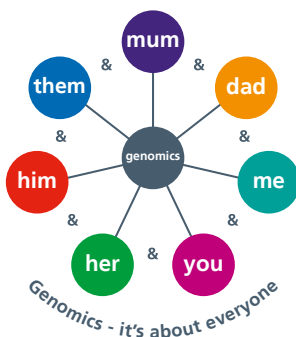




# Genomic Red Flags

Things to think about and prompt further questions:



Consanguinity doesn't automatically prompt a referral but exploration of family history is required e.g. are there any physical health problems? Developmental problems or significant learning difficulties? Recurrent pregnancy loss?



Father's own and family history, including other children's medical and developmental history.



Personal or family history of pregnancy loss, on both sides of the family - how many pregnancy losses have occurred? Has any genetic testing being carried out on any pregnancy losses?



Has anyone in the family had genetic testing? Even if previously no genetic diagnosis was made, advances in genetic tests may mean a diagnosis is possible.



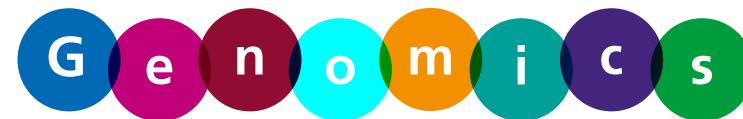
Current children's health - any involvement with speciality teams? Developmental delays or significant learning difficulties?



Newborn blood spot (NBS) positive in previous child - has there been follow up tests and review? If not consider prenatal genetics referral.



# Think



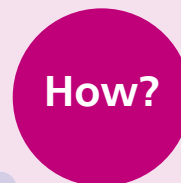
**A personal or family history of:**

- a genetic condition
- current genetic testing (awaiting appointment or test results)
- awaiting a genetics appointment (appointment can be expedited)
- a previous fetal anomaly
- previous genetic involvement e.g. testing and/or genetic counselling.



**As soon as possible**

Remember, **early referrals** allow for **earlier interventions** and personalised care plans to be put into place.



Affected family member details and condition.

