

Document Title: <i>Midwife Sonographers – SOP for women identified to have low PAPP-A following first trimester combined screening</i>	1 of 4	Approval Date: 10/11/25
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Midwife Sonographers – SOP for women identified to have low PAPP-A following first trimester combined screening.

Introduction and Aim

This guideline is for health professionals within maternity services, to support clinical practice and the care of women referred for ultrasound due to low PAPP-A in their pregnancy.

Objectives

- Recommended practice based on the most up-to-date research evidence.
- To provide clear pathways to guide clinical practice.
- To support women to make informed choices about their care.

Scope

This procedure applies to all of our staff in all locations including those with honorary contracts.

Equality Health Impact Assessment	An Equality Health Impact Assessment (EHIA) has/has not been completed. (please delete as necessary) Where it has not been completed indicate why e.g. 'This is because a procedure has been written to support the implementation the Policy. The Equality Impact Assessment completed for the policy found here to be a negative/positive/no impact.
Documents to read alongside this Procedure	PAPP-A Guideline
Approved by	Maternity Professional Forum

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Disclaimer
If the review date of this document has passed, please ensure that the version.

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you are using is the most up to date either by contacting the document author. or the [Governance Directorate](#).

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
	Date of Committee or Group Approval	TBA	State if a new document, revised document (please list main amendments). List title and reference number of any documents that may be superseded

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2 Background

Low Papp-A levels are an independent risk factor for SGA, with the odds of SGA decreasing as PAPP-A increases. Low PAPP-A levels are also strongly associated with stillbirth (RCOG, 2024). Low PAPP-A is defined as below 0.4MoM (5th centile).

3 Eligible women

- Pregnant women identified to have PAPP-A levels of <0.4MoM but >0.2MoM at the first trimester dating scan, who are otherwise deemed to be low risk/midwife led care.

4 Exclusions

- Women with any reason to be consultant led care other than low PAPP-A.

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5 Standard Operating Procedure

All women identified to have low PAPP-A who are otherwise MLC should be booked on a serial scan pathway with the Midwife Sonographers (DAUOB12/DAUOB14 lists).

Fetal growth, liquor assessment and UA Doppler measurement USS should be performed ideally at 28, 32, 36 and 39 weeks' gestation and plotted on the woman's online customised growth chart.

If growth is within the normal boundaries i.e. between the 10th and 97th centiles and is following the centile curve, fetal growth can be monitored by the Midwife Sonographers.

If growth becomes "static" or "slow" or there is abnormal UA Doppler measurements or Liquor Volume the woman must be referred to a Senior Obstetrician for review, ensuring clear documentation in the handheld notes.

ALL women must have a consultant review at 36 weeks.

For these women, NO symphysis fundal height measurements should be undertaken or documented.

ALL women with low PAPP-A should have a uterine artery Doppler ultrasound scan at 22 weeks (or as close to this gestation as possible) by the Midwife Sonographers on the MWSGA list. If the Doppler measurements are normal and the PAPP-A levels are $>0.2\text{MoM}$, the woman does not require obstetric review following the scan. If the PAPP-A levels are $<0.2\text{MoM}$ or the Doppler measurements are abnormal, the woman must be reviewed by a Senior Obstetrician, ensuring clear documentation in the handheld notes.

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6 References

RCOG. Investigation and Care of a Small-for-Gestational-Age Fetus and Growth Restricted Fetus. Green-top Guideline No. 31, 2024.