

Acceptability of the First Trimester Anomaly Scan Amongst Parents in the UK.

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Objective:

Assessment for fetal anomalies is not currently offered as part of the UK screening programme at the 11-14 week scan. We explored parental views of a potential screening programme.

Design:

Multi-centre, prospective study including two cohorts.

Methods:

In cohort A, parents attending routine antenatal ultrasound at one of ten participating hospitals in England and Wales were eligible for recruitment. In cohort B, parents with a previous pregnancy or child with a congenital anomaly were invited to participate via two national charities. All participants received information explaining the potential benefits and disadvantages of 11-14 week anatomical assessment, and were asked to complete a validated, structured questionnaire on their views regarding such screening.

Results:

Overall, 1373 parents were recruited between November 2019 and January 2021, including 1199 in cohort A and 174 in cohort B. Most would opt for an 11-14 week anomaly scan in a future pregnancy (cohort A: 91%, cohort B: 95%). Reasons included early reassurance (A: 86%, B:

74%), desire for early information (A: 83%, B: 87%), time to prepare for the birth of an affected child (A: 68%, B: 46%), earlier access to genetic testing (A: 68%, B: 74%), additional time to consider pregnancy termination (TOP, A: 53%, B: 59%) and opportunity for earlier TOP (A: 48%, B: 65%). In parents declining the scan (A: n = 35 [3%], B: n = 3 [2%]), the main reason cited was increased anxiety due to inconclusive results. The majority of parents preferred having a diagnosis at 11-14 weeks for lethal anomalies (A: 89%, B: 95%) and severe anomalies (A: 87%, B: 95%). Most wanted minor conditions assessed as well (A: 77%, B: 79%); and to be informed of a suspected anomaly even if this could not be confirmed until a later gestation (A: 75%, B: 82%). Parents felt an earlier diagnosis might impact decisions regarding TOP (A: 58%, B: 37%). Of the 198 parents declining Combined Screening in this pregnancy, 71% would consent to an early anatomy assessment if offered in future. Parents considering TOP for severe/lethal anomalies were more likely to opt for early screening ($p < 0.001$) and to request information about minor anomalies ($p < 0.001$) and suspicious findings ($p < 0.001$).

Conclusions:

In this large, nationwide study, we have shown that most parents would consent to early anomaly screening at the 11-14 week scan, in addition to the 18-20 week anomaly scan currently offered by the National Health Service.