# Infectious Disease in Pregnancy Screening

The Infectious Diseases in Pregnancy Screening (IDPS) Programme is responsible for ensuring that screening to identify hepatitis B, HIV and syphilis is offered early in pregnancy. It is an essential component of strategies to prevent mother and child transmission of hepatitis B, HIV and syphilis. The UK National Screening Committee (UK NSC) recommends all eligible pregnant women are offered and recommended screening for HIV, hepatitis B and syphilis.

Some women may choose not to be screened or accept screening for some conditions and not others. It is important their choice is respected.

# Choice & Consent

All women booking for antenatal care should be offered and recommended screening for each of the 3 infections: HIV, hepatitis B and syphilis. The screening tests must not be offered as a suite of tests. Samples will be tested on the basis that the patient has been informed of, and agrees to, all the tests required.

National guidelines recommend that tests are performed once in pregnancy, preferably at the 'booking' for syphilis, hepatitis B and HIV. However, these tests can be performed at any time and should be re-offered at 28 weeks if previously declined.

Where the offer of screening is declined for one or more of the 3 infections a process should be in place to notify the screening coordinator directly to facilitate a formal reoffer by 20 weeks' gestation at a face-to-face meeting. This is to facilitate an informed choice, not to coerce women to accept screening.

# Sample Requirements

Whole blood specimens are collected into SST tubes (gold top) and sent to the department by the internal or external transport systems. Specimens may be received outside of normal working hours for pregnant women who have presented in labour to the Sherwood Birthing Unit and require urgent IDPS screening to be carried out.

If specimens are not transported to the laboratory immediately after collection they should be stored at  $4-8^{\circ}$ C.

For further information regarding sample requesting and sending, please see the below link. <u>http://sfhnet.nnotts.nhs.uk/admin/webpages/default.aspx?RecID=1044</u>

Screening laboratories must be able to identify antenatal samples as distinct from other samples they receive and should be able to match these samples to a specific maternity service.

The laboratory **will not test samples** unless four or more identical points of identification are used on both forms and tubes.

For example:

- 1. Patients surname and first name initials are not sufficient.
- 2. NHS number or local hospital number if NHS number is not available.
- 3. Date of Birth
- 4. First line of address may be used if NHS number is unavailable, however the reason why the NHS number is not available must be given.

Samples should be labelled, dated and signed by the person taking them, who should complete the final section of the form.

'Addressograph' labels are not acceptable on blood sample bottle.

Samples must be fresh enough to allow testing within 7 days of venepuncture.

#### **Screening Form**

JB: 91015



#### **Request for Antenatal Serology**

#### Please see reverse for samples required Place correctly labelled samples in bag, remove protective strip, fold onto bag and seal firmly At least four points of matching identification must be used on forms and sample tubes (see over)

Please write clearly and mark option boxes as appropriate Patient ID stickers may be used on the form only. If stickers are used please ensure they are placed on all 3 forms. TEAR HERE PATIENT DETAILS Specimen Number / Lab Use Only NHS Number: Hospital Number: DOB: Surname: First Name: First Line of Address: Post Code: Previous Surname: Reason if no NHS Number: .. For partner samples, please enter maternal details here Name:... \_\_\_\_\_ NHS Number:.. Gestation:..... wks Gravida:... Parity: Sample Type: Booking 28wk Other, please specify:... URGENT: Re-offer Labour Post 20wk booking Previous Reject: Antibody Follow-up Hospital Booked at: KMH NCH QMC BDG LCH Other:... GP Copy: Additional Copy: National Code: National Code: TESTS REOUIRED: Group and Antibody Screen: MSU (booking only) FBC (28 wk only) Please tick either Syphilis Hepatitis B HIV ACCEPTED or DECLINED ACCEPTED (by patient) DECLINED for each IDPS test. Not tested as Known Positive Patient Clinical History: 28 week samples must be taken prior to administration of anti-D immunoglobulin Known red cell antibodies? Yes No If yes, please specify:...... Anti-D Immunoglobulin given? Yes No If yes, Date given..... ....., Dose.... REQUESTOR DETAILS: Only required if DIFFERENT to the details given in the box below. PRINT Name: . ..... Signature: Date: . Patient identified and blood taken by: PRINT Name: ..... Signature: . Date: .. Time Taken: ...

Sample Identification	
The laboratory will not test samples unless four or more identical points of identification are used	
on both forms and tubes. For example: 1. Patient's surname and first name, initials are not sufficient.	<ul> <li>Samples should be labelled, dated and signed by the person taking them, who should complete the final section of the form.</li> </ul>
2. NHS Number or local Hospital Number if NHS Number not available	<ul> <li>'Addressograph' labels are not acceptable on blood sample bottle</li> </ul>
<ol> <li>Date of Birth</li> <li>First line of address may be used if NHS Number is not available. However, the</li> </ol>	<ul> <li>Samples must be fresh enough to allow testing within 7 days of venepuncture</li> </ul>
reason why the NHS Number is not availa	able must be given
Sample Requirements	
	DTA (Pink)
	el (Yellow) c Acid Universal filled to line (Red Top)
	DTA (Purple)
Frequency of Samples Required	
	Booking and 28 weeks gestation.
<ul> <li>Noutrie antenatal screening.</li> </ul>	booking and 20 weeks gestation.
	Monthly to 28 weeks then two weekly to term or as requested on the report.
-	Booking and 28 weeks or as requested on the report.
Microbiology Testing	
<ul> <li>This sample will be tested on the basis that the patient has been informed of, and agrees to, all the tests required.</li> </ul>	
<ul> <li>National guidelines recommend that tests are performed once in the pregnancy, preferably at 'booking' for syphilis, hepatitis B and HIV. However, these tests can be performed at any time and should be re-offered at 28 weeks if previously declined.</li> </ul>	
<ul> <li>For late booking blood, or patients suspected of seroconversion during pregnancy, please tick one of the URGENT boxes on the front of the form. If ? Seroconversion please write this under "other" in Sample type.</li> </ul>	
<ul> <li>For patients who have been in contact with chicken pox or suspected rubella, please contact the Microbiology Laboratory for advice.</li> </ul>	
Contact Details	
Pathology Department, Sherwood Forest Hospitals NHS Foundation Trust, King's Mill Hospital, Mansfield Road, Sutton-in-Ashfield, Nottinghamshire, NG17 4JL	
Telephone: 01623 622515 and appropriate extension: Transfusion Laboratory (Group/Antibody): Ext 3621	
Houtine Working Hours: 9am to 5pm Haer	robiology Laboratory (Infectious Diseases/MSU): Ext 3634 matology Laboratory (Full Blood Count): Ext 3615 rdering of forms and bottles: Ext 4085
Outside routine hours telephone switchboard 01623 622515 and ask them to bleep the on-call Haematology Biomedical Scientist	

Document acceptance or decline for each of the individual screening tests in the patient held record / maternity notes (paper or electronic) and on the laboratory request form or electronic requesting system

A screening test is not necessary if a woman discloses that she is positive for HIV or hepatitis B. However, this information must be recorded in the maternity notes and on the laboratory request form irrespective of local policy concerning retesting of known positive women. This should be recorded as 'known positive' on the laboratory request form.

For late booking blood, or patients suspected of seroconversion during pregnancy, please tick one of the URGENT boxes on the front of the form. If ? Seroconversion please write this under 'other' in sample type.

## Sample retention

When the tests have been completed an aliquot from the screening specimen will be stored frozen 1 + 1 + 2

at a minimum temperature of  $-20^{\circ}$ C for at least 2 years.

#### **Turnaround Times**

Confirmed positive screening tests MUST be reported directly to the IDPS Multi-Disciplinary Team (MDT) within **8 days of sample receipt of the sample in the screening laboratory.** 

## Patients not requiring additional testing

Samples processed by laboratory and report issued back to requester within 5 working days of sample receipt.

## Patients requiring confirmatory testing

Samples processed by laboratory and report issued back to requester within 8 working days of sample receipt.

## Patients with positive screening results

All positive screening results will be notified to the relevant antenatal service, sample requester and copied to the dedicated team within each Trust within 3 working days of confirmation of positive screening result.

## **Complaints procedure**

Please see link below to the Trust's complaint procedure. <u>https://www.sfh-tr.nhs.uk/media/7149/g-ccp-complaints-policy-jul19-v5.pdf</u>