Syphilis Policy (CG505)

Approval and Authorisation

<table>
<thead>
<tr>
<th>Approved by</th>
<th>Job Title or Chair of Committee</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent Care Board Committee</td>
<td>Chair, Urgent Care Board</td>
<td></td>
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<tr>
<td>Maternity &amp; Children’s Services Clinical Governance Committee</td>
<td>Chair, Maternity Clinical Governance Committee</td>
<td>7th November 2014</td>
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</tbody>
</table>

Change History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author</th>
<th>Reason</th>
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</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Sept 2005</td>
<td>Linda Rough</td>
<td>Trust requirement</td>
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<td>2.0</td>
<td>Feb 2007</td>
<td>Linda Rough</td>
<td>Reviewed</td>
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<tr>
<td>3.0</td>
<td>April 2012</td>
<td>Jeanne Harris (Antenatal Screening coordinator)</td>
<td>Reviewed</td>
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<tr>
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<td>Sept 2014</td>
<td>Jeanne Harris (Antenatal Screening coordinator)</td>
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Appendix A – Equality Impact Assessment Toolkit

This Policy should be read in conjunction with the following:

☐ Antenatal Screening Policy
1.0 Purpose

Background

Syphilis is an infectious disease caused by the bacteria Treponema pallidum. It is transmitted primarily by sexual contact but can be transmitted from mother to baby during pregnancy. Acquired and congenital syphilis infection is staged according to the time from acquisition of the primary infection. The risk of transmission from mother to baby declines as maternal syphilis infection progresses. The risk ranges from 70 – 100% in primary syphilis, 40% in early latent syphilis and 10% in late latent syphilis.

Maternal syphilis infection can result in a range of adverse pregnancy and neonatal outcomes. These include late miscarriage, stillbirth, hydrops and low birth weight. If left untreated, congenital syphilis can cause physical and neurological impairments affecting the child’s bones, teeth, vision and hearing.

Congenital syphilis is a preventable condition but this depends on correct diagnosis and adequate treatment for the mother.

Therefore the aim of the antenatal screening and management pathway is to prevent congenital syphilis infection.

2.0 Policy Function

The function of the Syphilis policy is to clearly define the processes involved in screening for syphilis and the management of syphilis positive pregnant women, and to identify individual accountabilities within the programme.

3.0 Policy Content

3.1 Responsibilities of the Community Midwife

In West Berkshire all women are offered screening for syphilis early in each pregnancy regardless of the results of syphilis screening in previous pregnancies. Informed consent for screening must be given before a specimen is taken. The midwife should ensure that the woman has seen the NSC booklet “Screening Tests for you and your baby” and this must be documented in the hand-held record. In order for the woman to make an informed choice, the midwife should discuss the following points:

- The route of transmission of the infection and the implications of a positive test
- The benefits to mother and baby of identifying and managing positive results

Author: Jeanne Harris (orig. Linda Rough)  Date: November 2014
Job Title: Antenatal Screening Coordinator  Review Date: November 2016
Policy Lead: Group Director Urgent Care  Version: 3.1 ratified 7th Nov 2014 Mat CG mtg
Location: Maternity CG Shared Drive/ Antenatal/ CG505
• How the woman will get her results, both positive and negative. Should include the possibility of false positive or negative results.

The midwife should then document in the hand-held record:

• The date of the screening offer
• Whether screening was accepted or declined, and whether the woman is already known to be positive
• Whether a blood sample was taken

This is for audit purposes and to make it clear whether the test needs to be re-offered later in pregnancy.

3.1.1 Women who decline screening

The community midwife will record this in the hand-held record, as above, and inform the Screening Midwife. All women who decline screening should be re-offered later in pregnancy by 28 weeks gestation.

3.1.2 Women who book late/with no screening results available

For all women who book for antenatal care over 24 weeks of pregnancy, the Midwife will write on the pathology request form: Antenatal booking > 24 weeks, For Urgent Serology. The Laboratory will then prioritise these samples and provide a result within 24 hours. It is the responsibility of the booking midwife to follow up these results.

3.1.3 Follow-up/ recording of Screening Results

All women will be given an appointment with the Community Midwife at 16 weeks. The purpose of this visit is to relay normal results to the woman and document the results in the hand-held record. Any outstanding screening bloods will be repeated at this visit if required. Positive results should only be recorded in the hand-held notes with the woman’s permission.

3.1.4 Repeat Testing

The Community midwife will contact the woman for repeat testing as requested by the SCO. All repeat samples are to be received in the Lab within 10 days of that request.
3.2 Responsibilities of the Virology Laboratory

Antenatal serology samples are processed in-house at the Virology Laboratory at the RBH. Equivocal and/or positive samples are sent to the Health Protection Agency reference Lab at Colindale for confirmation/further testing as required.

3.2.1 Positive Results

The Screening Midwife or her deputy will be informed by phone of all positive results, followed up by a written report. The Laboratory Standard is to issue all results within 10 days of the sample being taken.

3.2.2 Equivocal Results/Insufficient and Unacceptable Samples

The Laboratory will contact the Screening midwife (SCO) and request a further sample for confirmation. The Lab will monitor receipt of repeat samples and contact the SCO if a repeat has not arrived in the Lab within a further 10 days.

3.3 Responsibilities of the Screening Midwife

The Screening Midwife (SCO) will maintain a register of all syphilis positive women for audit and statutory notification purposes. On receipt of the positive result from the Laboratory she will

- Record the woman’s details in the register
- File the result in the hospital notes
- Contact the Community Midwife and instruct her to organise a repeat sample for confirmation and book an appointment in the antenatal clinic (ANC) within 10 days
- Ensure the repeat sample is received and result documented in the hospital notes
- Ensure that the woman attends the Department of Sexual Health Clinic on the same day as her ANC appointment
- Documents on the green Consultant care page in the hospital notes "Paediatrician to check baby – see antenatal serology report"
- Informs the Consultant Paediatrician Dr Ann Gordon

In the event of a woman not attending for her antenatal clinic appointment this will be followed up by the Screening Midwife

The Screening Midwife will notify the Health protection Agency and SASS (Surveillance of Antenatal Syphilis Screening) quarterly of all cases using the established reporting mechanisms
### 3.4 Responsibilities of the Department of Sexual Health Clinic

The woman will be asked to attend the Sexual Health clinic on the same day as her ANC appointment. Between the hours of 7 am and 6 pm no appointment is needed. It is preferable for the Screening Midwife to accompany her to this appointment if possible. For women attending ANC in Newbury the GUM clinic offers appointments on a Saturday morning between 09.30 and 11.30.

At this appointment the Sexual Health Advisor will

- Discuss the screening results with the woman and any further testing needed
- Assess the stage of infection
- In the case of an old infection discuss the treatment history with the woman
- Institute appropriate treatment as necessary
- Communicate with the SCO regarding any treatment plans
- Arrange partner testing and contact tracing

Treatment should be with IM penicillin on a regimen tailored to the stage of infection

### 4.0 Consultation

This policy has been written following consultation with personnel from the following departments: antenatal services manager, virology lab, department of sexual health, paediatrics and health protection agency

### 5.0 Dissemination/Circulation

This policy will be disseminated by the Maternity Clinical Governance Committee

### 6.0 Monitoring of Effectiveness and Compliance

Compliance with this policy will be reviewed, monitored and action plans made

### 7.0 References

Infectious Diseases in Pregnancy screening programme Standards, UK National Screening Committee September 2010
Available at [http://infectiousdiseases.screening.nhs.uk](http://infectiousdiseases.screening.nhs.uk)

Recommended antenatal care Schedule, NICE 2008
Guideline for the assessment and management of syphilis in pregnancy and infancy, British Association of Sexual Health and HIV (BASHH) 2011
Available at [http://bashh.org/guidelines](http://bashh.org/guidelines)

<table>
<thead>
<tr>
<th>Author:</th>
<th>Jeanne Harris (orig. Linda Rough)</th>
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<th>November 2014</th>
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<tr>
<td>Job Title:</td>
<td>Antenatal Screening Coordinator</td>
<td>Review Date:</td>
<td>November 2016</td>
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<tr>
<td>Policy Lead:</td>
<td>Group Director Urgent Care</td>
<td>Version:</td>
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<td>Location:</td>
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Appendix A – Equality Impact Assessment Toolkit

For each of the six equality categories, ask the questions in the table below.

<table>
<thead>
<tr>
<th>Question</th>
<th>Age</th>
<th>Disability</th>
<th>Race</th>
<th>Gender</th>
<th>Religion or Belief</th>
<th>Sexual Orientation</th>
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<tr>
<td>Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy?</td>
<td>N</td>
<td>N</td>
<td>N</td>
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<td>N</td>
<td>N</td>
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<tr>
<td>Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups?</td>
<td>N</td>
<td>N</td>
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<td>Is there potential for or evidence that the proposed policy will affect different population groups differently (including possibly discriminating against certain groups)?</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
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<tr>
<td>Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups?</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
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Based on the information set out above I have decided that a full equality impact assessment is not necessary.

Name, Job title and signature: Jeanne Harris, Antenatal Screening Midwife

Department: Antenatal Clinics

Date: