

ISOSS syphilis antenatal screen positive notification

form date 04/23

CONFIDENTIAL

HOSPITAL NAME:

HOSPITAL CODE:

PART 1: MATERNAL DETAILS

I. Demographic information

Date of birth: ___/___/___

Soundex:

NHS/CHI no.:

Hospital no.:

Is the woman registered with a GP? Yes No

Gender the same as when registered at birth?
 Yes F, No M, No non-binary, No - other

Ethnic origin:

White

- British
 Irish
 Any other White background

Black or Black British

- Caribbean
 African
 Any other Black background

Other Ethnic Groups

- Chinese
 Any other ethnic group, please state.....

Mixed

- White and Black Caribbean
 White and Black African
 White and Asian
 Any other mixed background

Asian or Asian British

- Indian
 Pakistani
 Bangladeshi
 Any other Asian background

Not stated

Home postcode (leave off last letter):

Country of birth: If country of birth not UK, date of arrival: ___/___/___

- Exact date/year not known, timing: during pregnancy (date not known) <1 year prior to pregnancy
 1-5 years prior to pregnancy 5-10 years prior to pregnancy >10 years prior to pregnancy

II. Social circumstances

Employment status at booking: Employed (full or part-time) Home Sick Student
 Unemployed Retired Voluntary Not known

Main support during pregnancy: Partner (cohabiting) Partner (not cohabiting) Family/friend
 Other None Not known

Employment status at booking: Employed (full or part-time) Home Sick Student
 Unemployed Retired Voluntary Not known N/A (no partner)

Any documented social/complicating issues (tick all that apply)?

- Housing concerns Intimate partner violence/domestic abuse Drug or alcohol misuse
 Mental health issues Immigration issues (incl. refugee/asylum seeker) Prison Sex work
 Social services involvement/safeguarding Learning difficulties
 Not engaging with healthcare services Financial concerns (incl accessing foodbank) None
 Other, details:

Does the woman speak English? No Yes

If yes, is English her first language? No Yes

Were translation services required? No Yes*

*If yes, was an interpreter used when screening result given? Yes

No, reason:

Which language did the woman require translation services for?

III. Obstetric history

Gravida..... Parity.....+..... Date(s) of previous livebirths if known: _____

Obstetric history not known

PART 2: PREGNANCY AND ANTENATAL CARE DETAILS

Woman known to have booked at another hospital in this pregnancy? No Yes, details

Woman known to be transferring her pregnancy care to another hospital? No Yes, details

Date booked for antenatal care at your hospital: ___/___/___ Unbooked (arrived in labour)

Was there a delay to the woman being booked No Yes, reason

Maternal weight at booking kg maternal height at booking cm
Is this an IVF pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Estimated date of delivery (by ultrasound): ____/____/____
Pregnancy status: <input type="checkbox"/> Continuing to term <input type="checkbox"/> Miscarriage* – date: ____/____/____ at weeks gestation <input type="checkbox"/> Termination* – date: ____/____/____ at weeks gestation *If miscarriage or termination, any congenital abnormality? <input type="checkbox"/> No <input type="checkbox"/> Yes:
PART 3: ANTENATAL SYPHILIS SCREENING
Was IDPS screening offered and accepted for all infections? <input type="checkbox"/> Yes <input type="checkbox"/> No, reason.....
Date screening sample taken: ____/____/____
Was syphilis diagnosis a result of the IDPS screening? <input type="checkbox"/> Yes <input type="checkbox"/> No, details.....
Date first seen by a member of the screening team: ____/____/____
Was the result given to the woman within 5 working days? <input type="checkbox"/> Yes <input type="checkbox"/> No, See Screening Standard IDPS-S05 (referral: timely assessment of screen positive and known positive women) reason:
Was this appointment: face to face <input type="checkbox"/> virtual via phone <input type="checkbox"/> virtual other <input type="checkbox"/> , details.....
Previously screened negative in <i>this</i> pregnancy? <input type="checkbox"/> date of screen negative result ____/____/____
Referral made to Sexual Health? <input type="checkbox"/> Yes <input type="checkbox"/> No, reason:
If not referred, is woman already under care of Sexual Health for this syphilis result? <input type="checkbox"/> Yes <input type="checkbox"/> No, If no, who assessed that a referral to Sexual Health services was not required?.....
PART 4: SEXUAL HEALTH SERVICES MANAGEMENT
Date of sexual health assessment: ____/____/____
Syphilis screen positive breakdown <input type="checkbox"/> Newly diagnosed syphilis infection requiring treatment <input type="checkbox"/> Previously diagnosed syphilis infection requiring treatment <input type="checkbox"/> Previously diagnosed syphilis infection not requiring treatment <input type="checkbox"/> Other treponemal infections <input type="checkbox"/> Other, please specify.....
Concurrent maternal infection(s)? <input type="checkbox"/> None <input type="checkbox"/> HBV <input type="checkbox"/> HCV <input type="checkbox"/> HIV <input type="checkbox"/> Other, specify:.....
Clinical symptoms present upon examination? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:
Did the mother receive treatment for syphilis infection during pregnancy? <input type="checkbox"/> No, previously adequately treated <input type="checkbox"/> No, other reason, details..... <input type="checkbox"/> Yes, benzathine penicillin Date(s) of treatment: ____/____/____; ____/____/____; ____/____/____ <input type="checkbox"/> Yes, other please specify..... Date(s) of treatment: (____/____/____ to ____/____/____)
Penicillin allergy? <input type="checkbox"/> If yes, referred to allergy services and appropriate treatment given after advice: <input type="checkbox"/> yes <input type="checkbox"/> no, reason.....
Will a birth plan be used? Yes, <input type="checkbox"/> BASHH Syphilis birthplan* <input type="checkbox"/> local/other syphilis birthplan <input type="checkbox"/> No, reason..... * see BASHH Birthplan
PART 5: ADDITIONAL INFORMATION
Please enter any additional information in the space below