ISOSS syphilis antenatal screen positive outcome

form date 04/22

CONFIDENTIAL

Your ref: [Pre-populated] **EDD:** [Pre-populated] **Hospital of delivery:** ……………………………………

PART 1: CHILD INFORMATION

i. Pregnancy outcome

☐ **Livebirth** or ☐ **Stillbirth** (please include details in additional information, part 6) If twins*, tick here: ☐ (*) Please add details of twin 2 in part 5; If >2 please add child information to notes (Part 4)	**Date of birth:** ____/____/____	☐ **Male** or ☐ **Female** ☐ **Indeterminate**
	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 a birth plan used and made available at delivery for neonatal/paediatric follow-up? Yes, ☐ BASHH Syphilis birthplan* ☐ local/other syphilis birthplan ☐ No, reason………………………………………………

* see BASHH Birthplan

If available: Maternal weight in 3rd trimester ……….. kg **date:** _____/____ /_____

Maternal weight at booking ……….. kg **Maternal height at booking** ……….. cm

Social complicating issues reported at notification: [pre-populated from notification]
Any additional issues identified by delivery:
☐ 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: ……………………………………………………………………………………………………
……

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 ____/____/____)
Reason: ☐ Reinfection ☐ Other, please specify……………………………………………………………
Was syphilis treatment completed as planned prior to delivery: ☐ Yes ☐ No, details:………………………

PART 4: ADDITIONAL INFORMATION

COVID-19 vaccine received ☐ Yes ☐ No ☐ Not known
If 'Yes', please specify below which vaccine, number of doses and dates if known:
……

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** ☐ **Indeterminate**
	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: TWIN CHORIONICITY AND AMNIONICITY
Chorionicity: ☐ Monochorionic ☐ Dichorionic ☐ Chorionicity not known
Amnionicity: ☐ Monoamniotic ☐ Diamniotic ☐ Amnionicity not known