



# PERINATAL FORUM

Wednesday 13 December 2006

**Perinatal Institute**

Crystal Court, Aston Cross, Birmingham B6 5RQ

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## *Contingency Screening for Down's syndrome*

The Perinatal Institute has developed a 3-stage contingency model of screening for Down's syndrome which will enable the West Midlands to achieve the National Screening Committee's standards of performance for 2007, despite the limited ultrasound resources of the region. With NSC funding, this method has been piloted at Stafford General Hospital to assess the feasibility and acceptability for women and professionals.

This special Forum will present the promising findings from the pilot, and raise the issues which need to be addressed for any region-wide implementation.

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**13:00**    **Buffet**

**14:00**    **Introduction and background**

*Jason Gardosi, Regional Perinatal Screening Lead*

**14:15**    **Implementation and Evaluation in Practice**

*Sharon Hodgkiss, Regional Antenatal Screening Co-ordinator*

*Ann Tonks, Project Manager, West Midlands Perinatal Institute*

**15:15**    **Perspectives from Women and Professionals**

*Dawn Bailey, Local Antenatal Screening Co-ordinator*

*Lynne Ball, Principal Sonographer*

*Wendy Hayes, Community Midwifery Manager*

*Mid-Staffs General Hospitals NHS Trust*

**15.45**    **Contingency and the National Screening Programme**

*Pat Ward, Programme Director, National Screening Committee*

**16.00**    **General Discussion and Regional Plans**

**16:30**    **Close**

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## *Contingency Screening for Down's syndrome*

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Registration fee £20 includes lunch, refreshments and certificate of attendance for CPD.

To register please complete the form below, and send with a cheque (made payable to 'Perinatal Institute') to:  
The Perinatal Institute, Crystal Court, Aston Cross, Birmingham B6 5RQ

Sharon Brown, PA Perinatal Screening Team  
Tel 0121 687 3470  
email : [sharon.brown@pi.nhs.uk](mailto:sharon.brown@pi.nhs.uk)

Registration will be confirmed upon receipt.



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### Perinatal Forum 13.12.06: Contingency Screening

Surname: ..... Forename: .....

Post: .....Department: .....

Hospital / Organisation: .....

Contact tel. no.: .....

Email: .....

Special Requirements (e.g. dietary / assistance) pleased specify:

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