

National Antenatal Infection Screening Monitoring Quarterly Return Form



Name of maternity unit:					Date of form completion:						
Person completing form:					title:						
Telephone number:											
Year:		Quarter:	☐ Jan – Mar	☐ Apr –	- Jun	Jul	– Sep	☐ Oct	t – Dec		
Booking [Data										
when details information	s of the cu system but	ırrent pregn may be a	t which a pregr ancy are docu paper-based ing is by mater	umented in record where	maternity appropri	record	ds (which formation	should system	be an a s have n	uditable ot been	
Number of v	women boo	king for an	tenatal care in	this quarte	r:		C				
Data Source	: This is th	e method us	sed to derive th	e booking fi	gures. Ple	ease s	elect from	n the fo	llowing:		
Maternit	y unit IT sys	stems (prefe	rred)								
Maternit	y unit manu	al collection					•				
Other, p	lease specif	fy:									
☐ No data	available										
Additional co	mments, ar	nd reason if	no data availab	ole:	0						
Disease S	pecific D	ata		M.							
			Number not screened		Number	mber of positive results		Its			
Test	Number offered	Number declined	previously diagnosed ²	Number screened	Newly Diagnos	ed ³	Previous Diagnose				
Hepatitis B			.0								
HIV		2							umber of rubella		
Syphilis			N/A					su	sceptible results ⁵		
Rubella			N/A								
Women wh Women new Number of All results w	o were not s wly diagnos positive wor vith a rubella	screened be ed through s men that wer a antibody co	for the UK NSC cause their pos creening in this re previously di oncentration of	sitive diagnos s pregnancy iagnosed but i less than 10	is is alrea re-screen	dy kno	wn	ancy			

Optional: add in region-specific instructions regarding whom to send the form to and who to contact regarding problems or queries.

Please note: that the revised Infectious Diseases in Pregnancy Screening (IDPS) Programme Standards and Laboratory Handbook are available from http://infectiousdiseases.screening.nhs.uk/