



## Checklist for antenatal sickle cell and thalassaemia (SCT) screening sites

ST2: proportion of women having antenatal sickle cell and thalassaemia screening for whom a conclusive screening result is available by 10 weeks gestation.

This checklist enables antenatal sickle cell and thalassaemia (SCT) screening sites to identify areas for potential improvement based on the findings of the best performing sites.

Questions	Answers	Actions
Record our current performance against ST2 (look at		
last 4 quarters)?		
Where and in what format do we promote information		
to enable early access to maternity service? For		
example GP practices, pharmacies, hospital website,		
children's centre, posters, leaflets.		
Does the information include		
<ul> <li>importance of early screening</li> </ul>		
<ul> <li>how these conditions are inherited</li> </ul>		
<ul> <li>importance of knowing the results of both</li> </ul>		
parents		
<ul> <li>direct access to counselling and prenatal</li> </ul>		
diagnosis (PND) for known at-risk		
couples/women?		

How are pregnant women referred to maternity	
service? For example GP referral, self-referral, early	
pregnancy assessment unit.	
Could we develop an online booking referral template	
and provide secure web portable for self-referral and	
GP referral?	
Is the relevant information provided on the booking	
referral for example family history, previous	
pregnancy history, gestation, sickle/thal status?	
Is fast track available for women who refer after 10	
weeks gestation?	
Triage referrals for booking to prioritise women who	
present late. How do we do this? Have we ever	
audited this process? How do we know if it's working	
or not?	
How are women informed of their booking	
appointment? For example, letter in the post, phone	
call, SMS text, in person, by their GP surgery.	
Can we send reminders to women about their	
booking appointment to reduce non-attendance? For	
example, using text message appointment alerts.	
Where women accept screening for sickle cell and	
thalassaemia at the booking appointment - is the	
blood sample normally taken at this booking	
appointment?	
Is there a fast track pathway for known at risk	
couples/women?	
Are there any training needs for staff including	
reception/admin staff who book appointments?	
Do we continually audit our service and implement	
SCT checks and <u>audits</u> to improve quality and reduce	
risks?	