ISOSS syphilis antenatal screen positive outcome

form date 04/24

CONFIDENTIAL

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

PART 1: CHILD INFORMATION

i. Pregnancy outcome

☐ **Livebirth** or ☐ **Stillbirth** (please complete, 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:** ____/____/____	**Gest:** …….. weeks +……..days	☐ **Male** or ☐ **Female** ☐ **Indeterminate**
	Birthweight: …….. kg	If baby died, date of death: ____/____/____ (please complete part 6)	
Hospital no.: …… **NHS no.:** ……	**Congenital conditions?** ☐ No ☐ Yes: ……☐ NK **Neonatal infections?** ☐ No ☐ Yes: …… ☐ NK **Admitted to Neonatal Unit?** ☐ No ☐ Yes: …… ☐ NK ……		

ii. Child follow-up

Was an infant exam done and infant serology taken at birth? ☐ Yes ☐ No, reason……

Did the infant receive any treatment following delivery in relation to maternal syphilis diagnosis? ☐ No, ☐ Yes, please provide treatment details…… ☐ Not known

Infant 3 month paediatric follow-up appointment arranged?
☐ Yes, **Paediatrician** ……..

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

Social complicating issues reported at notification: [pre-populated]
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/detention centre ☐ 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: _____

_____

Penicillin allergy reported on notification? ☐
If yes, ☐ confirmed ☐ suspected ☐history unclear
Woman referred to allergy services? ☐ yes ☐ no
Attended allergy services referral? ☐ yes ☐ no
Any additional treatment to above following referral, details:……

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:……

If not referred to sexual health in pregnancy (e.g. unbooked in labour) was there a postnatal referral to sexual health:
☐ yes ☐ no
If yes, did woman attend: ☐ yes ☐ no ☐ not known

If woman died, date of death: ____/____/____ Details: ……..

PART 4: ADDITIONAL INFORMATION (please add any information for multiple births)

Please complete part 5 in the case of a twin pregnancy.

PART 5: CHILD INFORMATION FOR SECOND TWIN

i. Pregnancy outcome

☐ **Livebirth** or ☐ **Stillbirth**	**Date of birth:** ____/____/____	**Gestational age:** ……. weeks + ……..days	☐ **Male** or ☐ **Female** ☐ **Indeterminate**
	If baby died, date of death: ____/____/____	**Birthweight:** ……. kg	
Hospital no.: …….. **NHS no.:** ……	**Congenital conditions?** ☐ No ☐ Yes: …… ☐ NK **Neonatal infections?** ☐ No ☐ Yes: …… ☐ NK. **Admitted to Neonatal Unit?** ☐ No ☐ Yes: …….. …… ☐ NK		

ii. Child follow-up

Was an infant exam done and infant serology taken at birth? ☐ Yes ☐ No, reason……

Infant 3 month paediatric follow-up appointment arranged?
☐ Yes, **Paediatrician** ……..
☐ No, reason ……

Chorionicity: ☐ Monochorionic ☐ Dichorionic ☐ Chorionicity not known

Amnionicity: ☐ Monoamniotic ☐ Diamniotic ☐ Amnionicity not known

Please complete part 6 in the case of a stillbirth or neonatal death

PART 6: STILLBIRTHS AND NEONATAL DEATHS

I. Stillbirth:

Was hepatitis B through to have caused or contributed to the stillbirth ☐ Yes ☐ No
What was the cause of death reported as? ……
Was a postmortem accepted? ☐ Yes ☐ No
Were fetal swabs sent? ☐ Yes ☐ No
Were placental swabs sent? ☐ Yes ☐ No
Were placental swabs sent for histology? ☐ Yes ☐ No
Were fetal blood samples sent for infection testing? ☐ Yes ☐ No
Were maternal blood samples sent for infection testing? ☐ Yes ☐ No

I. Neonatal death:

Was hepatitis B through to have caused or contributed to this neonatal death ☐ Yes ☐ No
What was the cause of death reported as? ……
Was a postmortem accepted? ☐ Yes ☐ No
Were neonatal swabs sent? ☐ Yes ☐ No
Were placental swabs sent? ☐ Yes ☐ No ☐ placenta not available
Were placental samples sent for histology? ☐ Yes ☐ No ☐ placenta not available
Were neonatal blood samples sent for infection testing? ☐ Yes ☐ No
Were maternal blood samples sent for infection testing? ☐ Yes ☐ No