

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°C.

For further information regarding sample requesting and sending, please see the below link.

<http://sfhnet.notts.nhs.uk/admin/webpages/default.aspx?RecID=1044>

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

Sherwood Forest Hospitals 
NHS Foundation Trust

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:	
EDD:/...../.....		Gestation: wks	
		Gravida: Parity:	
Sample Type: Booking <input type="checkbox"/> 28wk <input type="checkbox"/> Other, please specify:			
URGENT: Re-offer <input type="checkbox"/> Labour <input type="checkbox"/> Post 20wk booking <input type="checkbox"/> Previous Reject: <input type="checkbox"/> Antibody Follow-up <input type="checkbox"/>			
Hospital Booked at: KMH <input type="checkbox"/> NCH <input type="checkbox"/> QMC <input type="checkbox"/> BDG <input type="checkbox"/> LCH <input type="checkbox"/> Other:			
GP Copy:		Additional Copy:	
National Code: <input type="text"/>		National Code: <input type="text"/>	
TESTS REQUIRED:			
Group and Antibody Screen: <input type="checkbox"/> MSU (booking only) <input type="checkbox"/> FBC (28 wk only) <input type="checkbox"/>			
<div style="border: 1px solid black; padding: 5px;"> Please tick either ACCEPTED or DECLINED (by patient) for each IDPS test. </div>		Syphilis	
		Hepatitis B	
		HIV	
		Not tested as Known Positive Patient	
ACCEPTED <input type="checkbox"/>		<input type="checkbox"/>	
DECLINED <input type="checkbox"/>		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
Clinical History:			
28 week samples must be taken prior to administration of anti-D immunoglobulin			
Known red cell antibodies? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify:			
Anti-D Immunoglobulin given? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 retention

When the tests have been completed an aliquot from the screening specimen will be stored frozen at a minimum temperature of -20°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.

<https://www.sfh-tr.nhs.uk/media/7149/g-ccp-complaints-policy-jul19-v5.pdf>