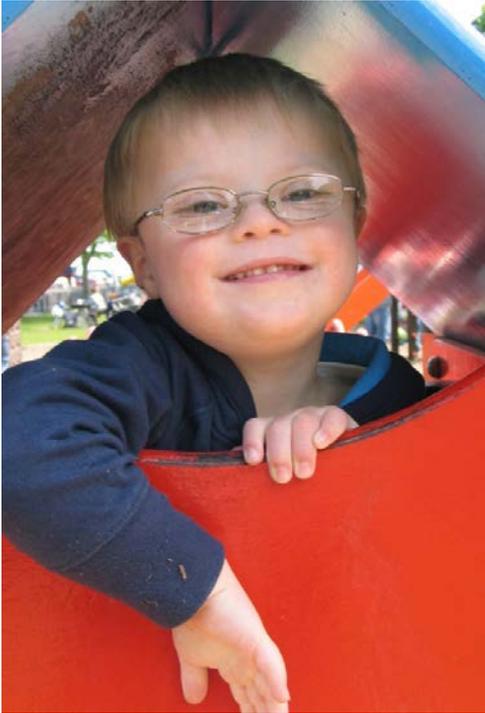
A baby with sickle cell disease can have medicines soon after they are born. This will help them to be healthy.



Thalassaemia

This gives you very serious **anaemia**. You need **blood transfusions** every 4 to 6 weeks and you need medicine for life.

Down's, Edwards' and Patau's syndromes



These tests take a bit of your blood and a scan of your tummy to find out if there is a chance your baby will have:

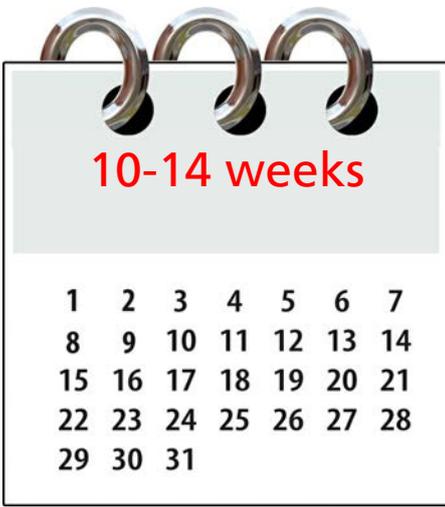
- Down's **syndrome**
- Edwards' or Patau's **syndrome**



Women expecting twins will also be offered these tests.



It is very rare for a baby to have 1 of these **syndromes**.



What is the test for Down's, Edwards' and Patau's **syndromes**?

If you are between 10 and 14 weeks pregnant you can have a test for all 3 **syndromes**.



There are two parts to this test:

1. a blood test from you



2. we measure the fluid at the back of your baby's neck when you have your first scan



These tests will not hurt your baby.



These 2 tests can tell if there is a chance your baby may have one of these **syndromes**.

The test cannot tell for sure if your baby will have 1 of these **syndromes**. It can only tell you if there is a high chance or a low chance.



Do you have to have these tests?

You can say no to the tests.

If you have your scans they will show if there is a chance that your baby has one of these **syndromes**.



When will you get the results of the tests?

If your baby has a high chance of 1 of these **syndromes** a health staff member should contact you in 3 working days.



If your baby has a low chance of one of these **syndromes** a health staff member will contact you in 2 weeks.

Will you need any more tests?

If there is a high chance that your baby has 1 of these **syndromes** we can give you another test.

This next test has a small chance of making you **miscarry**.

You can say no to this test.



If there is a high chance that your baby has 1 of these **syndromes** and you are between 11 and 14 weeks pregnant you can have a chorionic villus sampling test.

This is sometimes called a CVS test.

This means that a very thin needle is put into your tummy. This takes a tiny bit of fluid from the placenta around the baby. We can test this fluid for the **syndromes**.





If there is a high chance that your baby has 1 of these **syndromes** and you are 15 weeks or more pregnant you can have an **amniocentesis**.



This means that a very thin needle is put into your tummy. This takes a tiny bit of fluid from the placenta around the baby. This can be tested for the **syndromes**.



Only a small number of babies have 1 of these **syndromes**.

Some women who are told that their baby has 1 of these **syndromes** decide to carry on with the pregnancy.



Some women who are told that their baby has 1 of these **syndromes** decide they do not want to carry on with the pregnancy. They have an **abortion**.



If your baby has Down's, Edwards' or Patau's **syndrome** we will give you support to decide whether or not to have an **abortion**. This is your decision.



Down's **syndrome**

A baby born with Down's **syndrome** will have learning disabilities. We cannot know how much of a learning disability they will have.



Most children with Down's **syndrome** now go to their local primary school. Many people with Down's **syndrome** have jobs and live independently.



People with Down's **syndrome** often have mental health problems.

Some of these problems may be serious.



Edwards' **syndrome** and Patau's **syndrome**

Most babies born with Edwards' or Patau's **syndrome** die before they are born or soon after they are born. Very few live to be adults.



All babies with Edwards' or Patau's **syndrome** have a lot of very serious health problems.

Problems with your baby's body



If you are between 18 and 21 weeks pregnant you can have a scan to look for problems with your baby's:

- bones
- heart
- brain
- spinal cord
- face
- kidneys
- abdomen (tummy)



Most babies are fine.



What is the test to check the baby's body?

This is a scan of your tummy.

You can have the scan if you are between 18 and 21 weeks pregnant.



During the test you will:

- lie on a bed
- pull your top up and your skirt or trousers down to your hips – this will leave your tummy bare
- have a special gel put on your tummy which makes sure the scan works well – the gel is sometimes cold
- feel the scanner being pushed carefully over your tummy – it may feel uncomfortable for you





This will give a black and white picture of the baby – you can take the picture home with you.

The scan may find problems with your baby. You may want someone to come with you for support.



This test will not hurt your baby.



Does your baby have to have this test?

You can say no to the test. Your care will be the same.



When will you get the results of the test?

The person doing your scan will tell you what they find. Most scans are fine and the baby looks well.

Will you need any more tests?



You may be offered more tests if a problem is found. We will give you more information about the tests. You will be able to talk about the tests with your midwife.



The scan cannot find every problem. It helps to know what special care the baby may need when it is born. You can decide what to do.



Some women who are told that there are problems with their baby's body decide to carry on with the pregnancy.

Some women who are told that there are problems with their baby's body decide they do not want to carry on with the pregnancy. They have an **abortion**.



If there are problems with the baby's body we will give you support to decide whether or not to have an **abortion**. This is your decision.

Eye problems in pregnant women with diabetes



If you already have diabetes and then get pregnant you may get some serious eye problems.

Everyone who already has diabetes will be offered tests for these problems.

What is the test for eye problems for women with diabetes?



The eye test is your usual diabetic eye screening test.

Staff will look for problems at the back of your eye. They will put drops in your eye. They will take photos of your eyes. The drops will make the photos better.



If the staff cannot get a good photo they will send you to an eye expert.



Does the test hurt you or your baby?

The drops may sting a bit. You may see things a bit blurry.

The test will not hurt your baby.

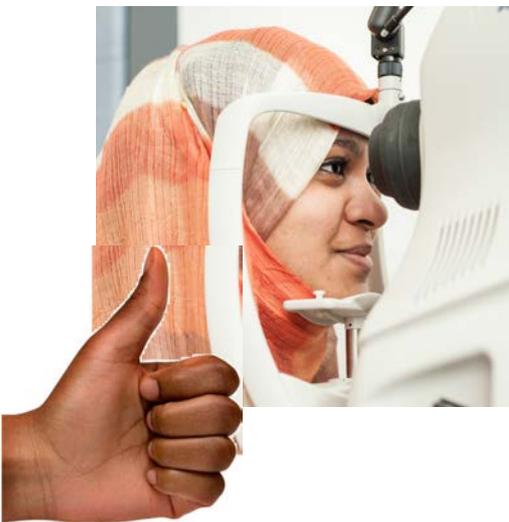


Take your glasses with you to the test.



Take sunglasses too. Things can look too bright after the test.

You should not drive for a few hours after the test.



It is better to have the test. We can make sure your eyes stay healthy.



Do you have to have the test?

You can say no to the test. If you say no to the test please tell your diabetes nurse.



When will you get the results of the test?

You will get your results 6 weeks after the test. Your doctor will get the results too.

Will you need any more tests?



If there is a problem your diabetes nurse will help you. You will be asked to go for more tests.



If the results are bad we will send you to an eye expert.



If you smoke please cut down.



Hard words - what they mean

abortion – this is when you choose to end a pregnancy. 2 doctors have to agree that you can have an abortion.

amniocentesis – a test where a very thin needle is put into the mother's tummy. This takes a tiny bit of fluid from the **placenta** around the baby. It can test for problems with the baby.

anaemia – this means you do not get enough oxygen in the blood. This makes you pale, very tired and weak.

antibiotics – medicine used to treat bacterial infections.

blood transfusion – this is when blood is taken from a healthy person and put into an ill person.

body fluids – these are things like:

- wee
- poo
- sick
- blood
- semen
- vaginal fluids

carrier – a carrier is someone who has part of a disease, but no symptoms. If 2 carriers of a genetic disease have a baby they can give that baby the disease.

confidential – something that is private.

gene – this is a code for your body. Half of the code is from your mother and half of the code is from your father. Together the code decides things like:

- if you will need glasses
- what colour eyes you have
- what illnesses you may get
- what your hair is like – curly or straight

miscarry – this is when a woman loses the baby she is pregnant with.

placenta – a sack filled with fluid that keeps your baby safe in your tummy.

rubella – this is the health staff word for German measles.

syndrome – a problem some people can have. The people who have this problem have things similar - they may look similar, think similarly or their bodies may work similarly.

vaccination – this may be called a jab or injection. A vaccination stops you getting illnesses. For example a measles vaccination stops you getting measles.

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