**CONFIDENTIAL**

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

**ISOSS syphilis antenatal screen positive outcome**

***form date 07/21***

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| **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 for neonatal/paediatric follow-up?** Yes, [ ]  BASHH Syphilis birthplan\* [ ]  local/other syphilis birthplan [ ]  No, reason ………………..…………………………………………….\* [see BASHH Birthplan](https://www.bashhguidelines.org/media/1196/syphillis-bp_print_2016_p3.pdf) |
| **If available: Maternal weight in 3rd trimester** ………... kg **date:\_\_\_\_\_/\_\_\_\_ /\_\_\_\_\_**  |
| **Maternal weight at booking** ………... kg **Maternal height at booking** ………... cm  |
| **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 ……………………………………………………………………….. |
| **PART 4: ADDITIONAL INFORMATION** |
| COVID-19 vaccine received [ ]  Yes [ ]  No [ ]  Not knownIf 'Yes', please specify below which vaccine, number of doses and dates if known: ……………………..………… ………………………………………………………………………………………………………………………….……………… |
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**Please complete parts 5-6 in the case of a twin pregnancy.**

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| **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: AND ADDITIONAL INFORMATION FOR SECOND TWIN** |
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