

Introduction

# PINSA:

# **Providing Information about Newborn Screening Antenatally**

My name is and I am a researcher from the University of Manchester.			
The main aim of this survey is to understand the way in which information about the Newborn Blood Spot Screening Programme is currently provided to parents.			
The second aim of this survey is to discover if there are any barriers to the provision of information by health professionals.			
It is important that your answers represent what you actually do in practice rather than what guidelines advise should be done. Your answers will be anonymised.			
The survey will take no more than 30 minutes to complete and you will have the opportunity to add any extra comments about Newborn Bloodspot Screening or the survey at the end.			
In terms of data collection it would be helpful for me to tape-record the survey - Are you happy for me to tape-record the survey?			
Would you like to be entered into a prize draw for the chance to win a £50 Marks and Spencers voucher as a thank you for taking part?			
<b>Providing Information Before Birth</b>			
The questions in this section ask you about providing information before birth			
1. In your NHS role, do you give information about Newborn Blood Spot Screening to parents before birth?			
☐ Yes ☐ No			
(IF NO, PLEASE GO TO QUESTION 8)			

2. Which of the following options do you use to provide information about Newborn B Spot Screening before birth? I will now read the options available to you. You are allowed indicate more than one option.	
☐ Face to face discussion with parents	
☐ Screening for you and your baby leaflet	
☐ Blood spot screening for your baby leaflet	
☐ Other (write the response in the box below)	
(IF DISCUSSION NOT SELECTED GO TO QUESTION 6)	
3. If you discuss Newborn Screening with parents face to face, when in a woman's preg would you generally do this? (If exact answer provided enter this, if not prompt with options below) I will now reacoptions available to you. Please choose just one option.	•
<ul> <li>□ N/A</li> <li>□ 11-20 Weeks</li> <li>□ 31 Weeks-Birth</li> <li>□ Booking</li> <li>□ 21-30 Weeks</li> </ul>	
4. If you discuss Newborn Screening with parents face to face, where would you typicathis? I will now read the options available to you. You are allowed to indicate more that option.	-
☐ N/A ☐ In Hospital ☐ Midwife Led Delivery Unit	
☐ Antenatal Clinic ☐ At Parent's Home	
Other (write the response in the box below)	

5. If you discuss Newborn Screening with parents face to face, how long on average do you spend doing so?

	provided enter this, if not prompt with options below) I will now read the to you. Please choose just one option.
□ N/A	☐ 11-20 Minutes
☐ 0-5 Minutes	21-30 Minutes
☐ 6-10 Minutes	☐ Longer than 30 minutes
in a woman's preg (If exact answer p	pregnant women with the Screening for You and Your Baby Leaflet, when mancy would you generally do this? <b>provided enter this, if not prompt with options below)</b> I will now read the to you. Please choose just one option.
□ N/A □	11-20 Weeks 31 Weeks-Birth
	21-30 Weeks
	oregnant women with the Screening for You and Your Baby leaflet, where ly do this? I will now read the options available to you. You are allowed to one option.
□ N/A	☐ In Hospital ☐ Midwife Led Delivery Unit
☐ Antenatal Clin	ic At Parent's Home
Other (please s	specify)
<b>Info</b>	rmation: After Birth but Before the Test
The questions in before the test is	this section asks you about providing information after the birth but done
8. Do you provide before the screeni	e any information about Newborn Blood Spot Screening after birth but ng is carried out?
☐ Yes	□ No

(IF NO, PLEASE GO TO QUESTION 13)

about Newborn Blood Spot Screening? I will now read the options available to you. You are allowed to indicate more than one option.
☐ Immediately before test
24 hours before test
☐ Longer than 24 hours before test
10. Where does this information provision generally take place? I will now read the options available to you. You are allowed to indicate more than one option.
□ N/A □ In Hospital
☐ At Parent's Home ☐ Midwife Led Delivery Unit
Other (please specify)
11. What form does this information provision take (tick all that apply)? I will now read the options available to you. You are allowed to indicate more than one option.
☐ Face to face discussion with parents
Screening for you and your baby leaflet
☐ Blood spot screening for your baby leaflet
☐ Other (please specify)

(SKIP QUESTION 12 and go to question 13 IF DISCUSSION NOT TICKED ABOVE)

would you typically (If exact answer pro	reening with parents after birth but before the heel prick test, how long spend on this topic? <i>ovided enter this, if not prompt with options below)</i> I will now read the you. Please select one option.
□ N/A	☐ 11-20 Minutes
☐ 0-5 Minutes	21-30 Minutes
☐ 6-10 Minutes	☐ Longer than 30 minutes
Taking I	nformed Consent for Newborn Blood spot Screening
The questions in the bloodspot screening	is section asks you about taking informed consent for newborn g
13. In your role in the Spot Screening?	ne NHS do you personally take informed consent for Newborn Blood
☐ Yes	□ No
(IF NO, PLEASE C	GO TO QUESTION 20)
Spot Screening from (If exact answer pro	w many parents do you see to take informed consent for Newborn Blood in per week?  **Provided enter this, if not prompt with options below**) I will now read the you. Please select one option.
□ 0-2	□ 11-20
□ 3-5	☐ More than 20
□ 6-10	
(If exact answer pro	nerally prefer to gain informed consent from?  **Divided enter this, if not prompt with options below**) I will now read the you. Please select one option.
☐ Mother only	☐ Carer
☐ Partner only	☐ It depends
☐ Mother and Part	ner

Other (please specify)
16. If you prefer to gain informed consent from a specific person, why is this?
17. How do parents give informed consent for Newborn Blood Spot Screening? (e.g. verbally or written)
18. Do you ever use interpreters to provide information and take consent from parents who do not speak English as their first language?
□ Yes □ No
19. If yes, roughly how often would you encounter a set of parents who required an interpreter? (i.e. once a week, once a month etc)

#### **Providing Information About Repeat Tests**

The next section will ask you about providing information to parents about the need to conduct a repeat test.

A repeat test may be needed if:

• The results were near to being positive and verification is needed.

20. If the first sample collection failed and it is necessary to take a second heel prick sample

- The first sample was not collected properly.
- Other problems such as the loss of the sample in the post.

(If exact answer provided enter this, if not prompt with options below) I will now read the options available to you. Please select one option.  N/A	_	ally explains the need for a follow up bloodspot sample collection to the read the options available to you. Please select one option.
Other (please specify)  (IF NOT ME, PLEASE GO TO QUESTION 21)  21. If you, how long do you spend explaining why it is necessary to collect a second bloodspot sample? (If exact answer provided enter this, if not prompt with options below) I will now read the options available to you. Please select one option.  N/A	□Me	
(IF NOT ME, PLEASE GO TO QUESTION 21)  21. If you, how long do you spend explaining why it is necessary to collect a second bloodspot sample? (If exact answer provided enter this, if not prompt with options below) I will now read the options available to you. Please select one option.  N/A	☐ An explanation i	s not usually given
21. If you, how long do you spend explaining why it is necessary to collect a second bloodspot sample?  (If exact answer provided enter this, if not prompt with options below) I will now read the options available to you. Please select one option.  N/A	Other (please spe	ecify)
21. If you, how long do you spend explaining why it is necessary to collect a second bloodspot sample?  (If exact answer provided enter this, if not prompt with options below) I will now read the options available to you. Please select one option.  N/A		
bloodspot sample?  (If exact answer provided enter this, if not prompt with options below) I will now read the options available to you. Please select one option.  \[ N/A \] \[ 11-20 \] Minutes \[ 0-5 \] Minutes \[ 0-10 \] Minutes \[ 10-10 \] Minutes \[ 10-10 \] Minutes \[ 10-2 \] More than 30 minutes \[ 10-2 \] More than 20	(IF NOT ME, PLE	ASE GO TO QUESTION 21)
□ 0-5 Minutes □ 21-30 Minutes □ 6-10 Minutes □ Longer than 30 minutes  22. On average, how many second blood spot sample collections do you have to conduct in a week?  (If exact answer provided enter this, if not prompt with options below) I will now read the options available to you. Please select one option.  □ 0-2 □ 11-20 □ 3-5 □ More than 20	bloodspot sample? (If exact answer pro	ovided enter this, if not prompt with options below) I will now read the
□ 6-10 Minutes □ Longer than 30 minutes  22. On average, how many second blood spot sample collections do you have to conduct in a week?  (If exact answer provided enter this, if not prompt with options below) I will now read the options available to you. Please select one option.  □ 0-2 □ 11-20 □ 3-5 □ More than 20	□ N/A	☐ 11-20 Minutes
22. On average, how many second blood spot sample collections do you have to conduct in a week?  (If exact answer provided enter this, if not prompt with options below) I will now read the options available to you. Please select one option.   0-2  11-20  3-5  More than 20	☐ 0-5 Minutes	☐ 21-30 Minutes
week?  (If exact answer provided enter this, if not prompt with options below) I will now read the options available to you. Please select one option.   0-2  11-20  3-5  More than 20	☐ 6-10 Minutes	☐ Longer than 30 minutes
☐ 3-5 ☐ More than 20	week? (If exact answer pro	ovided enter this, if not prompt with options below) I will now read the
	□ 0-2	□ 11-20
☐ 6-10	□ 3-5	☐ More than 20
	☐ 6-10	

## **General Questions About Newborn Blood Spot Screening**

23. How important do you believe <b>presenting information</b> about the Newborn Blood Spot Screening test is relative to your other duties? I will now read the options available to you. Please select one option.
☐ A lot more important
☐ More important
☐ Equally important
☐ Less important
☐ A lot less important
24. Please explain your answer to the above question
25. Do you feel that your other duties limit the amount of time you have to present information about Newborn Blood Spot Screening?
□ Yes □ No
26. Please explain your answer to the above question

### **Some Questions About Yourself**

27. What is your	role in the NHS? (e.	g. Community mic	lwife, hospital based, student e	tc)
20 What is your	mary amada?			
28. What is your	pay grade:			
☐ Band 2	$\square$ Band 6			
☐ Band 3	$\square$ Band 7			
☐ Band 4	☐Band 8 A	-C		
☐ Band 5	□Student			
29. What is the na	ame of the NHS trus	t you work in?		
30. Is your trust i	nvolved in the pilot t	for expanded newl	oorn screening?	
	□ Yes	□ No	☐ Don't Know	
31. Do you have Spot Screening?	any other comments	about providing in	nformation about Newborn Blo	od

32. Do you have any further comments about this survey?

33. Would you be will project?	ing to receive information	n about taking part in fur	ther studies in this
	☐ Yes	□ No	
(CHECK IF EMAIL RECORD BELOW)	ADDRESS GIVEN FOI	R PRIZE DRAW, IF N	OT PLEASE

Thank you for taking the time to complete this survey.

Your responses will help us to discover how information about Newborn Bloodspot Screening is currently given to parents and whether there are any pressures on this.