

Thank you for taking the time to read the background of our research project and considering the following five questions.

## Background

As part of routine NHS care all pregnant women are offered two scans. The first scan is usually done at about 12 weeks. This scan dates the pregnancy, checks for twins and contributes to screening for Down's syndrome. The second scan is usually performed at around 20 weeks. This scan looks for some physical abnormalities and can often check to see if the baby is a boy or girl. Healthy women with an uncomplicated pregnancy are NOT routinely scanned after 20 weeks but a scan may be suggested if their doctor or midwife has concerns.

We want to carry out research to find out whether offering all women expecting their first baby a third scan at around 36 weeks would result in better outcomes for babies. By this we mean fewer babies having to be admitted to special baby units because they are born unwell, fewer babies being born who are smaller than expected and the worst outcome of all which is when a baby dies before he or she is born, a stillbirth. The reason for having a scan at 36 weeks would be to check the baby is growing normally, check the placenta (the baby's life line to the mother) is still healthy and check if the baby is head down, which is the correct position for birth.

Research is needed because while having a third scan at 36 weeks as part of normal care may be useful in some cases, it may not always give accurate information and could therefore be harmful. For example, there might be a difference of up to 10% between the weight of the baby as calculated during the scan and the actual weight, which can be up to 1 pound (lb) difference (equivalent to about 450 grams) for large babies. Similarly, the scan may suggest a baby is not growing well when in fact the baby is perfectly healthy. This can lead to unnecessary and potentially harmful interventions such as delivering the baby earlier than needed, which can increase the risk of the baby being admitted to special care. We would like to plan a study that women would be happy to join. For this reason your views are important, and will help us decide on the design a future research project on whether we should be offering women scans in late pregnancy.

1. Were you aware that women whose pregnancies are straight-forward are NOT routinely scanned after 20 weeks? (circle one)

A) Yes, I was aware that healthy women are NOT routinely scanned after 20 weeks.

B) No, I thought all women have a scan after 20 weeks.

2. How much do you agree/disagree with the following statement?

"I would like to have the option of a scan at around 36 weeks as part of my routine NHS care". Circle one.

Strongly disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

(don't want scan)

(do want scan)

3. Imagine that today you are asked to be in a research study. This study is called "A". If you agreed to take part you would be randomly put into one of two groups. One group would have a scan at 36 weeks and the other group would not have a scan at 36 weeks (i.e the current standard of care). That is, you would agree to take part in the research and, after you had consented, you would find out whether or not you were one of the women selected to have a routine scan at 36 weeks.

How much do you agree/disagree with the following statement? "I would be likely to agree to take part in such a research project".

Strongly disagree      Disagree      Neither agree nor disagree      Agree      Strongly agree  
(wouldn't want to take part)      (would take part)

4. Now imagine that you are asked to be in study (B) where you would definitely have a scan at 36 weeks. All women would be told whether their baby was head first or bottom first and if there was a major obvious problem (eg very small amount of fluid around the baby). However, in this new study you would also be randomly put into one of two groups. In this study other information from the scan (such as the estimated size of the baby – the part that may suggest you should be delivered early) would only be told to women and the midwives and doctors looking after women in one of the groups. If you were in this group, the care you received might change in the light of knowing your scan results (such as being required to deliver in the consultant-led unit and not in the midwife-led unit). If you were in the other group the midwives and doctors and you would not be told this extra information and you will receive the standard care.

How much do you agree/disagree with the following statement? "I would be likely to agree to take part in such a research project".

Strongly disagree      Disagree      Neither agree nor disagree      Agree      Strongly agree  
(wouldn't want to take part)      (would take part)

5. If you are happy to participate in one of the above research projects which one would you prefer?

- A. The study in which you may or may not have an additional scan at 36 weeks (depending on which group you were randomly put in). For women who have a scan the results will be revealed to you and your midwife or doctor.
- B. The study in which all women have an additional scan at 36 weeks. If there is any major problem (as described above) the results will be revealed to you and your midwife and doctor. If there is not a major problem the results might or might not be revealed (depending on which group you were randomly put in).
- C. I will be happy to participate in either study.

**About you**

Age (circle one): <20    20-24    25-29    30-34    35-39    40+

Ethnicity: .....

Age stopped full time education (circle one): <18    18-21    22-24    25+

Have you been told that you are going to have extra NHS scans anyway?      YES    NO

Have you had a previous birth (births include stillbirths but not miscarriages)?      YES    NO