



Royal College of
Obstetricians &
Gynaecologists

Guidance for antenatal screening and ultrasound in pregnancy in the evolving coronavirus (COVID-19) pandemic

Information for healthcare professionals

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Table of changes

Version	Date	Summary of changes
1.1	10.7.20	0: Added a note on the implementation of this guidance to clarify that the guidance was intended for the peak of the pandemic and that services should return to normal practice as soon as the local risk of transmission and prevalence allows.

A note on the implementation of this guidance

RCOG guidance on suggested maternity service modifications during the COVID-19 pandemic has been developed to reduce the risk of nosocomial transmission of SARS-CoV-2, particularly to individuals who are most at risk of the severe effects of COVID-19, and to manage the impacts of acute changes within the NHS as a result of the pandemic (e.g. cancellation of elective services and staff shortages). The advice within this guidance was intended for implementation at the peak of the pandemic, when the risk was highest.

Whilst the national risk of SARS-CoV-2 infection is falling in both the UK community and in healthcare settings, maternity services are advised to reflect on their local risk and return to providing clinical care as recommended by pre-existing local and national guidance (e.g. NICE antenatal care schedule, screening including for gestational diabetes) as soon as it is safe to do so. This may include maintenance of local initiatives commenced during the pandemic which have demonstrated an improvement in the quality and experience of care received by women.

A flexible approach is necessary to respond to fluctuations in risk from local or national COVID-19 prevalence and implications of local or national public health policy.

1. Introduction

There are 3 antenatal screening programmes:

- Sickle cell and thalassaemia (SCT)
- Infectious disease in pregnancy screening (IDPS)
- Fetal anomaly screening (FASP)

Pregnant women with existing type 1 and type 2 diabetes should also be offered eye screening at, or soon after, their first antenatal visit and after 28 weeks of pregnancy. [Find out more.](#)

These screening programmes are time critical and we should continue to offer timely screening as specified in the [NHS section 7a service specifications.](#)

If staffing levels start to impact on such time critical services, the local screening team should inform their senior management team and commissioners to discuss contingency and mitigation planning. Further guidance is provided about changes that can be adopted to the fetal anomaly screening pathway.

2. Assessment of women presenting for screening and/or scanning

All women should be asked to attend alone if possible or with a maximum of one partner/visitor:

2.1 Screening for possible coronavirus infection

All women should be initially screened before entering the department to see if they have [symptoms that are suggestive of COVID-19, or if they meet current 'stay at home' guidance.](#)

If a woman currently meets 'stay at home' guidance the appointment should be rebooked after the isolation period ends:

- Symptomatic women: rebook after 7 days from when symptoms started.

- Living with others who have symptoms of coronavirus: rebook after 14 days (all household members must stay at home for the duration).

Please provide a patient information leaflet (a template is provided as a guide in appendix A).

2.2 Rebooking appointments

The local service should decide how best to manage rebooking of appointments (blood tests and/or scans), the woman should be informed of their new appointment.

The woman should be informed that if she remains symptomatic or develops symptoms she **must not attend her appointment, instead she should phone her maternity service for advice.**

2.3 Failsafe

A local failsafe should be established to ensure that all women are reoffered and attend appointments. Follow local protocols for follow up of women who do not attend.

3. Fetal anomaly screening where appointments are rearranged

3.1 Women who decline screening

Book a dating scan and/or anomaly scan.

3.2 Women who wish to have screening for trisomy 21, 18 and 13 but have missed combined screening (11⁺²-14⁺¹ weeks)

If seen at:

14⁺² to 17⁺⁶ perform a dating scan and offer quadruple screening for trisomy 21. Use head circumference (HC) for the quadruple test.

18+0 to 20+0 perform anomaly scan and offer quadruple screening for trisomy 21. Use head circumference (HC) for the quadruple test.

20+1 to 23+0 perform anomaly scan only. The anomaly scan is the screening test for trisomy 18 and 13 in this instance.

3.3 Anomaly scan

The screening window is 18+⁰ to 23+⁰.

If indicated, refer to Fetal Medicine service in line with FASP guidelines.

If gestation is 23+¹ or greater, perform full clinical ultrasound examination of the fetus irrespective of gestational age and if indicated refer as per local guidelines.

4. Modifications for services

4.1 Capacity

Trusts will have differing capacity issues as the pandemic evolves. The advice is to continue with usual national screening programmes as specified for as long as possible. If the service is only able to provide a single scan, it is recommended that this is performed at 18+⁰ to 20+⁰ weeks with the option of the quadruple test for women who wish to be screened for trisomy 21. The anomaly scan is the screening test for trisomy 18 and 13 in this instance.

4.2 Staffing numbers

Daily discussion should be scheduled with senior team members with oversight of the pathway to review service provision. In the event that there is insufficient staff to provide the service, scans should be prioritised in the following order:

- Anomaly scan at 18+⁰-23+⁰ weeks

- Ultrasound +/- screening at 11⁺²-14⁺¹
- Growth scans

If, for any reason, an ultrasound examination is not possible the quadruple test can be offered based on the Last Menstrual Period (LMP) between 14⁺² to 20⁺⁰ weeks.

Although the performance of the quadruple test with scan measurements is marginally better than without a scan, quadruple testing using LMP remains an acceptable screening test in this instance.

4.3 Additional measures

Triage growth scans

To reduce the workload to the ultrasound screening unit a local policy should be implemented to review all referrals for a growth scan prior to booking an appointment.

Probe cleaning

Refer to [RCOG guidance for healthcare professionals](#)

Refer to [Public Health England guidance](#)

Appendix A: Template (that can be adapted with local details) for maternity services to use if they wish

Information for pregnant women who cannot have their scheduled appointment today and need to have their appointment rescheduled due to COVID-19.

If you have [symptoms of COVID-19](#) you must not attend your appointment but phone your maternity service for advice.

Maternity units may wish to provide additional information to pregnant women which includes the following:

- Reason they are unable to have their appointment today for example: they have suspected Covid-19 or have been in contact with someone who has recently had the infection.
- When they will have their appointment rescheduled.
- How they will be contacted about the new appointment date.
- If they don't hear from maternity service (it would be advisable to have a time frame for example if you don't hear within 1 week please contact), how and who they should contact

For further information about COVID-19 please visit [here](#).

DISCLAIMER: The Royal College of Obstetricians and Gynaecologists (RCOG) has produced this guidance as an aid to good clinical practice and clinical decision-making. This guidance is based on the best evidence available at the time of writing, and the guidance will be kept under regular review as new evidence emerges. This guidance is not intended to replace clinical diagnostics, procedures or treatment plans made by a clinician or other healthcare professional and RCOG accepts no liability for the use of its guidance in a clinical setting. Please be aware that the evidence base for COVID-19 and its impact on pregnancy and related healthcare services is developing rapidly and the latest data or best practice may not yet be incorporated into the current version of this document. RCOG recommends that any departures from local clinical protocols or guidelines should be fully documented in the patient's case notes at the time the relevant decision is taken.

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