# From the Chief Medical Officer **Dr Michael McBride**



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AN ROIN

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Your Ref:

Our Ref: HSS(MD)13/2008

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Chief Executives of HSS Boards
Chief Executives of HSC Trusts
Medical Directors in HSC Trusts for cascade to:
Consultant Obstetricians
Consultant GUM Physicians
Consultant Infectious Disease Paediatricians
Consultant Virologists & Microbiologists
Directors of Nursing HSS Boards
Directors of Nursing HSC Trusts for cascade to:
All Midwives
Directors of Public Health HSS Boards
Director of NI Blood Transfusion Service
Regulation and Quality Improvement Authority

Dear Colleague

# SCREENING FOR INFECTIOUS DISEASES IN PREGNANCY: STANDARDS TO SUPPORT THE UK ANTENATAL SCREENING PROGRAMME

### Summary

The purpose of this letter is to inform you that the Regional Audit of Antenatal Infections Screening Programme: Report and Recommendations is now available at <a href="www.gain-ni.org">www.gain-ni.org</a>. The Report contains a number of recommendations for the programme, laboratories (including NIBTS) and Boards and Trusts.

## **Background**

Guidance on the Antenatal Infection Screening Programme for HIV, hepatitis B, syphilis and rubella antibody have previously been covered in circulars HSS(MD)17/98, HSS(MD)24/01, HSS(MD)11/02 and HSS(MD)26/02. In 2002 the DHSS produced interim standards for Antenatal Infections Screening Programme and in August 2003 the Department of Health (London) published *Screening for Infectious Diseases in Pregnancy: Standards to Support the UK Antenatal Screening Programme*.

### **Regional Audit**

In 2005 the Regional Multi-Professional Audit Group (RMAG) funded an audit into the Antenatal Infection Screening Programme. The purpose of the audit was to assess how well the Northern Ireland screening programme met the national standards for antenatal infection screening. The aim of the screening programme is to prevent perinatal infection with hepatitis B and fetal



syphilis, reduce to a minimum HIV vertical transmission and ensure rubella non immune women are being offered post-natal MMR vaccine where appropriate. The audit included all maternity units and laboratories providing testing services for the antenatal infection screening programme.

The Audit of Antenatal Infections Screening Programme: Report and Recommendations is available at <a href="www.gain-ni.org">www.gain-ni.org</a>. A multidisciplinary group chaired by Consultant Virologist, Dr Peter Coyle, Belfast Trust, undertook the direction of the audit. The audit report contains a number of recommendations. The attention of Boards and Trusts are drawn to these.

### **Action**

Trusts and Boards should consider the recommendations in the Audit Report in relation to the infection screening programme provided or commissioned by them. All antenatal infection screening practice should meet *Screening for Infectious Diseases in Pregnancy: Standards to Support the UK Antenatal Screening Programme 2003.* They can be accessed at <a href="https://www.dh.gov.uk/assetRoot/04/09/20/49/04092049.pdf">www.dh.gov.uk/assetRoot/04/09/20/49/04092049.pdf</a>. Trust Chief Executives should ensure that these standards are met within their Trusts.

Your attention is also drawn to the NICE antenatal and postnatal care guidelines (available at www.nice.org.uk/guidelines). In particular:

- The importance of booking women by 14 weeks of pregnancy. Early identification of maternal syphilis infection is essential to ensure timely treatment and thus reduce the risk of an adverse outcome to the pregnancy or infection of the baby.
- Women who are rubella non immune should be offered MMR vaccination prior to discharge from hospital after delivery or within the first week post delivery if delivered at home. This is also advised by the 'Green Book' Immunisation against Infectious Disease 2006.

For further information please contact; Dr Margaret Boyle, <u>margaret.boyle2@dhsspsni.gov.uk</u> or Jackie McGeagh, <u>jackie.mcgeagh@dhsspsni.gov.uk</u>.

Yours sincerely

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cc: Members of the Regional Antenatal Infection Screening Group
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