**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 known  If '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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