Public Health England

NHS

NHS Infectious Diseases in Pregnancy Screening Programme

Standards 2016 to 2017

Public Health England leads the NHS Screening Programmes

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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About PHE Screening

Screening identifies apparently healthy people who may be at increased risk of a disease or condition, enabling earlier treatment or better informed decisions. National population screening programmes are implemented in the NHS on the advice of the UK National Screening Committee (UK NSC), which makes independent, evidence-based recommendations to ministers in the four UK countries. The Screening Quality Assurance Service ensures programmes are safe and effective by checking that national standards are met. PHE leads the NHS Screening Programmes and hosts the UK NSC secretariat.

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Introduction

This document presents the revised standards for the Infectious Diseases in Pregnancy Screening (IDPS) Programme. These standards replace **Infectious Diseases in Pregnancy Programme Standards 2010** and have an implementation date from April 2016.

The Infectious Diseases in Pregnancy Screening (IDPS) Programme aims to support health professionals and commissioners in providing a high quality screening programme. This involves the development and regular review of quality standards against which data is collected and reported annually. The standards provide a defined set of measures that providers have to meet to ensure local programmes are safe and effective.

Quality assurance (QA) is the process of checking that these standards are met and encouraging continuous improvement. QA covers the entire screening pathway, from identifying who is eligible to be invited to screening through to referral and treatment where required/appropriate.

NHS Infectious Diseases in Pregnancy Screening (IDPS) Programme

The UK National Screening Committee (UK NSC) has responsibility for setting screening policy. It recommends systematic population screening in pregnancy for HIV, hepatitis B and syphilis.

It recommends that all eligible women in England are offered and recommended screening for:

- HIV
- hepatitis B
- syphilis

The Infectious Diseases in Pregnancy Screening (IDPS) programme has responsibility for implementing this policy. It is a complex programme delivered by a range of different organisations working together. The service specification (No. 15) for providers is available as part of the public health functions exercised by NHS England.

All commissioners and service providers should refer to the service specification, supporting standards and handbooks to ensure a programme is set up correctly and is meeting the standards set by the national screening programme.

Each condition has a screening pathway from identification of the eligible population and the offer of screening through to timely referral and entry into care and specialist services. Healthcare professionals should be familiar with these pathways and the timeframes in which to refer women in line with the programme service specification.

The IDPS programme aims to ensure there is equal access to uniform and quality-assured screening across England and women are provided with high quality information so they can make an informed choice about their screening options and pregnancy choices. Some women may choose not to be screened at all, or accept screening for some infections. It is important that this choice is respected.

The screening policy is to offer and recommend screening to enable early detection and treatment for infections in pregnancy that can significantly reduce the risk of vertical transmission from mother to child. Women who decline screening for any of the infections should be formally reoffered screening and counselled about the benefits by a member of the multidisciplinary team.

Format of the standards

The format of screening standards has been revised. Development of this format has been an iterative process based on work with providers, users, screening programmes and quality assurance teams. The changes were made to ensure stakeholders in maternity services and laboratories have access to:

- reliable and timely information about the quality of the screening programme
- data at local, regional and national level
- quality measures across the screening pathway without gaps or duplications
- a consistent approach across screening programmes

The changes were also made to ensure any burden of data collection is proportionate to the benefits gained.

Scope and terminology

Process standards

The scope of this document is those standards that assess the screening process and allow for continuous improvement. This enables providers and commissioners to identify where improvements are needed.

To clarify what is measured, each process standard has three parts:

- objective – the aim of the standard
- criteria – what is being assessed
- measure – two thresholds (acceptable and achievable) are specified:
    - the **acceptable threshold** is the lowest level of performance which programmes are expected to attain to ensure patient safety and programme effectiveness
    - the **achievable threshold** represents the level at which the programme is likely to be running optimally

All programmes are expected to exceed the acceptable threshold and to agree service improvement plans that develop performance towards an achievable level. Programmes not meeting the acceptable threshold are expected to implement recovery plans to ensure rapid and sustained improvement. Programmes should aspire towards attaining and maintaining performance at the achievable threshold.

The thresholds, definitions and reporting levels are approved by the NHS Screening Programmes data analysts quality assurance (DAQA) group.

The following example uses a standard that assesses coverage for the Newborn and Infant Physical Examination (NIPE) programme:

- objective: to maximise timely coverage in those who want the screen
- criteria: the proportion screened by 72 hours
- measure: the acceptable and achievable levels set for the population screened are 95% and 99% respectively

Exclusions

Two types of standards are not included in this document – **structural standards** and **outcome standards**.

Structural standards

These describe the structure of the programme and must be fully met. Examples of structural standards are “provision of information to all participants” and “a screening laboratory must be accredited”. Structural standards are included in screening service specifications and monitored through commissioning and other quality assurance routes. Providers and commissioners should review the service specifications to ensure structural standards are met by all screening programmes.

Outcome standards

Outcomes of the screening pathway are influenced by screening as well as factors beyond the screening programme. The national IDPS programme commissions the collection of data and reports on outcomes, specifically for HIV in pregnancy, including mother-to-child transmission rates. Assessment of all IDPS outcomes is under review by the national programme.

Screening pathway

The standards are based on 10 themes that assess the whole pathway:

1. **Identify population** (to accurately identify the population to whom screening is offered)
2. **Inform** (to maximise informed choice across the screening pathway)
3. Coverage/Uptake (to maximise uptake in the eligible population who are informed and wish to participate in the screening programme)
4. **Test (**to maximise accuracy of screening test from initial sample or examination to reporting the screening result)
5. **Diagnose** (to maximise accuracy of diagnostic test)
6. **Intervention/Treatment**
7. **Outcome** (to optimise individual and population health outcomes in the eligible population)
8. **Minimising Harm** (to minimise potential harms in those screened and in the population)
9. **Staff: Education and Trainin**g (to ensure that the screening pathway is provided by a trained and skilled workforce, with the capacity to deliver screening services as per service specification)
10. **Commissioning/Governance** (to ensure effective commissioning and governance of the screening programme)

Relationship between standards and key performance indicators (KPIs)

KPIs are a subset of standards that are collated and usually reported quarterly (unless numbers are small, in which case aggregate data is reported annually) compared to annual reporting for standards. There are 2 to 3 KPIs per screening programme. Standards 1 and 6 are the current IDPS KPIs. There will be a pilot of two new coverage KPIs for hepatitis B and syphilis in 2016. The KPIs focus on areas of particular concern. Once a KPI consistently reaches the achievable level, it will revert to being a standard. This allows entry of another KPI to focus on additional areas of concern or a change to the threshold of the existing standard to promote continuous improvement.

Reporting standards

Standards will be reported annually unless they are also a KPI, in which case they are reported on quarterly and annual figures are aggregated. Data should be collated between 2 and 3 months after the end of the fiscal year (April to March) with a submission deadline of 30 June.

Revising standards

The standards will be reviewed on an annual basis in line with the service specification and operational handbooks.

Other resources to support providers and commissioners

This document focuses on process standards to enable providers and commissioners to continuously improve the quality of the screening programme.

The standards are part of a suite of documents that are reviewed and updated annually. These include the following resources.

Department of Health / NHS England Service Specification for Screening for IDPS

This document outlines the service and quality indicators expected by NHS England for the population for whom it is responsible and which meet the policies, recommendations and standards of the UK National Screening Committee (UK NSC). The whole document should be read to gain a better understanding of the expected roles and responsibilities for the various healthcare professionals involved in providing the screening pathway.

Laboratory handbook

This handbook is for laboratories that process specimens for the IDPS programme and highlights the requirements for screening. It is linked to the wider programme standards and service specifications and is of relevance to service providers, commissioners and those responsible for quality assurance. The guidance has been cross-referenced with ISO standards to reduce duplication of effort and resources for laboratory quality assurance.

IDPS programme handbook

This handbook provides operational guidance and information for all practitioners involved in IDPS screening.

Data collection and analysis

Data for the national screening programmes is collected from a variety of providers such as local screening programmes, laboratories and maternity units. The organisations collating the data are responsible for ensuring data is accurate, timely and complete.

The national screening programmes coordinate the collection of the data, its processing and analysis. The IDPS programme also works with the screening quality assurance service (SQAS) to identify areas for improvement and areas of good practice.

The standards have been developed by the national programme in collaboration with experts in the relevant fields using available evidence, data and best practice. There has also been consultation with commissioners and local screening programmes to ensure the standards are valid, robust and clear.

The thresholds for the standards are based upon evidence, programme data and clinical advice from 2014 to 2015.

Standard	Threshold based upon
1	Based on interquartile range of 2014/15 data
2	Based on interquartile range of 2014/15 HIV data as new standard
3	Based on interquartile range of 2014/15 HIV data as new standard
4	Expert guidance with a view to revising up to meet the interquartile range after 1 year
5	Expert guidance as new standard
6	Based on interquartile range of 2014/15 data
7	Expert guidance as new standard

Summary of main changes

Standard	Changes	Data collected by
1. HIV coverage	EXISTING STANDARD: criteria and definition changed to clarify that the numerator should be confirmed results. Thresholds revised to ≥95% acceptable and ≥99% achievable.	Maternity service
2. Hepatitis B coverage	NEW STANDARD: criteria and definition changed to clarify that the numerator should be confirmed results. Thresholds set to ≥95% acceptable and ≥99% achievable.	Maternity service
3. Syphilis coverage	NEW STANDARD: criteria and definition changed to clarify that the numerator should be confirmed results. Thresholds set to ≥95% acceptable and ≥99% achievable.	Maternity service
4. Test result turnaround time	REVISED STANDARD: criteria and definition changed to clarify the turnaround time of 8 days for all results. Previously had different ranges of 5 and 8 days.	Screening laboratory
5. Timely assessment for screen positive and known positive women	NEW STANDARD: in response to expert advice, requirement of assurance of this key stage in the screening pathway and involvement of the multidisciplinary team.	Maternity service
6. Timely assessment of women with hepatitis B	REVISED STANDARD: criteria and definition changed to clarify the cohort of women requiring referral to hepatology services within specified timescales in response to expert advice and service feedback.	Maternity service
7. Hepatitis B-timely neonatal vaccination and immunoglobulin	NEW STANDARD: in response to expert advice, recurrence of incidents and requirement of assurance of this key stage in the screening pathway and linkage with the vaccination schedule and primary care.	Maternity service

IDPS standards

<table>
<tr><th>Standard 1</th><th>Identifying population and coverage: HIV screening</th></tr>
<tr><td>Rationale</td><td>To provide assurance that screening is offered to all eligible women and each woman accepting screening has a confirmed screening result. Timely information on screening coverage is important to identify trends and monitor the effectiveness of service improvements.

Coverage is a measure of the delivery of screening to an eligible population. Low coverage might indicate that:
not all eligible women were offered screening
those offered screening are not accepting the test
those accepting the test are not being tested</td></tr>
<tr><td>Objective</td><td>To maximise HIV screening in the eligible population who are informed and wish to participate in the screening programme</td></tr>
<tr><td>Criteria</td><td>The proportion of pregnant women eligible for HIV screening for whom a confirmed result is available at the day of report.</td></tr>
<tr><td>Definitions</td><td>
<table>
<tr><td>tested women
eligible women</td><td>expressed as a percentage, where:</td></tr>
</table>

tested women (numerator) is the total number of eligible women for whom a confirmed screening result was available for HIV at the day of report, including:
women who were known to be HIV positive at booking and not retested
eligible women (denominator) is the total number of pregnant women booked for antenatal care during the reporting period, or presenting in labour without previously having booked for antenatal care, excluding women who:
miscarry
opt for termination
transfer out between booking and testing (and therefore do not have a result)
transfer in who have a result from a screening test performed elsewhere in this pregnancy</td></tr>
</table>

Performance thresholds	**Acceptable**: ≥ 95.0% **Achievable:** ≥ 99.0%
Mitigations	This standard requires matched cohort data and follow-up of any missing women and to ensure failsafe processes are effective.
Reporting	• reporting focus: maternity service • data source: maternity service • reporting period: this standard is currently a KPI (ID1) • quarterly data to be collated between 2 and 3 months after each quarter end • deadlines: 30 September (Q1), 31 December (Q2), 31 March (Q3), 30 June (Q4)
Equity impact	Review of performance at a local level by population group may indicate inequity in whether or not women enter, complete the screening pathway or access services within optimal timescales. Tools that can be used to help local services and commissioners consider how to improve equity of access are NHS England's Equality Diversity System and PHE's Health Equity Assessment Tool.

<table>
<tr><th>Standard 2</th><th>Identifying population and coverage: hepatitis B screening</th></tr>
<tr><td>Rationale</td><td>To provide assurance that screening is offered to all eligible women and each woman accepting screening has a confirmed screening result. Timely information on screening coverage is important to identify trends and to monitor the effectiveness of service improvements.

Coverage is a measure of the delivery of screening to an eligible population. Low coverage might indicate that:
not all eligible women were offered screening
those offered screening are not accepting the test
those accepting the test are not being tested</td></tr>
<tr><td>Objective</td><td>To maximise screening for hepatitis B in the eligible population who are informed and wish to participate in the screening programme.</td></tr>
<tr><td>Criteria</td><td>The proportion of pregnant women eligible for hepatitis B screening for whom a confirmed result is available at the day of report.</td></tr>
<tr><td>Definitions</td><td><table><tr><td>tested women
eligible women</td><td>expressed as a percentage, where:</td></tr></table>
tested women (numerator) is the total number of eligible women for whom a confirmed screening result was available for hepatitis B at the day of report including:
women who were known to be hepatitis B positive and were not retested
eligible women (denominator) is the total number of pregnant women booked for antenatal care during the reporting period, or presenting in labour without previously having booked for antenatal care, excluding women who:
miscarry
opt for termination
transfer out between booking and testing, i.e. do not have a result
transfer in who have a result from a screening test performed elsewhere in this pregnancy</td></tr>
<tr><td>Performance thresholds</td><td>Acceptable: ≥ 95.0%
Achievable: ≥ 99.0%</td></tr>
<tr><td>Mitigations</td><td>This standard requires matched cohort data and follow-up of any missing women and to ensure failsafe processes are effective.</td></tr>
</table>

Reporting	• reporting focus: maternity service • data source: maternity service • reporting period: annual data to be submitted after each year end • deadline: 30 June
Equity impact	Review of performance at a local level by population group may indicate inequity in whether or not women enter, complete the screening pathway or access services within optimal timescales. Tools that can be used to help local services and commissioners consider how to improve equity of access are NHS England's Equality Diversity System and PHE's Health Equity Assessment Tool.

<table>
<tr><th>Standard 3</th><th>Identifying population and coverage: syphilis screening</th></tr>
<tr><td>Rationale</td><td>To provide assurance that screening is offered to all eligible women and each woman accepting screening has a confirmed screening result. Timely information on screening coverage is important to identify trends and to monitor the effectiveness of service improvements.

Coverage is a measure of the delivery of screening to an eligible population. Low coverage might indicate that:
not all eligible women were offered screening
those offered screening are not accepting the test
those accepting the test are not being tested</td></tr>
<tr><td>Objective</td><td>To maximise screening for syphilis in the eligible population who are informed and wish to participate in the screening programme.</td></tr>
<tr><td>Criteria</td><td>The proportion of pregnant women eligible for syphilis screening for whom a confirmed result is available at the day of report.</td></tr>
<tr><td>Definitions</td><td><table><tr><td>tested women
eligible women</td><td>expressed as a percentage, where:</td></tr></table>‘tested women’ (numerator) is the total number of eligible women for whom a confirmed screening result was available for syphilis at the day of report.

eligible women (denominator) is the total number of pregnant women booked for antenatal care during the reporting period, or presenting in labour without previously having booked for antenatal care, excluding women who:
miscarry
opt for termination
transfer out between booking and testing, i.e. do not have a result
transfer in who have a result from a screening test performed elsewhere in this pregnancy
All women should be offered screening for syphilis in every pregnancy</td></tr>
<tr><td>Performance thresholds</td><td>Acceptable: ≥ 95.0%
Achievable: ≥ 99.0%</td></tr>
<tr><td>Mitigations</td><td>This standard requires matched cohort data and follow up of any missing women and to ensure failsafe processes are effective.</td></tr>
</table>

Reporting	• reporting focus: maternity service • data source: maternity service • reporting period: annual data to be submitted after each year end. • deadline: 30 June
Equity impact	Review of performance at a local level by population group may indicate inequity in whether or not women enter, complete the screening pathway or access services within optimal timescales. Tools that can be used to help local services and commissioners consider how to improve equity of access are NHS England's Equality Diversity System and PHE's Health Equity Assessment Tool.

<table>
<tr><th>Standard 4</th><th>Test: turnaround time (HIV, hepatitis B, syphilis)</th></tr>
<tr><td>Rationale</td><td>This standard is needed to monitor the performance of the screening</td></tr>
<tr><td>Objective</td><td>To maximise performance of the screening tests and timely reporting.</td></tr>
<tr><td>Criteria</td><td>The proportion of antenatal screening samples for HIV, hepatitis B and syphilis where a result is available (confirmed positive or negative) and reported to maternity services within 8 working days of sample receipt in the screening laboratory in line with the IDPS laboratory handbook.</td></tr>
<tr><td>Definitions</td><td>For each infection:

4a.
<table><tr><td>timely result: number of HIV results reported within 8 working days of sample receipt
total number of samples received for antenatal HIV screening</td><td>expressed as a percentage, where:</td></tr></table>
4b.
<table><tr><td>timely result: number of hepatitis B results reported within 8 working days of sample receipt
total number of samples received for antenatal hepatitis B screening</td><td>expressed as a percentage, where:</td></tr></table>
4c.
<table><tr><td>timely result: number of syphilis results reported within 8 working days of sample receipt
total number of samples received for antenatal syphilis screening</td><td>expressed as a percentage, where:</td></tr></table>
timely result (numerator) is the number of samples for each infection received where a result is available (confirmed positive or negative) and reported to maternity services within 8 working days of sample receipt in the laboratory

samples received (denominator) is the total number of antenatal screening samples received for each infection in the screening laboratory during the reporting period, excluding:
samples received that are not fit for analysis and/or a repeat sample is requested from the screening coordinator/team</td></tr>
<tr><td>Performance thresholds</td><td>Acceptable: ≥ 95.0%
Achievable: ≥ 97.0%</td></tr>
</table>

Mitigations	Where samples received are fit for analysis but results are pending (inconclusive) these must be accounted for in the submission commentary.
Reporting	• reporting focus: screening laboratory • data source: screening laboratory • reporting period: annual data to be submitted after each year end • deadline: 30 June
Equity impact	Not applicable

<table>
<tr><th>Standard 5</th><th>Time to intervention: timely assessment for screen positive and known positive women</th></tr>
<tr><td>Rationale</td><td>To provide assurance that all women who are HIV, hepatitis B or syphilis screen positive or are already known positive for HIV and hepatitis B are seen by the multidisciplinary team within specified timescales</td></tr>
<tr><td>Objective</td><td>To facilitate timely high quality assessment and triage for screen positive or known positive women into specialist services</td></tr>
<tr><td>Criteria</td><td>The proportion of pregnant women attending for specialist assessment within 10 working days of the positive result or known status being reported to maternity services.</td></tr>
<tr><td>Definitions</td><td>
<table>
<tr><td>5a.</td><td>timely assessment for HIV
referral for assessment indicated</td><td>expressed as a percentage, where</td></tr>
<tr><td>5b.</td><td>timely assessment for hepatitis B
referral for assessment indicated</td><td>expressed as a percentage, where</td></tr>
<tr><td>5c.</td><td>timely assessment for syphilis
referral for assessment indicated</td><td>expressed as a percentage, where</td></tr>
</table>
timely assessment (numerator) is the total number of women who attended for specialist assessment within 10 working days of the:
screen positive report being received from the laboratory
and known positive status reported
referral for assessment indicated (denominator) is the total number of pregnant women in the reporting period who:
were reported by the screening laboratory as confirmed screen positive for HIV, hepatitis B and syphilis
and those reported as already known to be HIV or hepatitis B positive
</td></tr>
</table>

	Specialist assessment is a face-to-face appointment with a member of the multidisciplinary team (for example screening coordinator/specialist midwife/clinical nurse specialist). The assessment as per local protocol will support and inform appropriate triage of women for clinical management by the medical team in pregnancy (for example a HIV physician, hepatologist, gastroenterologist, infectious diseases physician or consultant in genitourinary medicine)
Performance thresholds	Acceptable: ≥ 97.0% Achievable: ≥ 99.0%
Mitigations	
Reporting	• reporting focus: maternity service • data source: maternity service • reporting period: annual data to be submitted after each year end • deadline: 30 June
Equity impact	Review of performance at a local level by population group may indicate inequity in whether or not women enter, complete the screening pathway or access services within optimal timescales. Tools that can be used to help local services and commissioners consider how to improve equity of access are NHS England's Equality Diversity System and PHE's Health Equity Assessment Tool.

Standard 6	Time to intervention: timely assessment of women with hepatitis B
Rationale	To provide assurance of timely interventions
Objective	To ensure timely intervention where appropriate
Criteria	The proportion of pregnant women who are hepatitis B positive attending for specialist assessment within 6 weeks of the positive result being reported to maternity services.
Definitions	**women seen for hepatitis B** / **women with hepatitis B (new positive / high infectivity)** expressed as a percentage *women seen for hepatitis B* (numerator) is the number of *pregnant women with hepatitis B* who are booked in the reporting period, who have been **seen by** an specialist within an effective timeframe, including: • all newly diagnosed hepatitis B positive women • women already known to be hepatitis B positive with high infectivity markers detected in the current pregnancy *pregnant women with hepatitis B* (denominator) is the total number of pregnant women booked in the reporting period who were screened positive (newly diagnosed) for hepatitis B and women already known to be hepatitis B positive with high infectivity as defined as: • HBsAg positive and HBeAg positive • HBsAg positive, HBeAg negative and anti-HBe negative • HBsAg positive where e-markers have not been determined • has acute hepatitis B during pregnancy • HBsAg seropositive and known to have an HBV DNA level equal or above $1x10^6$IU/ml in an antenatal sample A specialist is a hepatologist, gastroenterologist, infectious diseases physician or a hepatology nurse specialist working to an agreed protocol within the clinical team and in line with NICE guidelines offering women with HBV DNA >10^7IU/ml antiviral treatment. The effective timeframe for an appointment with a specialist is within 6 weeks of identifying hepatitis B in the current pregnancy.
Performance thresholds	Acceptable: ≥ 70.0% Achievable: ≥ 90.0%

Mitigations	
Reporting	• reporting focus: maternity service • data source: maternity service • reporting period: this standard is currently a KPI (ID2) • quarterly data to be collated between two and three months after each quarter end • deadlines: 30 September (Q1), 31 December (Q2), 31 March (Q3), 30 June (Q4)
Equity impact	Review of performance at a local level by population group may indicate inequity in whether or not women enter, complete the screening pathway or access services within optimal timescales. Tools that can be used to help local services and commissioners consider how to improve equity of access are NHS England's Equality Diversity System and PHE's Health Equity Assessment Tool.

<table>
<tr><th>Standard 7</th><th>Intervention and treatment: hepatitis B- timely neonatal vaccination and immunoglobulin</th></tr>
<tr><td>Rationale</td><td>To provide assurance of timely first dose of neonatal hepatitis B vaccination +/- immunoglobulin</td></tr>
<tr><td>Objective</td><td>To provide assurance that all babies born to women with hepatitis B receive the appropriate first vaccination +/- immunoglobulin in line with Public Health England's 'Green Book' recommendations.</td></tr>
<tr><td>Criteria</td><td>The proportion of babies born in the reporting period to women with hepatitis B receiving first dose of vaccination +/- immunoglobulin within 24 hours of birth.</td></tr>
<tr><td>Definitions
7a.</td><td>
<table>
<tr><td>babies receiving hepatitis vaccination within 24 hours of birth</td><td rowspan="2">expressed as a percentage, where:</td></tr>
<tr><td>babies born to hepatitis B positive women</td></tr>
</table>

babies receiving (numerator) is the total number of babies born in the reporting period to hepatitis B positive women, who have received vaccination within 24 hours of birth

babies born (denominator) is the total number of babies born in the reporting period to:
• hepatitis B positive women and
• women already known to be hepatitis B positive

7b.
<table>
<tr><td>babies receiving immunoglobulin within 24 hours of birth</td><td rowspan="2">expressed as a percentage, where</td></tr>
<tr><td>babies born to hep B positive women requiring immunoglobulin</td></tr>
</table>

babies receiving (numerator) is the total number of babies born in the reporting period, who have received immunoglobulin within 24 hours of birth

babies born (denominator) is the total number of babies born in the reporting period to hepatitis B positive women and women already known to be hepatitis B positive requiring immunoglobulin
</td></tr>
</table>

	Immunoglobulin is required if the mother is: • HBsAg positive and HBeAg positive • HBsAg positive, HBeAg negative and anti-HBe negative • HBsAg positive where e-markers have not been determined • has acute hepatitis B during pregnancy • HBsAg seropositive and known to have an HBV DNA level equal or above $1x10^6$IU/ml in an antenatal sample and for: • babies with a birth weight of 1500g or less, born to mothers infected with hepatitis B, should receive HBIG in addition to the vaccine, regardless of the e-antigen status of the mother
Performance thresholds	**Acceptable** ≥ 97% **Achievable** ≥ 99%
Mitigations	
Reporting	• reporting focus: maternity service • data source: maternity service • reporting period: annual data to be submitted after each year end • deadline: 30 June
Equity impact	Review of performance at a local level by population group may indicate inequity in whether or not women enter, complete the screening pathway or access services within optimal timescales. Tools that can be used to help local services and commissioners consider how to improve equity of access are NHS England's Equality Diversity System and PHE's Health Equity Assessment Tool.

Glossary

The glossary defines terms that are consistent across NHS screening programmes. The scope of each defined term as it applies to a particular screening programme is detailed separately for each screening programme.

A broken underline indicates that a term is used according to its definition in this glossary. Where terms from the glossary are used without a broken underline, their common English meaning can be assumed; except where context determines otherwise. Definitions include all forms of the defined term; so 'tested' and 'testing' refer to the definition of 'test'.

Term	Definition
accept	A response to an offer which indicates that a screening subject is willing to proceed with a screening encounter/event. Acceptance may be inferred from conduct provided that an offer has been made. In the case of newborn screening programmes, a responsible parent/guardian can accept screening on behalf of the subject baby.
acceptance of offer	The proportion of those offered screening who accept the offer. Low acceptance of offer might indicate that: i) the offer is not being communicated or delivered effectively (no response) and/or ii) screening is not deemed necessary or desirable by an entitled population (declined)
booking	The point at which a pregnant woman first sees a midwife to book for maternity care. At the booking appointment the maternity records are completed and antenatal screening is offered.
coverage	The proportion of those eligible for screening who are tested and receive a result. Coverage is a measure of timely screening to an eligible population. Low coverage might indicate that: i) not all eligible people have been offered screening ii) those offered screening are not accepting the test iii) those accepting the test are not being tested

Term	Definition
day of report	The day on which data to support an audit or performance return are collated. Usually there will be a time lag between the end of the reporting period and the day of report to allow for the completion of processes being measured and the collation of report data.
decline	A response to an offer which indicates that a screening subject does not wish to proceed with a screening test or pathway
effective timeframe	The period of time within which a screening test can be delivered such that a result is most likely to be obtained. The effective timeframe for a test is usually specified by the relevant screening programme.
eligible	The population that is entitled to an offer of screening. The criteria for eligibility may be administrative, demographic, clinical, or any combination of these, and may take into account individual circumstances such as time of presentation to the screening service.
population	The overall population for which a screening service is responsible.
matched cohort	The numerator must be a subset of the denominator. For example all pregnant women booked must be matched to their result.
maternity service	A co-ordinated network of healthcare professionals contracted to or working under the policies and procedures agreed with a single acute trust, with collective responsibility for the provision of antenatal, intrapartum and postpartum care. A single maternity service may include: • obstetric-led maternity units • midwifery-led maternity units • units responsible for the management of home births • newborn intensive care units (NICU) • special care baby units (SCBU) • paediatric intensive care units (PICU)

Term	Definition
offer	A formal communication made by the screening service, giving a specific subject a realisable opportunity to be tested within an effective timeframe. An offer or invitation will only count as an offer if: i) it reaches the subject ii) the subject is capable of understanding and acting upon it iii) the screening service has the capacity to realise it iv) it offers an opportunity of testing within an effective timeframe In the case of newborn screening programmes, the offer of screening is made to a responsible parent/guardian rather than the subject baby.
refer	The process of securing further diagnosis/specialist assessment following a screen positive test. The date of referral is when the request for further assessment is made to the appropriate specialist.
reporting period	The defined time period over which activities should be included in an aggregate audit or performance return. A reporting period can relate to any specified period but for routine reports is usually quarterly or annual. Most screening processes occur over a period of days or weeks, to allow a scan or sample to be assessed. In such cases, a single point in the process (such as the screening encounter/event) should be used to determine whether the process falls within a particular reporting period.
result	A formal and completed assessment of the risk of a condition being screened for in a subject. A result will be screen positive or screen negative. Insufficient or inconclusive tests indicate a failure to obtain a result, and are **not counted** within coverage. In these cases the subject may be offered a repeat screening test.
screen positive	An indication following a test that the condition being screened is high-risk/suspected in a subject.
screening	Testing people who do not have or have not recognised the signs or symptoms of the condition being tested for, either with the aim of reducing risk of an adverse outcome, or with the aim of giving information about risk.

Term	Definition
test	A screening encounter/event leading to the determination of an outcome. Test outcomes can be screen positive, screen negative, insufficient or inconclusive.
uptake	The proportion of those offered screening who are tested and receive a result. Uptake is a measure of the delivery of screening in the population to which it is offered. Low uptake might indicate that: i) those offered screening are not accepting the test ii) those accepting the test are not being tested