Involving Fathers in Ante-natal Screening for Sickle Cell Disorders: Improving Informed Decision Making

Recommendations from the Project for GPs

- Ensure that sickle cell is brought up in general consultations if a genetic possibility and probe family histories if needed. Fathers and mothers sometimes feel it is too late to offer testing when pregnant. They would like to be offered a test sooner.

- Irrespective of apparent ethnicity consider offering a screening test for sickle cell/ thalassaemia as part of the package offered when first registering at a GP surgery.

- Respond positively to requests from any patients for a sickle cell screening test. Explain difference between sickle cell disorder and ‘carrier’ status.

- Testing should be an individual’s choice but discuss pros and cons. Ensure you have leaflets and information available. At present, fathers do not feel they are making informed choices.

- If tests have taken place elsewhere, probe and suggest repeat tests if necessary.

- Be ready to explain carrier status, where to go for counselling and implications for pregnancy. Understand how some couples might find screening stigmatising.

A copy of the final report and resources can be found at:

http://www.york.ac.uk/media/healthsciences/documents/research/public-health/23116_A4_report%20v3.pdf

This report presents independent research funded by the National Institute for Health Research (NIHR) under its Research for Patient Benefit (RfPB) Programme: Yorkshire and Humber (Grant Reference Number PB-PG-0610-22196) and undertaken by the University of York in partnership with the Sickle Cell Society and De Monfort University. The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.