Brighton and Sussex University Hospitals NHS Trust

Antenatal Screening Infectious Diseases: Syphilis

Maternity Protocol: MP007

Date agreed: December 2019

Guideline Reviewer:	Karen Gregory and Helen Green
Manager responsible:	Heather Brown
Version:	6.0
Approval Committee:	Women's Safety and Quality Committee
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Review date:	December 2022
Cross reference:	**MP001** Provision & Schedule of Care - Booking, Antenatal & Information **Neonatal Department - Medical guidelines**: Management of Infants Born to Mothers with Positive Screening for Syphilis in Pregnancy [Department of Neonatology 2018]

Contents

Key Principles

A protocol is a set of measurable, objective standards to determine a course of action. Professional judgement may be used in the application of a protocol.

Scope

This protocol applies to:

- All pregnant women

Responsibilities

Midwives & Obstetricians

- To access, read, understand and follow this guidance
- To use their professional judgement in application of this protocol

Management

- To ensure the protocol is reviewed as required in line with Trust and National recommendations
- To ensure the protocol is accessible to all relevant staff

Antenatal Screening for Syphilis

Background to the screening program is given in Appendix B.

For Designated programme lead for maternity services and Link speciality staff please see Appendix A

Aims

The NHS Infectious Diseases in Pregnancy Screening Programme ensures that all pregnant women are offered and recommended screening for syphilis [Public Health England (PHE) 2018b]

Objectives

- To ensure that women with syphilis are identified early in pregnancy to facilitate appropriate assessment and management for their health
- To reduce the risk of mother-to-child transmission of syphilis
- To facilitate appropriate neonatal referral and management

Ref: Public Health England 2018

Expected Health Outcomes

The expectation of the antenatal screening programme is to safeguard the woman's own health and reduce the risk of mother-to-child transmission of syphilis infection [Public Health England 2018].

1 Screening for Syphilis in Pregnancy

1.1 Pre-Screening Information **enabling informed choice**

1.1.1 At the first antenatal contact with the midwife, the woman should be given verbal and written information about syphilis. This should include the benefits of screening for both the woman and her unborn baby [NICE 2008, PHE 2018b; UK NSC 2013]

1.1.2 The trust uses the NHS Screening Programmes information booklet: 'Screening tests for you and your baby'. This includes the section 'Infectious Diseases'. This leaflet may be sent to the woman by post prior to the first appointment or given out at the first appointment. The midwife must document in the hand held notes that the leaflet has been received by the woman.

1.1.3 Copies of 'Screening tests for you and your baby' are available in some other languages and can be downloaded via the Public Health England website: https://www.gov.uk/government/publications/screening-tests-for-you-and-your-baby-description-in-brief. If the leaflet is not available in the language required from the national website, it is possible to ask for the leaflet to be translated via the trust's Equality and Diversity Team.

1.1.4 Interpreting services [including sign language] should be used for communicating with parents who are not fluent in English at all stages of the screening pathway.

1.1.5 If the midwife or doctor feels unable to answer all questions or the woman requests further advice/information about any aspect of syphilis, then a direct referral can be made to the Specialist Midwife for Reproductive Health and Wellbeing (SMRHW) for specialist counselling [see contact list Appendix A].

1.2 Offering Screening in Pregnancy

1.2.1 The Eligible Population

All women should be offered screening for syphilis early in each pregnancy regardless of the results of syphilis screening in previous pregnancies [NICE 2018, PHE 2016b, PHE 2018b]

1.2.2 The midwife or doctor should discuss the reasons why screening for syphilis is recommended, the results process and follow-up if the screening result is positive.

1.2.3 Screening should be offered early in pregnancy, ideally by 10 weeks [NICE 2008]. The aim is to screen all women by 10 weeks, however screening can be offered at any point during the pregnancy.

1.2.4 Testing should also be available on request at any stage of pregnancy should a woman consider herself to be at risk of infection [Public Health England 2018]

1.2.5 Women booking late or who arrive unbooked in labour should be offered screening at the first available opportunity

1.2.6 Women who have booked elsewhere and transferred care to BSUH NHS TRUST should be offered repeat screening. This ensures a result is available in-house for all staff to access electronically if the hand held notes are not available and for completion of cohort data. If a woman declines repeat testing having been screened elsewhere, then a copy of the original result from the previous booking unit must be inserted in the hand held notes and a further copy sent to the Antenatal Screening Co-ordinator and SMRHW. A booking test declined for (appendix C) should be completed and the declines process should be implemented)

1.2.7 The midwife should document in the hand held notes that discussion has taken place and the woman's decision to accept [consent to screen] or decline screening. Screening should only be performed after documented informed consent; this does not require a signature from the woman.

2 Women Booking Late

2.1 Women booking late must be offered screening at the first appointment with the midwife. Where women book at 24 weeks gestation or later, the blood specimens should be marked urgent and positive results reported [as per positive results pathway section 5] within 24 hours [1 working day] of the sample being received in the laboratory [The Royal College of Pathologists (RCP) 2013].

2.2 In such cases it is the responsibility of the midwife booking the woman to follow up results within 5 working days of the sample being taken. The midwife must agree a plan with the woman to communicate the results to her. This plan must be documented in the hand held notes [RCP 2013].

3 Women who arrive un-booked or without screening results in labour

3.1 Women who arrive un-booked or without screening results in labour must be offered screening on admission by the midwife responsible for care. Consideration should be given to the stage of labour, woman's condition and specific risk factors for syphilis. The midwife should document all discussions that have taken place in the hand heldnotes. PHE 2018

3.2 If the woman is considered to be at increased risk of syphilis infection and delivery is imminent it may be necessary to consider urgent screening. Results can normally be obtained within an hour from the laboratory during normal working hours. In these cases the midwife should liaise with staff in the virology laboratory regarding timely processing of the sample and results turnaround time[PHE 2016a, PHE2018b].

3.3 If consent is withheld for screening during labour, the midwife caring for the woman should re-offer screening after delivery and document discussions/ decisions in handheld notes [PHE 2018]. In these cases the midwife must alert the on-call neonatal doctor prior to the birth.

3.4

In all cases, blood results must be obtained prior to discharge from the hospital / maternity services and documented in the hand heldnotes by the midwife responsible for the woman or person's care. Positive results will be actioned accordingly [PHE 2016a; PHE 2018b].

3.5 If the baby is born before the results are available, the midwife should alert the neonatal team that results are outstanding.

4 Declining Screening

4.1 Screening is optional. All women have the right to decline screening. In these cases the midwife should complete a booking test declined form [see Appendix C] and return to the Specialist Midwife for Reproductive Health and Wellbeing (SMRHW).

4.2 The decision to decline screening must be clearly documented by the midwife in the l hand held notes. The 'decline' box must also be ticked on the booking blood request form.

4.3 The woman should also be informed that as she has declined syphilis screening, she will be contacted by the SMRHW to further discuss their choices. This contact will usually be within 10 working days of receipt of the decline form and ideally by 20 weeks. Ideally this discussion takes place in person. At this contact the SMRHW will:

- discuss the woman's decision to decline and ensure that they are fully aware of the benefits of screening for both themselves and their baby
- reoffer the screening test and where this is accepted arrange testing and follow up of the result [PHE 2018b]

4.4 If the woman remains unscreened at 28 weeks the midwife should re-offer screening at the 28 week visit along with the other blood test routinely offered at this appointment. The midwife should document in the hand held notes any discussions that take place and the woman's decision to accept or decline screening after re-offer.

4.5 The SMRHW will follow up at 32 weeks and if the woman remains unscreened, the SMRHW will inform the following staff by email:

- Link Neonatal Consultant
- Link GUM consultant
- Link Obstetric Consultants
- Consultant Virologist
- Antenatal Screening Co-ordinator
- Neonatal secretary
- Consultant Neonatologist (who will co-ordinate a team meeting to formulate a postnatal management plan individual to the woman's circumstances) [PHE 2018b]

4.6 Where women decline screening, the midwife should ensure the woman is aware she can opt for screening later in her pregnancy and is aware how to arrange this. PHE 2018

5 Taking the Sample

5.1 The sample may be taking at booking by the midwife or practice nurse or phlebotomist according to local arrangements:

- A 5 ml sample of blood is required in a gold topped [clotted] bottle. This same sample can be used for HIV, Hep B and syphilis screening.
- The requestor [midwife or doctor] should complete all fields on the Antenatal Booking Blood Request Form. The request from is in triplicate, and the requestor must ensure that all hand writing has transferred through and is legible on all three sheets of the form. Where adhesive patient labels are used, a label must be affixed onto each of the three sheets of the request form. The form includes tick boxes for 'accept' or 'decline' of syphilis screening as well as boxes to indicate whether this is a 'first booking', 'urgent' or 'repeat' sample.

5.2 The sample must be labelled according to laboratory guidelines. The minimum acceptable identifiers include forename, surname [no abbreviations], plus date of birth and NHS number or hospital ID number. The NHS number is the preferred number to use [PHE 2016a].

5.3 If a woman discloses previous syphilis infection and treatment, include details on the request form. In these cases the woman should be made aware that the result will show 'syphilis positive' even if she has received appropriate treatment in the past, and that the SMRHW will contact her to discuss

5.4 Additional information should be included on the request form if relevant: Including family origins, recent immigration (if lived in an area of world where syphilis is endemic) and first language (if not English) to assist the SMRHW in follow-up of positive results

5.5 Samples are sent to Brighton Pathology for processing and should arrive within one working day of sample collection.

6 Unacceptable samples

6.1.1 Where the sample is deemed to be unacceptable by the laboratory because of insufficient blood, incomplete data on the request form or for any other reason, the laboratory will inform the sample requestor to request a repeat. In such cases, a repeat sample should ideally be taken within 10 working days of the request being received by the maternity unit [PHE 2016a; PHE 2018b]

6.1.2 Where repeat samples take longer than 10 working days to arrange [for example the woman is away or declines to attend for repeat sampling within 10 days], the midwife should document reasons why there has been a delay.

6.1.3 The midwife must always follow up the results of repeated samples and arrange a plan [documented in the hand heldnotes] being mindful that there has already been a delay in obtaining a result because of the need to repeat.

7 Results Processes

Accessing results [including fail-safes to ensure all women who accept screening receive a result]

7.1 Results will be available to staff within 5 working days on ICE [the electronic results reporting programme] or by phoning the virology laboratory at RSCH on 01273 696955 x4627 [PHE 2016a]

7.2 It is the responsibility of the sample requestor to follow up results within 10 working days of the sample being taken [see also 8.1.3 for situations where this is not possible] [PHE 2016a; PHE 2018b]. The sample requestor should ensure positive results have been acted upon and follow up missing results or laboratory requests for a repeat sample. The sample requestor must document that results were followed up and acted on. An example proforma that can be used for recording that results were followed up is given in appendix F.

7.3 It is recognised that some community clinics do not have facilities for venepuncture and therefore women attend hospital phlebotomy to have bloods taken. In such cases, the sample requestor will not know when the bloods were actually taken and so cannot follow up results at 10 days. In such cases it is essential that the requestor follows up results as per 8.1.4.

7.4 It is the responsibility of the health professional (midwife or doctor) providing care at the next antenatal appointment (usually at the 16 weeks of pregnancy appointment) to check the results, document results [with informedmaternal consent] in the maternal hand held notes and inform the woman of the results during the appointment [PHE 2018b].

7.5 As an additional failsafe, the Screening Maternity Support Worker (MSW) will ensure a full set of booking blood results are available at the time women attend dating scan. This allows early identification of missing results. With consent, missing bloods will be repeated at this point of contact by the MSW. The MSW will then inform, via email, the Antenatal Screening Team and named community midwife. It is then the responsibility of the named Community Midwife to follow up results within 10 working days and inform the woman as per 8.1.2. All women should be notified of their results following testing and this includes women who terminate or miscarry following screening. This is especially important with screen positive results to ensure women are referred and seen for specialist follow up within the timeframe detailed in section 9.0 [PHE 2016a; PHE 2018b]

8 Missing results

8.1 Results should be documented in all cases at the next antenatal appointment [PHE 2018b]**.** In rare circumstances, a result may not be available at the next appointment. The midwife or doctor should phone the laboratory to try and ascertain how long results will take and agree with the woman, a plan to communicate the results to her.

8.2 If having phoned the laboratory it is apparent that there is no result, then a repeat screening test should be recommended and where accepted, taken that day or within 10 working days maximum [PHE 2016a; PHE 2018b].

8.3 Where a repeat sample is taken, a plan must be agreed with the woman as to relaying the result to her within a specified time frame.

8.4 Full documentation of the above should be made in the hand held notes by the midwife or doctor.

9 Negative result

Where a **syphilis** result is negative, the health professional (midwife or doctor) informing the woman of the result should explain the following:

9.1 A negative test does not confer protection on the woman. If a woman (or her partner) engages in high risk behaviour there is a risk of acquiring syphilis during pregnancy [PHE 2018a].

9.2 Women can request repeat screening at any stage of the pregnancy if she deems herself at risk or changes her sexual partner [PHE 2018b]

10 Positive Result

10.1 All confirmatory testing is performed in Brighton pathology laboratory.

10.2 The virology laboratory staff will inform the SMRHW and designated Health Advisors [HA - who provide cover if the SMRHW is absent] by email of a syphilis positive or equivocal result. This email is sent to a dedicated email account (bsuh.womens.health.advisor@nhs.net) which is checked daily by the designated specialist staff (SMRHW/HAs). This failsafe ensures results are communicated and actioned within the appropriate timeframe as per 9.6.

10.3 All positive results will be actioned within 2 working days of the result being received by the Health Advisor team.

10.4 The SMRHW/HA will first check to see if the woman is known to local GUM services [to confirm previous testing /treatment] and check the EDD to see if birth is imminent.

10.5 The SMRHW/HA attempt to contact the woman by phone. If contact is not made by phone then a letter will be sent to the woman that same working day.

10.6 Once contact is made with the woman, an appointment is offered within 5 working days to inform the woman of the result and ascertain previous history of syphilis infection and previous treatment. Initial discussion with the woman would ideally take place in person but may take place over the phone according to the woman's preference [PHE 2018b]. Discussion should take into account the following:

10.7 A positive result does not necessarily mean that a woman has syphilis [PHE 2016a, PHE 2016c, NICE 2008]. A significant number of non-syphilis reactive tests may be found in certain populations because serology cannot distinguish between different treponematoses [e.g syphilis, yaws, pinta and bejel] [PHE 2016c]. A positive result will therefore be interpreted in relation to clinical signs and patient history.

10.8 Women who have previously been treated for syphilis infection will test positive on subsequent tests. Even if the woman reports that treatment was completed it will be necessary to determine whether this treatment was adequate [PHE 2016c].

10.9 Once the woman's history has been obtained, the SMRHW/HA will liaise with the link GUM consultant for antenatal syphilis screening [please see Appendix A for contact details] for specialist assessment and possible treatment. The SMRHW documents all discussions with the woman and outcome of assessment in the GUM notes on MILL care system at the Claude Nicol Centre.

10.10 Syphilis positive results are available on ICE - the laboratory results reporting system. The result will include the following message to alert GPs and other staff that the result has been actioned and no further action on their part is necessary:

Please note that any positive patient's result for Syphilis will be actioned by the Specialist Midwife for Reproductive Health and Wellbeing at Claude Nicol Clinic who will be contacting the patient.

11 If treatment is required:

11.1 The woman will be offered an appointment with a senior doctor in the GUM clinic by the SMRHW within 5 working days to commence treatment. If there is any doubt about the woman's previous history or treatment then retreatment will be recommended.

11.2 Women who are greater than 20 weeks gestation and require antibiotic treatment are at risk of experiencing a J-H reaction to the first injection. This could cause premature labour and so requires close monitoring. These women will require admission to the Maternity Day Assessment Unit for first injection to observe for signs of premature labour for a minimum 6 hours. Follow-up doses can be administered at the Claude Nicol Centre. See Appendix D for copy of GUM team policy.

11.3 The SMRHW will also arrange, where indicated, contact tracing and screening of partners and older children according to GUM policy. Children are referred to the Paediatric Consultant for testing and follow up treatment.

11.4 Once maternal assessment and treatment is completed, the following health professionals are informed:

- The GUM consultant responsible for the woman's care informs the link paediatric consultant for syphilis in writing to initiate paediatric review after birth with a copy to the woman's GP
- The SMRHW contacts the woman's community midwife by phone.

- The SMRHW informs the Antenatal Screening Co-ordinator by email which the ASC files in the hospital handheld notes.

11.5 Confirmatory testing, treatment and follow-up is organised by GUM consultant/Health Advisor according to local GUM guidelines.

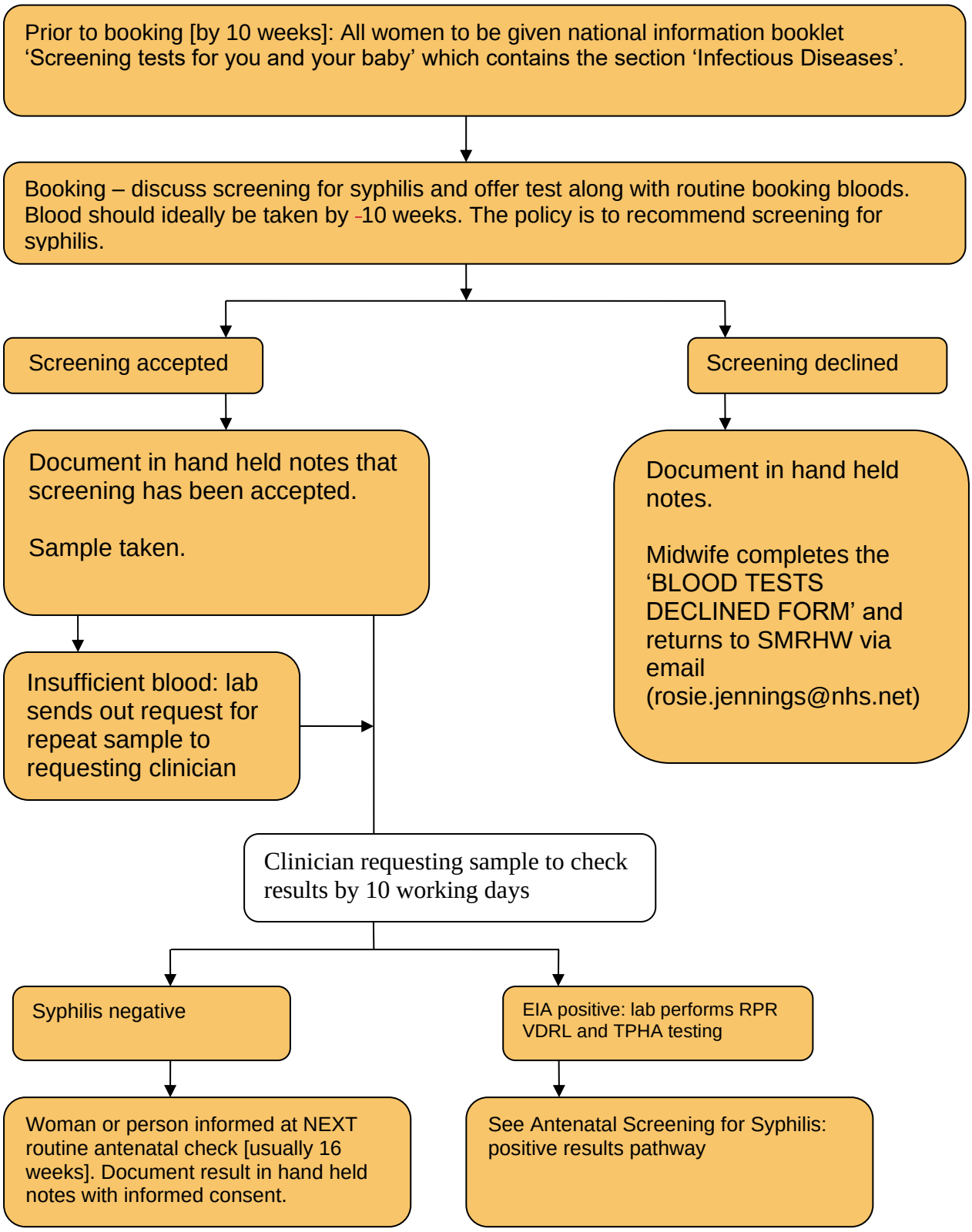
11.6 Babies born to any woman with a syphilis positive result require paediatric follow-up after birth according to local protocol. The midwife caring for the woman in labour should inform the paediatricians on admission. For further information please refer to the BSUH neonatal department policy: Management of Infants Born to Mothers [Parents] with Positive Screening for Syphilis in Pregnancy [Department of Neonatology 2018]

11.7 In most cases, women with a syphilis positive result will have been assessed by the GUM team by the time of the next antenatal visit [usually 16 weeks]. It is the health professional's [doctor or midwife] responsibility at this visit to ensure that the woman has received her result and that this has been documented in the hand held notes with the woman's consent [as per section 8.1.4]. If the woman declines documentation of a screen positive result in her hand-held notes, the result should be documented in the hospital notes. In such cases the woman should be advised of the importance of informing staff on admission in labour of the diagnoses and treatment so that her baby can be followed up appropriately after birth.

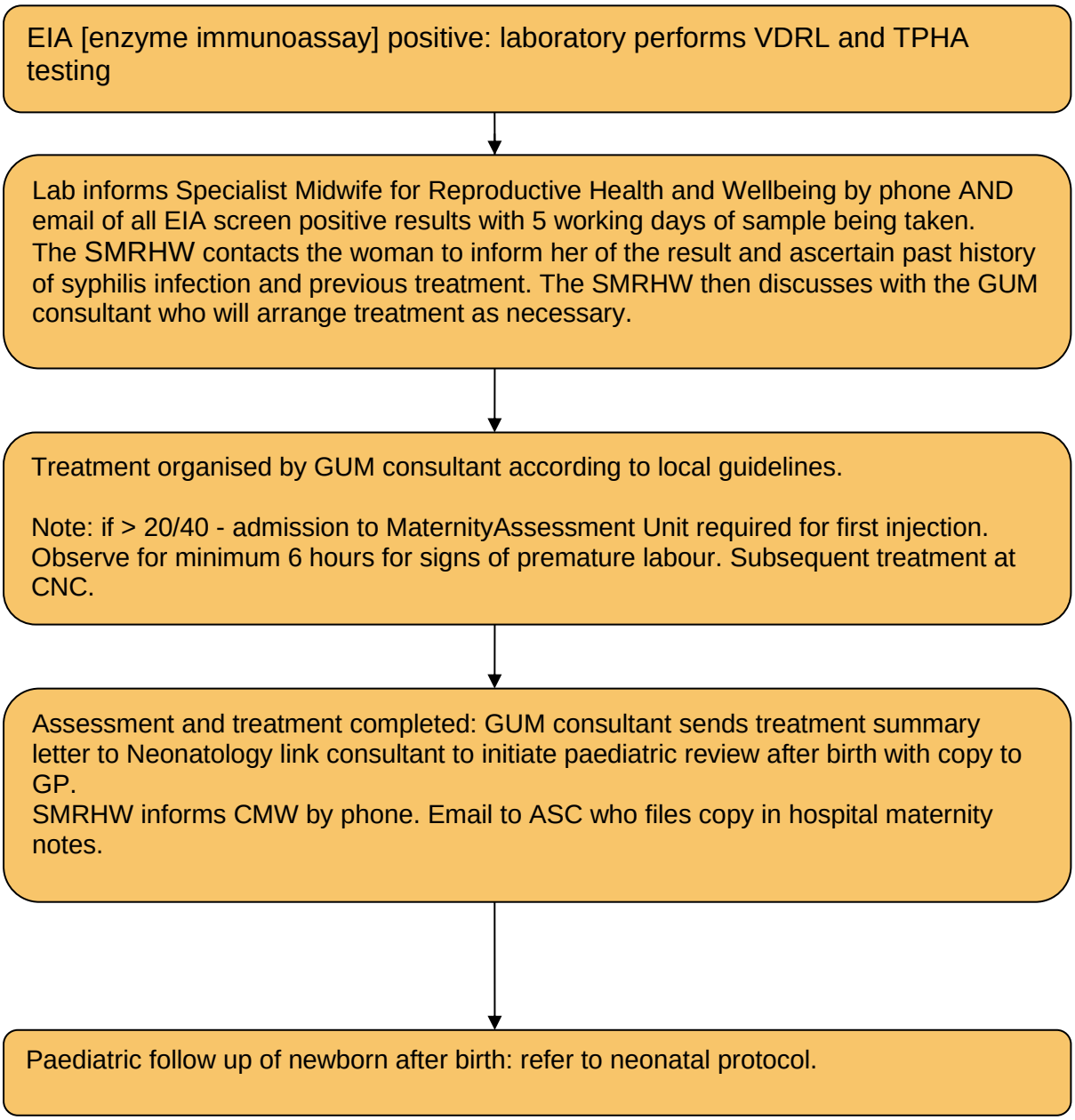
11.8 The SMRHW /HA will document all consultations, care and treatment decision in the GUM notes also.

12 Care Pathways:

12.1 Antenatal Screening for Infectious Diseases: Syphilis Screening



12.2 Antenatal Screening for Infectious Diseases: Syphilis – Positive Results Pathway



13 Training

13.1 All midwives must attend a yearly update on antenatal screening for infectious diseases as part of their mandatory education update sessions

13.2 All midwives / screening MSWs new to the trust should:

- attend an induction session where the screening programmes will be explained
- complete the Antenatal & Newborn Screening eLearning
- Module [National Screening Committee's e-learning module on screening] which includes a section on screening for infectious diseases

13.3 All band 5 midwives must complete the UK NSC e-learning screening module as part of their competencies before they can apply for a band 6.

14 Minimum auditable standards

Public Health England requires that the following data is collected on a quarterly basis [PHE 2016b]:

14.1 Number of bookings

14.2 Number of women tested

14.3 Number of women declining screening

14.4 Number of women screening positive for syphilis

14.5 The above data is returned to the following organisations [see contact list in Appendix A]:

- Regional Public Health England lead
- Regional Screening and Immunisation Lead
- Regional Quality Assurance Screening Lead

14.6 Key Performance Indicators [KPI] for screening. There are currently no KPIs for syphilis screening

14.7 Data and audit findings will be included in the Annual Screening Report compiled by the Antenatal Screening Co-ordinator.

15 Governance

15.1 All incidents related to fetal anomaly screening are reported via the trusts internal reporting system known as DATIX.

15.2 All incidents related to screening for syphilis should also be reported to the Antenatal Screening Co-ordinator who will liaise with the Maternity Risk Manager and where necessary complete a SIAF [Screening Incident Assessment Form] in order to notify the Regional QA screening team and the Screening and Immunisations lead.

15.3 For further information relating to management of incidents please refer to the protocol: MD085 Women's Services Risk Management Strategy.

15.4 The Antenatal Screening Steering Group meets quarterlyand will address all issues pertaining to syphilis screening.

16 Further information

16.1 Patient information
Public Health England [2017] 'Screening Tests for You and Your Baby'. Click on this link to view/download a copy of the information leaflet including the section 'Infectious Diseases'. Patient information:
https://www.gov.uk/government/publications/screening-tests-for-you-and-your-baby-description-in-brief

16.2 NHS information
Further information about the NHS Infectious Diseases in Pregnancy Screening Programme is available from: https://www.gov.uk/topic/population-screening-programmes/infectious-diseases-in-pregnancy

17 References

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The Royal College of Pathologists. Key performance indicators-proposals for implementation. 2013 July. Available from: https://www.rcpath.org/asset/A428B2AF-7AE9-42DA-BF9343E184EE05CF.2DBFC9CA-A72A-479B-ACE8B1150A7C1BC2/

UK National Screening Committee. Screening for syphilis in pregnancy: External review against programme appraisal criteria for the UK National Screening Committee (UK NSC). Version: 1. 2013. Available from: https://legacyscreening.phe.org.uk/syphilis

Appendix A – Key Personnel and Contact Information

Designated programme lead for maternity services
Karen Gregory - Antenatal Screening Co-ordinator

Link speciality staff
Heather Brown/David Utting/Jo Sinclair

	Consultant Lead for Obstetrics
Win Khine	Fetal Medicine Consultant
Debbie Williams	Consultant Lead for GUM
Rob Bomont	Consultant Lead for Neonatology
Karen Gregory	Antenatal Screening Co-ordinator

Laboratory Team

Dr Mohammed Osman Hassan-Ibrahim	Consultant Virologist
Jackie Armitage	Head BMS, Blood Science
Sarah Bastow	Deputy Head BMS, Blood Science
Clare Reynolds	Head of Service, Microbiology and Infection
Jackie Longbone	Deputy Head of Service, Microbiology and Infection
John McBride	Pathology Quality Manager

Antenatal Screening Coordinator at BSUH [cross site]	Karen Gregory	karen.gregory12@nhs.netMobile: 07876 357 423 Office: 01273 696955 x67477 and x62755
Antenatal Screening Support Midwives [BSUH]	RSCH: Marion McPolin [PT]	marion.mcpolin@nhs.net Mobile: 07876 357 423 Office: 01273 696955 x67477 and x62755
	PRH: Melanie Sanders[PT]	melanie.Sander1@nhs.net Mobile: 07876 357 423 Office: 01444 441881 x5404
Fetal Medicine Consultant at BSUH	RSCH: Win Khine	w.khine@nhs.net Sec: Sam Flint 01273 696955 x64031
Laboratory Service Leads for Virology/Microbiology		
	Dr Mohammed Osman Hassan-Ibrahim Lead Consultant, Virology	m.hassanibrahim@nhs.net Virology Section Department of Microbiology & Infection Tel: 01273696955 x3584 Pager: 07623809015 Mobile: 07940 933 197

	Jackie Armitage Head BMS, Blood Science	jacqueline.armitage3@nhs.net RSCH x7422PRH x8216
Link Neonatal Consultant	Rob Bomont, Consultant Neonatologist	r.bomont@nhs.net Trevor Mann Baby Unit, RSCH Tel: 01273 696955 x4195
Specialist Midwife for Reproductive Health and Wellbeing	Rosie Jennings	Rosie.jennings@nhs.net Tel: 01273 664716 x4716 and 4725 Mobile: 07919627603
Link GUM Consultant	Yvonne Gilleece	Y.Gilleece@nhs.net Claude Nicol Centre, RSCH Tel: 01273 696955 x67710
Antenatal and Newborn Screening Programmes (South East) Quality Assurance Service	Emma Proctor Quality Assurance Advisor	emmaproctor@nhs.net Mobile: 07919691456
Public Health England South East Link	Angela Partridge Screening and Immunisations Manager (Surrey & Sussex)	Public Health England South East York House, Massetts Road, Horley, Surrey, RH6 7DE Mobile: 07710152678 Tel: 01138 251248

Appendix B - Background Information: Antenatal Screening for syphilis.

Syphilis is a bacterial infection that is typically passed through sexual contact.
However, it can be passed on by intravenous drug use (injecting drugs directly into the vein), blood transfusions and from an infected mother or birthing parent to unborn child. The latter is known as
congenital syphilis [PHE 2016c].

Syphilis infection is staged according to the duration of infection – the time from acquisition of primary infection. The risk of transmission from mother to baby declines as maternal syphilis infection progresses. Risk ranges from 70-100% in primary syphilis, 40% in early latent syphilis and 10% in late latent syphilis [PHE 2016c].

Maternal syphilis infection can result in a range of adverse pregnancy and neonatal outcomes. These include miscarriage, pre-term labour, stillbirth, and congenital syphilis [PHE 2016c]]. Untreated syphilis will also lead to serious long term sequelae for the mother and her sexual partners.

Treatment for syphilis is beneficial for mother and baby [NICE 2008]. Screening for syphilis in pregnancy identifies women who are infected so that treatment can be offered which will reduce the risks of the baby developing congenital syphilis.

Appendix C: Blood Test Declined Form

Antenatal Booking Bloods – Screening Declined Form

Form to be completed by the booking midwife for every woman or person who declines some or all of the screening tests for infectious diseases and emailed to rosie.jennings@nhs.net. These statistics are required for Public Health England.

Midwife's name:	**Date of decline:**			
Midwife's contact no:	**Team:** *(circle)*	North	East	West

Patient Details: *(Use label if available)*

Name:	**EDD:**			
DOB:	**Gestation:**			
Hospital no.:	**Site booked at:** *(circle)*		RSCH	PRH
NHS no.:				
Address:		**Ethnicity:**	**Nationality:**	**Language:**
	Mother:			
	Father:			
Contact number: *(for Specialist Midwife for Reproductive Health and Wellbeing to call)*				

Which Tests Declined? *(circle)*	**HIV**	**HEP B**	**Syphilis**	**ALL**

Reason(s) for decline?	✓	**Comments**
Anxious about testing generally. Why?		
Anxious as feels may be at risk. Why?		
Feels testing is unnecessary? Why? If tested previously state where and when:		
Other [e.g. needle phobic]		

Please advise that the Specialist Midwife for Reproductive Health and Wellbeing will contact all women and people who decline screening for infectious diseases to discuss and offer further advice / support. If you have a specific concern you would like to discuss, please contact the Specialist Midwife for Reproductive Health and Wellbeing using the details below. Women or people who wish to discuss screening further can also self-refer by phone.

Return form to:	
Rosie Jennings Specialist Midwife for Reproductive Health and Wellbeing	**Email:** Rosie.Jennings@bsuh.nhs.uk **Phone:** 07919 627603 / 01273 523388 (option 2)

Updated October 2019 (RJ)

Appendix D - Syphilis in Pregnancy

- Pregnant women with documented adequate treatment do not necessarily need re-treatment for the current pregnancy or future pregnancies. If there is no clinical evidence of syphilis and the VDRL is negative or low serofast do not re-treat.
- Re-treatment for all new cases and subsequent pregnancies should be discussed jointly with the patient and a consultant - see below.
- All pregnant women should be re-treated when the treatment history is uncertain or the treatment schedule is in doubt.
- A CXR is only indicated where there is clinical suspicion of aortic regurgitation.
- All pregnant women with positive syphilis serology should be discussed with a GUM consultant.
- All pregnant women with positive syphilis serology (even with a clear history of treatment) should be referred to Dr Rob Bomont Consultant Neonatologist so the babies can be reviewed.
- Any older siblings who may have been affected by congenital syphilis should be referred to Dr Katie Fiddler, Paediatric Infectious Diseases consultant. N.B some features of congenital syphilis may not be apparent for 2 years or more. All cases of suspected congenital syphilis diagnosed in childhood should be managed jointly with the paediatric team.
- Treatment of sexual partners should be considered discussed with a GUM consultant. Respect confidentiality of patient.
- A letter to obstetrics (Heather Brown/David Utting/Jo Sinclair) & Karen Gregory Antenatal Screening Co-ordinator containing the below information

Antenatal Clinic Sussex House Abbey Road Brighton BN2 1ES 01273 696955 x67477 and x62755 07876 357 423	The following should be included in the referral letter 1. Gestation & EDD 2. Information on previous pregnancies & miscarriage etc 3. Booking serology 4. GUM treatment/ management plan. Dr Bomont will write back to GUM once the baby has been reviewed at 12 weeks of age so we can file in the patients notes.

HIV Positive Treatment

- Procaine penicillin G 1,800,000 units [as 9 mls – 4.5mls per buttock - of Farmaproina] IM x 17/7 plus Probenecid 500mg qds PO x 17/7

HIV negative Treatment

Early syphilis in pregnancy

Trimesters one and two (up to and including 27 weeks):

- Benzathine penicillin G 2.4 MU IM. Single dose

Trimester three (from week 28 to term):

- Benzathine penicillin G 2.4 MU IM, on days 1 and 8

Alternative regimens (all three trimesters)

- Procaine penicillin G 600,000 unit IM. Daily for 10 days:
- Amoxycillin 500mg PO q.d.s. plus probenecid 500mg PO q.d.s for 14 days
- Ceftriaxone 500mg IM daily for 10 days:
- Erythromycin 500mg PO q.d.s for 14 days: ('Caution re: macrolide therapy for syphilis')
- Azithromycin 500mg PO daily for 10 days: ('Caution re: macrolide therapy for syphilis')

Late syphilis in pregnancy

Late latent, cardiovascular and gummatous syphilis (all three trimesters):

If cardiovascular involvement, inpatient management is advisable.

- Benzathine penicillin G 2.4 MU IM weekly on days 1, 8 and 15 (three doses):

Steroids should be given with all anti-treponemal antibiotics for cardiovascular syphilis; 40–60mg prednisolone OD for three days starting 24h before the antibiotics.

Alternative regimens

- Procaine penicillin G 600,000 units IM OD for 14 days:
- Amoxycillin 2g PO t.d.s. plus probenecid 500mg q.d.s for 28 days:

Neurosyphilis in pregnancy

If neurological involvement including optic neuritis, inpatient management is advisable.

- Procaine penicillin G 1.8–2.4 MU IM o.d. plus pro-benecid 500mg PO q.d.s. for 14 days:.
- Benzylpenicillin 10.8–14.4g daily, given as 1.8–2.4g IV every 4h for 14 days:

Alternative regimens

- Amoxycillin 2g PO t.d.s. plus probenecid 500mg PO q.d.s. for 28 days:.
- Ceftriaxone 2g IM (with lidocaine as diluent) or IV (with water for injections as diluent, NOT Lidocaine) for 10–14 days

Steroids should be given with all anti-treponemal antibiotics for neurosyphilis; 40–60mg prednisolone OD for three days starting 24h before the antibiotics.

Penicillin allergy:

- Many people reporting penicillin allergy will not display hypersensitivity on re-exposure to penicillin either because the hypersensitivity has resolved or they were never allergic to penicillin. A careful history may help to identify the latter group. All patients with penicillin allergy should be discussed with the wider team
- Consider penicillin desensitisation. Skin testing to confirm allergy should precede desensitisation. Skin testing and desensitisation do carry risks of =anaphylaxis and should be carried out with immediate access to resuscitation equipment and expertise
- Non-penicillin therapies should be used only in conjunction with close serologic and clinical follow-up.

Possible regimens

- Ceftriaxone based treatment
- Erythromycin 500mg q.d.s PO x 14/7 ('Caution re: macrolide therapy for syphilis')
- Azithromycin 500mg o.d PO x 10/7 ('Caution re: macrolide therapy for syphilis'

Congenital syphilis

Should be discussed with Link Neonatal Consultant

- All cases of suspected congenital syphilis diagnosed in childhood should be managed jointly with the paediatric team

- Benzyl penicillin sodium 60–90 mg/kg daily IV (in divided doses given as – 30 mg/kg 12 hourly) in the first seven days of life and 8 hourly thereafter for a further 3 days for a total of 10 days: 1C

Alternative regimens

- Procaine penicillin 50,000 units/kg daily IM 10 days.
- In children, IV therapy (option one here) is preferable due to the pain associated with IM injections:

Reference https://www.bashh.org/guidelines https://www.bashhguidelines.org/media/1148/uk-syphilis-guidelines-2015.pdf
SHAC handbook (Lawson unit)

APPENDIX F – Proforma for recording results at 10 days

BOOKING BLOOD RESULTS TO BE CHECKED 2 WEEKS AFTER TAKEN: Clinic _____[surgery / children's centre]

Name, DOB, ID number					Accepted /declined	Result	Date result	MW checking	Comments: results missing/ repeat required/ decline form sent/ referrals made?
				Group & Rhesus					
				Hb					
				Sickle and thal					
				Rubella					
				Syphilis					
Gest at booking		MW at booking		HIV					
				Hep B					
Date booked		Date booking bloods taken							
				Downs screen	Accepted / Declined		Tick if transfer booking:		
				Anomaly scan	Accepted / Declined				

Name, DOB, ID number					Accepted /declined	Result	Date result	MW checking	Comments: results missing/ repeat required/ decline form sent/ referrals made?
				Group & Rhesus					
				Hb					
				Sickle and thal					
				Rubella					
				Syphilis					
Gest at booking		MW at booking		HIV					
				Hep B					
Date booked		Date booking bloods taken							
				Downs screen	Accepted / Declined		Tick if transfer booking:		
				Anomaly scan	Accepted / Declined				

Name, DOB, ID number			
Gest at booking		MW at booking	
Date booked		Date booking bloods taken	

	Accepted /declined	Result	Date result	MW checking	Comments: results missing/ repeat required/ decline form sent/ referrals made?
Group & Rhesus					
Hb					
Sickle and thal					
Rubella					
Syphilis					
HIV					
Hep B					
Downs screen	Accepted / Declined		Tick if transfer booking:		
Anomaly scan	Accepted / Declined				