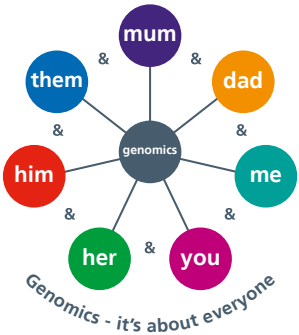

Genomic Red Flags

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.

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Think Genomics

Who?

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.

When?

As soon as possible

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

How?

ADD REFERRING DETAILS HERE

Important to include

Affected family member details and condition.

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