

ISOSS syphilis antenatal screen positive outcome

form date 06/20

CONFIDENTIAL

Your ref: [Pre-populated]

EDD: [Pre-populated]

Hospital of delivery:

PART 1: CHILD INFORMATION

i. Pregnancy outcome

Livebirth or Stillbirth

If twins*, tick here:

*Please give details of second twin overleaf

Date of birth: ___/___/___

Male or Female

Gestational age: weeks

Birthweight: kg

Hospital no.:

NHS/CHI no.:

Congenital anomalies? No Yes:

Perinatal infections? (please inform us if Covid-19 has been suspected or diagnosed in the pregnancy) No Yes:

Admitted to Neonatal Unit? No Yes:

ii. Child follow-up

Infant requires paediatric follow-up?

Yes (infant requires treatment and/or testing for possible syphilis infection) Paediatrician

No, reason

Not known, reason

PART 2: DELIVERY DETAILS

Postcode at delivery (leave off last letter):

Mode of delivery:

Vaginal ELCS, reason: EmCS, reason:

Was BASHH Syphilis Birth Plan* used? No Yes Not known

* see https://www.bashhguidelines.org/media/1196/syphillis-bp_print_2016_p3.pdf

PART 3: TREATMENT DURING PREGNANCY

Maternal treatment for syphilis infection reported on notification: _____

Did the mother receive any treatment in addition to the above during pregnancy (for syphilis infection)?

No Yes, specify:

Date(s) of treatment: ___/___/___; ___/___/___; ___/___/___ (or ___/___/___ to ___/___/___)

PART 4: ADDITIONAL INFORMATION

Please complete parts 5-6 in the case of a twin pregnancy.

PART 5: CHILD INFORMATION FOR SECOND TWIN

i. Pregnancy outcome

Livebirth or Stillbirth

Date of birth: ___/___/___

Male or Female

Gestational age: weeks

Birthweight: kg

Hospital no.:

NHS/CHI no.:

Congenital anomalies? No Yes:

Perinatal infections? (please inform us if Covid-19 has been suspected or diagnosed in the pregnancy) No Yes:

Admitted to Neonatal Unit? No Yes:

ii. Child follow-up

Infant requires paediatric follow-up?

- Yes (infant requires treatment and/or testing for possible syphilis infection) **Paediatrician**
- No, reason
- Not known, reason

PART 6: AND ADDITIONAL INFORMATION FOR SECOND TWIN

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