Infectious Diseases in Pregnancy Screening Programme Policy

October 2011
## Policy Checklist

<table>
<thead>
<tr>
<th>Name of Policy:</th>
<th>Infectious Diseases in Pregnancy Screening Policy</th>
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<tbody>
<tr>
<td>Purpose of Policy:</td>
<td>To ensure that all staff giving maternity care within the SHSCT are familiar with and offer antenatal infectious diseases screening to all pregnant women</td>
</tr>
</tbody>
</table>
| Directorate responsible for Policy | Acute Services Directorate  
Integrated Maternity and Women’s Health |
| Name & Title of Author: | Joanne Mallon / Nora O’Neill. Antenatal Screening Coordinators |
| Does this meet criteria of a Policy? | Yes/No/Not Applicable |
| Staff side consultation? | Yes/No/Not Applicable |
| Equality Screened by: | Joanne Mallon and Nora O’Neill Antenatal Screening Co-ordinators |
| Date Policy submitted to RM&PC: | 13 June 2011 |

Members of RM&PC in Attendance: Vivienne Toal, Head of Employee Engagement & Relations (Chair), Anita Carroll, Assistant Director of Acute Services – Functional Support Services, Dawn Connolly, Professional Support and Governance Lead for Acute (Surgery)On behalf of Fiona Wright, Claire Graham, Head of Corporate Records On behalf of Siobhan Hanna, Marita Magennis, Social Care Governance Lead – Mental Health & Disability / Specialist Child Health & Disability and Acute Services On behalf of Mary McIntosh, Danny McKevitt, Head of Specialist Estate Services, Brendan Whittle, Assistant Director of Older People’s Services

<table>
<thead>
<tr>
<th>Policy Approved/Rejected/Amended</th>
<th>Approved (comments included)</th>
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<tbody>
<tr>
<td>Communication Plan required?</td>
<td>Yes</td>
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<tr>
<td>Training Plan required?</td>
<td>Yes</td>
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<tr>
<td>Implementation Plan required?</td>
<td>Yes</td>
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<tr>
<td>Any other comments:</td>
<td></td>
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<tr>
<td>Date presented to SMT</td>
<td>28/09/11</td>
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**Director Responsible**  
Director of Acute Services, Integrated Maternity and Women’s Health

**SMT Approved/Rejected/Amended**  
Approved

**SMT Comments**  
None noted

**Date received Employee Engagement & Communication database/intranet/internet**  
December 2011

**Date for further review**  
October 2012
| **Title** | Title: Infectious Diseases in Pregnancy Screening Policy  
Version: 1  
Reference number/document name: |
|-----------|---------------------------------------------------------------|
| **Supersedes** | Supersedes: N/A  
Description of Amendments(s)/Previous Policy or Version: |
| **Originator** | Joanne Mallon / Nora O’Neill  
Antenatal Screening Coordinators |
| **RM/Policy Committee & SMT approval** | Referred for approval by: Assistant Director IMWH  
Date of Referral: June 2011  
RM/Policy Committee Approval 13/06/11  
SMT approval 28/09/11 |
| **Circulation** | Issue Date:  
Circulated By:  
Issued To: |
| **Review** | Review Date: October 2012  
Responsibility of (Name): Joanne Mallon / Nora O’Neill  
Title Antenatal Screening Coordinators |
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1.0 Introduction:

The Infectious Diseases in Pregnancy Screening (IDSP) programme is responsible for ensuring that screening for HIV, Hepatitis B, Syphilis and Rubella susceptibility, is offered to all women who book for maternity care in the Southern Health and Social Care Trust (SHSCT) early in each pregnancy. Screening is essential to reduce the risk of Mother to Child transmission (MTC) of HIV, Hepatitis B and Syphilis and to identify women who should be offered postnatal MMR vaccination to protect against Rubella infection in future pregnancy.

Maternity services has the responsibility for delivering the IDPS programme and plays a lead role in the screening process.

This policy has been developed in accordance with the SHSCT’s principles for policy development.

2.0 Definitions:

IDPS: Infectious Diseases in Pregnancy Screening
HIV: Human Immunodeficiency Virus
Hep B: Hepatitis B
NIMATS: Northern Ireland MATernity System
ANSCO: Antenatal Screening Co-ordinator

3.0 Purpose:

The purpose of this policy is to ensure that all women who book for maternity care in the SHSCT are

3.1 Offered IDPS early in their pregnancy or as soon as is reasonably possible if they attend un-booked for delivery at any SHSCT maternity facility.

3.2 To reoffer IDPS at a later stage of pregnancy if the initial offer is declined

3.3 To ensure all IDPS results are accounted for and recorded on NIMATS

3.4 To facilitate referral to the appropriate specialists / multidisciplinary teams for assessment, management and follow up of positive or equivocal results.

3.5 Provide support and information for women and their families

4.0 Aims of Policy:

4.1 To raise awareness of the IDPS programme among midwifery and
obstetric staff.

4.2 To reduce the risk of perinatal transmission of HIV and Hep B infection

4.3 To contribute to the reduction of the risk of vertical transmission of Syphilis infection.

4.3 To identify women who are susceptible to Rubella infection and to offer them postnatal MMR vaccination to reduce the risk of Congenital Rubella Syndrome in future pregnancies.

4.4 To risk manage the screening programme by identifying areas of the screening pathway where errors may occur and to put measures in place to minimise the risk.

5.0 Policy Statement:

The SHSCT has a responsibility to provide the highest standards of care for all pregnant women who request maternity care. All midwifery and obstetric staff who provide this care have a professional responsibility regarding the IDPS programme to ensure high standards of practice. This policy should be read in conjunction with

- The SHSCT Procedure for the Management of HIV Infection in Pregnant Women and the HIV Exposed Infant
- The SHSCT Procedure for Antenatal Screening for Rubella Susceptibility
- The SHSCT Procedure for the Management of Hepatitis B positive women and their infants
- The SHSCT Procedure for Management of Syphilis positive women and their infants
- The SHSCT Procedure for the Management of IDPS results and the NIMATS failsafe.

6.0 Scope:

This policy and associated procedures apply to all midwifery and obstetric staff who practice in any of the SHSCT facilities.

7.0 Responsibilities:
7.1 **Chief Executive**
- The Chief Executive as Accountable Officer has overall responsibility for ensuring that the purpose and aims of this policy are met.

7.2 **Senior Management**
- All SHSCT Directors, Assistant Directors, Service Heads and Senior Management have a responsibility for the effective implementation of this policy.
- Trust’s Head of Midwifery is the named individual at Trust level who is responsible for the screening and immunisation programmes, ensuring they are integrated, for coordinating the delivery of the full immunisation schedule and for monitoring and receiving audits of the programme and other data.
- Ensure that staff have protected time to attend training and education in relation to the IDPS programme.
- Senior Management are responsible for ensuring that there are effective systems in place to respond to critical incidents related to the IDPS programme.
- This policy will be included in Induction Training for all new employees of the SHSCT.

7.3 **Line managers**
- Will facilitate staff to receive training and updating as required.

7.4 **Antenatal Screening Co-ordinator**
- Develop and implement the associated procedures.
- Train and update staff.
- Oversee the receipt of IDPS results.
- Manage the failsafe for IDPS results.
- Facilitate referral to specialist /multidisciplinary teams when necessary.
- Provide information and support for women and their families who undertake IDPS.
- Develop and maintain communication with laboratories to ensure timely receipt of and follow up of equivocal and positive results.

7.5 **Midwives**
- Midwives have a responsibility to adhere to the aims of this policy.
- All registered midwives have a professional responsibility to update their knowledge and skills in relation to the IDPS programme.
- Must seek assistance when dealing with unfamiliar procedures.
- Request training in areas where they are lacking confidence.
7.6 Obstetric Staff
- All obstetric staff within the SHSCT must be familiar with and adhere to the aims of this policy

8.0 Legislative Compliance, Relevant Policies, Procedures and Guidance

- SHSCT Procedure for the Management of HIV positive pregnant women
- SHSCT Procedure for The Management of Hepatitis B positive women
- SHSCT Procedure for the Management of Syphilis Positive Women
- SHSCT Procedure for the Management of Rubella Susceptibility
- Screening for Infectious Diseases in Pregnancy-Standards to Support UK Antenatal Screening Programme August 2003
  http://www.nice.org.uk/CG62
- National Screening Committee: Policy statements with regard to Hepatitis B, HIV, Syphilis and Rubella susceptibility screening
  http://www.screening.nhs.uk/policydb.php
- RMAG: Regional Audit of Antenatal Infectious Diseases Screening (2008)
  http://www.gain-ni.org/Library/Audit/audit.pdf
- DHSSPSNI Circulars: HSS(MD)24/2001; CMO Update no18 March 2001; HSS(MD)11/02; CMO Update no 23 December 2002; HSS(MD)24/2006; MB97-06; HSS (MD)29/2007; HSS(MD)13/2008; HSS(MD)11/2010;
  http://www.dhsspsni.gov.uk/hivpregnanancyguidelines.pdf
- Nursing and Midwifery Council (NMC) Code of Professional Conduct (2004): standards for conduct, performance and ethics
- Nursing and Midwifery Council (NMC) (2005) Guidelines for Records and Record Keeping

This list is not exhaustive.
9.0 Training /Education

9.1 Staff training will include:
- An understanding of the concept of screening - it is offered to “well” women who may never have thought of the problem or disorder in question
- To raise awareness that screening is not a diagnostic test
- Screening is a programme - not just the offer of a single test
- Screening is offered to all pregnant women – they do not have to ask for the tests.
- Knowledge of the screening tests which are available
- The concept of “Informed Choice” and “Informed Consent”
- To be able to accept the refusal of screening
- The obligation to reoffer declined screening
- The management of negative / immune results
- The management of positive / non-immune results
- The need to be an advocate for women
- Support of women and their families in accepting screening and the possible outcome of the tests.

10.0 Management of the IDPS programme

Management of the IDPS programme will include:
- Timely return of results
- Results to be seen and signed by Antenatal Screening Coordinators or their appointed deputies
- Negative / immune results to be recorded on NIMATS and filed in handheld notes.
- Positive / non-immune results to be managed in accordance with the SHSCT procedure for the identified infection
- Weekly NIMATS failsafe to be rigorously maintained by the Antenatal Screening Coordinators.
- Missing results to be followed up immediately and repeated when necessary.
- A risk assessment of conditions which could occur in the screening pathway and put measures in place to reduce the risk.
- To collaborate with other disciplines to ensure that women with positive results and their infants, are managed in accordance with local and regional standards.

11.0 Equality and Human Rights Considerations

Equality Considerations
This policy has been screened for equality considerations as required by Section 75, Schedule 9, of the Northern Ireland Act 1988. Using the Equality Commission’s screening criteria no significant equality implications have been identified. Therefore this policy will not be subject to an equality impact assessment.

**Human Rights Considerations**

This policy has been considered under the terms of the Human Rights Acts 1988 and has been deemed to be compatible with the European Convention of Human Rights contained in that Act.

### 12.0 Sources of Advice and other information

Further advice and information regarding this policy can be obtained by contacting the Antenatal Screening Co-ordinators.