

NHS Infectious Diseases in Pregnancy Screening Programme News

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Have your say on standards

The eight non-cancer screening programmes have been working together to use a standardised process for the production of consistent and measurable screening standards.

The NHS Infectious Diseases in Pregnancy Screening (IDPS) Programme has started the review of its 2010 programme standards on this basis.

We aim to have a suite of new standards, operational handbooks and supporting patient information ready to inform the production of the 2016/17 national service specification.

The IDPS programme is convening a series of regional workshops across England. These workshops will give healthcare professionals involved in the screening and subsequent management of screen positive women and their babies an opportunity to:

- review and input into the revision of the national standards under development
- receive IDPS programme updates
- discuss current data collation with the national audit teams
- access latest information from Public Health England's national screening and immunisation teams

For further information and to book your place please visit the [IDPS website](#).

2015-16 NHS service specification published



Key national document updated

The NHS Infectious Disease in Pregnancy Screening Programme service specification for 2015/16 has been published.

The specification sets out how the IDPS programme should be commissioned and delivered throughout England.

Changes to the previous version of the specification include:

- screen positive women must be seen by an appropriate

specialist midwife within 10 working days of the result

- non-attendance at the specialist appointment should be reviewed within a multidisciplinary framework and an action plan developed
- coordinated care for women who undertake screening and miscarry

Further information can be found on the [IDPS website](#).

Perinatal HIV Audit

Many thanks to everyone who has taken part in the National Study of HIV in Pregnancy and Childhood (NSHPC) audit of recent perinatal HIV infections. All perinatally infected infants born in the UK since the beginning of 2006 were eligible to be included.

The audit explores circumstances surrounding transmission with the aim of improving antenatal HIV screening protocols.

There has been a great response so far with around 250 telephone interviews conducted with paediatric, obstetric and HIV specialist respondents involved in 119 cases. The data collection phase had come to an end for births reported to the end of 2013. Data collection will continue for newly diagnosed cases of perinatal HIV in UK-born children as they are reported routinely to the NSHPC.

Completed cases have been discussed by an expert review panel, with clinicians from relevant specialities and lay representatives. In March 2015 the review panel will prepare recommendations for the UK NSC and PHE, with a report planned.



Surveillance data published 2013

Public Health England recently published the [Antenatal screening for infectious diseases in England: 2013 surveillance report](#).

The report presents a summary of the uptake and test results of antenatal screening for hepatitis B, HIV, syphilis and rubella susceptibility in 2013 in England.

Headlines from the report include:

- uptake of screening remains high >97%
- the number of women with positive test results for HIV and syphilis remains stable
- 0.25% (1,749 / 688,755) of pregnant women screened positive or were reported already known to have HIV
- 0.14% (944 / 678,611) of women were reported screen positive for syphilis

- regional variation was apparent, with women in London presenting the highest screen positive rates
- increasing upward trend in the reported cases of hepatitis B. The proportion of women screening positive was 0.58% (3,982 / 690,760)
- proportion of women newly diagnosed with hepatitis B or HIV has declined
- rubella antibody level <10 IU/ml increased 6.59% (44,650/677,479)

The IDPS programme and National Antenatal Infections Screening Monitoring (NAISM) programme continue to work collaboratively as part of Public Health England to align future data collation and reporting processes.

Woman centred care

our service care for all women with any infectious disease in pregnancy.

All known HIV positive women and those with hepatitis B & C and Tuberculosis are referred directly to me via GP referral letters, midwives, sexual health clinics or self-referral.

The 'booking appointment' into maternity services and follow-on care is coordinated by me. A full medical, social and obstetric history is taken and the

by
Michael Bird

Specialist Midwife for Infectious Diseases



appropriate care is planned with the woman:

- I manage all HIV positive women, alongside the multidisciplinary team
- Women with Hepatitis B and C are booked by me, current care reviewed and referred

appropriately to the Hepatology and Obstetric teams. Their ongoing care is then co-ordinated by myself

This enables the women to be booked at their earliest convenience, signposted and seen by the necessary specialist teams early on in their pregnancy and personalised care optimised for the best outcome for mother and baby.

Michael Bird is Specialist Midwife for Infectious Diseases at St Georges Healthcare NHS Trust, London.

Review of screening pathway

Research conducted by the IDPS programme has found significant numbers of trusts are retesting all women for HIV and hepatitis B through the screening pathway instead of directly referring to specialist services for prompt clinical evaluation. This research is informing current reviews of national

screening standards and operational pathways to ensure all women known to have HIV and hepatitis receive a timely assessment of their current disease status and care and multidisciplinary management plans made for their pregnancy.

Every notification counts for audit!

We have more than 2,200 notifications for the hepatitis B in pregnancy audit – thank you!

It is important that the coverage of this audit is as complete as possible to support the future management of pregnant women with hepatitis B.

The notification system is still open for submission of data on women booking in

2014. Please notify us of any outstanding cases as soon as possible, and by the end of February 2015.

Women booking on or after 1 January 2015 are not eligible so there is no need to complete notification forms for them.

When your trust's notifications are complete for 2014, or if you did not have any eligible cases at your trust

last year, please email phe.hepbaudit@nhs.net to let us know.

We will soon request brief information on the referral status of women notified and outcome information for high and low risk pregnancies.

If you have any problems please contact Heather Bailey at phe.hepbaudit@nhs.net or on 020 7905 2396.

HIV peer support



The 'From Pregnancy to Baby and Beyond' project was set up in response to the many needs of women living with HIV diagnosed antenatally.

Volunteer mentor mothers with HIV are selected and trained to provide peer support and co-facilitate pregnancy journey workshops across the UK. Mentor mothers show it is possible to have HIV and give birth to an HIV negative child. They demonstrate that the challenges of HIV and pregnancy are not insurmountable, normalising the idea of living with HIV.

One mother said: "When you are positive and pregnant you can feel very vulnerable and isolated and you may have many questions – you can talk to a mentor mother about things that are difficult to say to anyone else. Mentor mothers can help you talk through and deal with many of the concerns you may have – they understand..."

Positively UK has also developed information resources around HIV and pregnancy.



Importance of maternal vaccination

Pertussis (whooping cough) vaccination in pregnancy was introduced in October 2012 in response to a national outbreak which led to 14 infant deaths that year.

Public Health England studies have shown:

- babies born to women vaccinated at least a week before delivery had a >90% reduction in the risk of pertussis disease in their first weeks of life
- no safety concerns relating to pertussis vaccination in pregnancy based on a large study of nearly 18,000 vaccinated women

Pertussis activity remains high in the community. Women should be immunised, between 28 to 32 weeks of pregnancy, to protect their baby against this potentially fatal disease from birth.

Inactivated influenza vaccine should be offered to all pregnant women at any stage of pregnancy.

The MBRRACE- UK report on maternal deaths and morbidity showed that increasing vaccination uptake will save lives:

1 in 11 maternal deaths in 2009-2012 were due to influenza

- more than half of these deaths occurred after the introduction of influenza vaccination in pregnancy, so could have been prevented
- vaccination improves fetal outcomes by reducing the likelihood of perinatal death, prematurity and low birth weight
- vaccination prevents influenza in the first months of life through transfer of maternal antibodies.

By applying the principle of making every contact count, pregnant women should be reminded of the importance of vaccination and signposted to vaccination services in their area.

Links to further information:

- [continuation of the pertussis vaccination in pregnancy programme](#)
- [vaccine effectiveness](#)
- [case control study to estimate vaccine effectiveness](#)
- [safety of pertussis vaccination in pregnancy](#)
- [MBRACE report](#)



Response to parliamentary committee

Following the **House of Commons Science and Technology Committee's Report on National Health Screening**, the UK Health Departments and the UK National Screening Committee (UK NSC) have developed a response to the key recommendations.

This response is due to be published later this month.

The independent review of the role, terms of reference and membership of the UK NSC is also due to be reported on shortly.

These independent reviews will help inform future UK NSC developments with the aim of improving health screening in the UK. We will share these publications when available.



UK National Screening Committee

Dementia screening not recommended

The UK National Screening Committee recommended against introducing screening for dementia, bacterial vaginosis, Gaucher disease and preterm labour at its final meeting of 2014.

Screening for dementia was not supported because:

- the most commonly used test for dementia has high false positive and false negative rates
- it is not clear that early detection would definitely lead to treatment that would slow or prevent the disease

The committee concluded that more research is also needed in order to fully assess the possibility of a preterm labour

screening programme due to concerns over the reliability of the screening test, the measurement for identifying risk and evidence around the most effective treatment.

Bacterial vaginosis is one of the most common causes of preterm labour. The review found that a pH indicator screening test has been shown to be promising in some small scale studies but the evidence is limited and does not prove that it is accurate enough to be used as a screening tool.

Screening for Gaucher disease was not supported because it is not currently possible to identify who will be severely affected by the condition and who will never experience any problems.

It is also unclear whether there is any benefit to earlier treatment compared to later treatment once symptoms of this disease have developed.

Recommendations in consultation:

- **Sudden cardiac death** (closes 1 February)
- **Galactosaemia** (closes 19 February)
- **Fatty-acid oxidation disorders** (closes 23 February)
- **Amino acid metabolism disorders** (closes 23 February)
- **Bladder cancer** (closes 28 February)

Due for consultation soon:

- **Adult hearing**
- **Psychiatric illness in pregnancy**
- **Oral cancer**

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Other news in brief

UKAS accreditation process

The screening programmes and UK Accreditation Service (UKAS) have been working together to incorporate the assessment of the national screening standards for antenatal and newborn screening into the UKAS accreditation process.

This has resulted in the two organisations working towards an agreement so that when a laboratory which participates in a national screening programme for antenatal and newborn screening is assessed by

UKAS to ISO 15189, the assessors will also include conformity with national screening standards.

The first UKAS visits incorporating an assessment of the antenatal and newborn screening programmes are expected in 2015.

Websites' transition

Good progress has been made on the transition of antenatal and newborn screening information for the public to **NHS Choices**. Watch this space for news of when the new web pages 'go live'.

New online search function

The screening services near you function is now live on **NHS Choices**. You can use it to search for local AAA, diabetic eye and newborn hearing services by postcode or town.

Screening for rare conditions

All newborn babies in England are now being offered screening for homocystinuria (HCU), maple syrup urine disease (MSUD), glutaric aciduria type 1 (GA1) and isovaleric acidaemia (IVA).