

iCaSH referral pathways for suspected sexually transmitted infections in pregnancy

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Departments/Group this Document applies to:	Women & Children		
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Guideline to be followed by (target staff):			
To be read in conjunction with the following documents:			
<ul style="list-style-type: none"> Kingston, M., et al. (2015) UK national guidelines on the management of syphilis 2015. <i>International Journal of STD & AIDS</i> [Online] 27(6), pp.421-6. This guideline has been updated by BASHH since it was published in 2015 – in 2017, and in 2019. The updated version can be found on the BASHH website (along with a PDF link to the original published 2015 version) at https://www.bashhguidelines.org/current-guidelines/genital-ulceration/syphilis-2015/ [Accessed 12 November 2019] Milton Keynes University Hospital NHS Foundation Trust. <i>Screening in pregnancy guideline</i>. MIDW-GL-145. Version 6, 2018. 			
CQC Fundamental standards:			
Regulation 9 – person centered care			
Regulation 10 – dignity and respect			
Regulation 11 – Need for consent			
Regulation 12 – Safe care and treatment			
Regulation 13 – Safeguarding service users from abuse and improper treatment			
Regulation 17 – Good governance			
Regulation 18 – Staffing			
Regulation 19 – Fit and proper			

Disclaimer

Since every patient's history is different, and even the most exhaustive sources of information cannot cover every possible eventuality, you should be aware that all information is provided in this document on the basis that the healthcare professionals responsible for patient care will retain full and sole responsibility for decisions relating to patient care; the document is intended to supplement, not substitute for, the expertise and judgment of physicians, pharmacists or other healthcare professionals and should not be

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taken as an indication of suitability of a particular treatment for a particular individual. The ultimate responsibility for the use of the guideline, dosage of drugs and correct following of instructions as well as the interpretation of the published material **lies solely with you** as the medical practitioner.

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Guideline Statement

Syphilis is caused by infection with the spirochete bacterium *Treponema pallidum* subsp *pallidum*. This is transmitted by direct contact with an infectious lesion. *T. pallidum* readily crosses the placenta and vertical transmission can occur at any stage of pregnancy and may result in congenital syphilis. (Kingston et al., 2015, p.2)

This policy outlines the referral pathway for maternity service users attending the Milton Keynes University Hospital (MKUH) antenatal service with a positive test for syphilis.

Executive Summary

To outline the referral pathway between iCaSH MK and the antenatal services at Milton Keynes University Hospital NHS Foundation Trust for pregnant service users who have tested positive for syphilis.

Definitions

ANNB – Antenatal & Newborn Screening
ANSC - Antenatal & Newborn Screening Coordinator
BASHH - British Association of Sexual Health and HIV
DNA – Did Not Attend
GUM – Genitourinary Medicine
HA – Health Advisor

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iCaSH MK – Integrated Contraception and Sexual Health Milton Keynes

Pt – Patient

RPR – Rapid Plasmid Reagin

SMS – Short Message Service

VDRL – Venereal Disease Research Laboratory

1.0 Roles and Responsibilities:

Antenatal & Newborn (ANNB) Screening Team:

The Antenatal and Newborn (ANNB) Screening Team comprises of the Antenatal & Newborn Screening Co-ordinator, Deputy Antenatal & Newborn Screening Midwife and Lead Consultant Obstetrician. The Antenatal & Newborn Screening Co-ordinator is responsible for overseeing the NHS Infectious Diseases in Pregnancy Screening (IDPS) Programme led by Public Health England (PHE) – see <https://www.gov.uk/topic/population-screening-programmes/infectious-diseases-in-pregnancy> for more information.

Process for positive results

- The ANNB screening team are informed of all screen positive results via generic email (mkg-tr.mkscreeningmidwives@nhs.net) by MKUH microbiology laboratory; these are acknowledged with a read receipt.
- On receipt of a screen positive result from the microbiology laboratory, by the screening team, an appointment with a member of the screening team should be arranged ≤ 10 working days of the result being received. This is to discuss the result with the service user (and their partner) and to complete all appropriate referrals (Public Health England, Standard IDPS-S05, 2019)
- The ANNB screening team should ensure details of screen positive results are entered onto the syphilis spreadsheet on the lab screening shared drive, and ensure that the spreadsheet is monitored thrice weekly
- Following discussion with the service user, the ANNB screening team complete the relevant referral and send to iCaSH (see 3.0)

Sexual Health Clinic

- Review referrals from the ANSC and ensure that the appropriate action is taken within 10 days.
- Ensure communication with the maternity and neonatology teams regarding outcomes of the patient's management.

Neonatal Department

- Manage infants born to service users with a positive syphilis serology test according to national guidelines and the outcomes of the service user's management by the Sexual Health Clinic.

(See the BASHH UK national guidelines on the management of syphilis and the accompanying BASHH Syphilis Birth Plan).

2.0 Implementation and dissemination of document

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The referral policy will be available on the Trust intranet after being approved at the relevant Clinical Improvement Groups. Staff will be informed of the policy at relevant team and departmental meetings.

3.0 Processes and procedures

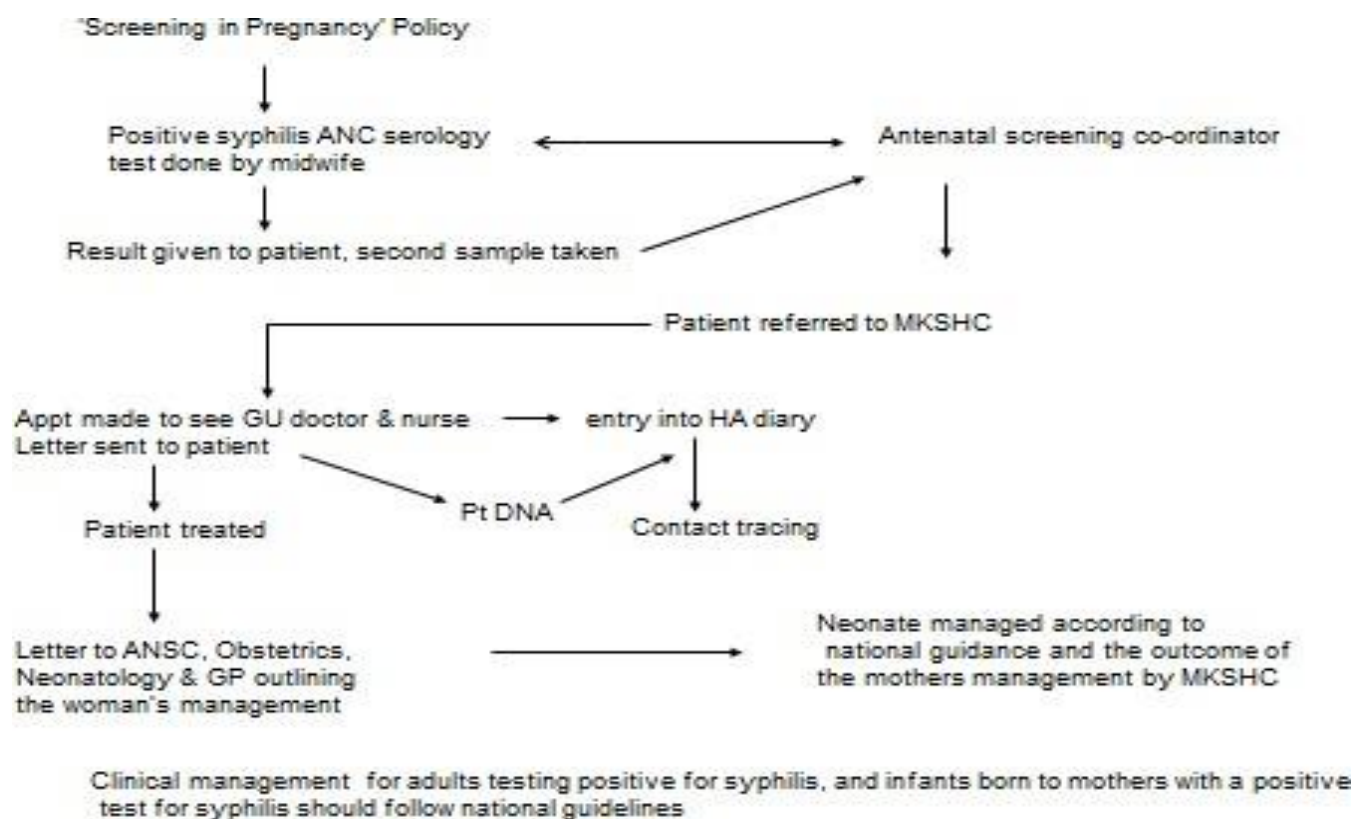
Please see the 'Screening in Pregnancy guideline' which should be used in conjunction with this document. The Screening in Pregnancy guideline can be found on the Trust Documentation website (accessed from the MKUH intranet homepage).

- Following discussion with the maternity service user, the ANNB screening team will refer the service user to iCASH MK by completing a referral letter (see Appendix 1); which will include the service user's contact details and results of their blood tests, and sent via generic nhs.net email: (mkg-tr.mkscreeningmidwives@nhs.net) to: ccs.miltonkeyneshealthadvisors@nhs.net
- Following discussion with the maternity service user. Midwives can refer any positive sexually transmitted infection results or suspected sexually transmitted infections to iCASH MK by completing the referral letter in Appendix 2 and emailing to iCASH.
- The service user will be contacted by iCaSH MK by means of a phone call or letter, and an appointment will be made to see a GU doctor as soon as possible and within 10 days.
- Service users will be managed following the BASHH UK national guidelines on the management of syphilis.
- The service user will be assessed, and the syphilis infection staged. Treatment will be initiated as early as possible and preferable on the day of first attendance. Appropriate follow up visits, post-treatment testing and contact tracing of sexual partners will be done at the iCaSH MK.
- Upon completion of treatment, or sooner depending upon the service user's gestation, a letter will be sent by iCaSH MK to the ANSC, with a copy to the General Practitioner (GP), Obstetrician and the Neonatology department. Contact tracing for any other children who may be affected will be done by the service user's GP or Paediatrics.
- Sexual health records for all service users diagnosed with or treated for syphilis are kept for the expected life of the individual. This will enable appropriate management of maternity service users should they become pregnant again in the future.
- Should a maternity service user fail to attend the appointment or adhere to their management plan then the iCaSH MK DNA policy will be followed and the ANNB screening team informed via generic email.
- The iCaSH MK DNA policy includes attempts to contact the service user by telephone call, SMS text, and letter to their home. This will be completed by the Sexual Health Advisor, with the assistance of the community midwife. As vertical transmission is possible without adequate treatment, input from the Safeguarding team may be required.
- iCaSH MK will inform the ANSC, by letter, with a copy to the GP, Obstetrician and the Neonatology department, of service users who fail to adhere to the management or treatment plan.

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- Maternity service users presenting late in pregnancy, who have not received baseline antenatal screening, will be tested for Syphilis at the earliest opportunity. The referral pathway will be followed should they receive a positive result. In the event of a service user requiring urgent assessment, iCaSH MK should be contacted directly on 0300 300 3030.
- Service users who have presented at delivery, or who have delivered with a positive syphilis serology and no evidence of adequate treatment, should be referred to iCaSH for assessment as soon as possible. Infants born to untreated or inadequately treated service users must be assessed, investigated and treated according to national guidelines.
- Infants born to service users who have tested positive for syphilis should be managed according to the BASHH UK national guidelines on the management of syphilis and the accompanying Syphilis Birth Plan



Please note, MKSHC (Milton Keynes Sexual Health Clinic) is now provided by iCaSH MK as of 1st April 2020.

Address: 624 South Fifth Street, Central Milton Keynes, MK9 2FX Telephone:

0300 300 3030

www.icash.nhs.uk

ccs.miltonkeyneshealthadvisors@nhs.net

4.0 Statement of evidence/references

References:

British Association for Sexual Health and HIV (BASHH) (2019) *Amendment to the UK Guideline on the management of syphilis 2015; management of syphilis in pregnant women*. [Online]. Available from: <https://www.bashhguidelines.org/media/1220/syphilis-in-pregnancy-amendment-2019.pdf> [Accessed 12 November 2019]

British Association for Sexual Health and HIV (BASHH) (2019) *Standards for the management of sexually transmitted infections (STIs)*. [Online]. Available from: <https://www.bashh.org/about-bashh/publications/standards-for-the-management-of-stis/> [Accessed 12 November 2019]

Higgins, S.P., McMaster, P. and Kingston, M. (2016) *Syphilis birth plan*. [Online]. Available from: https://www.bashhguidelines.org/media/1196/syphilis-bp_print_2016_p3.pdf [Accessed 12 November 2019]

Kingston, M., et al. (2015) UK national guidelines on the management of syphilis 2015. *International Journal of STD & AIDS* [Online] 27(6), pp.421-6.
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Public Health England (2016) *NHS infectious diseases in pregnancy screening programme handbook 2016 to 2017*. [Online]. Available from: <https://www.gov.uk/government/publications/infectious-diseases-in-pregnancy-screening-programme-handbook> [Accessed 29 July 2020]

Public Health England (2019) *Infectious diseases in pregnancy screening standards valid for data collected from 1 April 2018*. [Online]. Available from: <https://www.gov.uk/government/publications/infectious-diseases-in-pregnancy-screening-programme-standards/infectious-diseases-in-pregnancy-screening-standards-valid-for-data-collected-from-1-april-2018> [Accessed 29 July 2020]

Additional references

British Association for Sexual Health and HIV (BASHH) (2016) *A guide for pregnant women who have a positive syphilis blood test*. [Online]. Available from: https://www.bashhguidelines.org/media/1036/sts_pil_digital_2016.pdf [Accessed 12 November 2019]

Walker, G.J.A., et al. (2019) Antibiotic treatment for newborns with congenital syphilis. *Cochrane Database of Systematic Reviews* 2019, Issue 2. Art. No.: CD012071. DOI: 10.1002/14651858.CD012071.pub2. Available from: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012071.pub2/full> [Accessed 12 November 2019]

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5.0 Governance

5.1 Document review history

Version number	Review date	Reviewed by	Changes made
01	Sept 14	P Williams	New policy
02	Feb 16	MKSHC & Women & Children	Transfer of service to MKUHFT from Virgin Care
	Sept 2019	MKSHC & Women & Children	Updated policy, minor changes
3.0	June 2020	Kate Bulbeck	Agreed with CG Lead this document now passed to Womens Health.
4.1	Feb 2023	Natalie Lucas	Guideline name change and additional appendix for antenatal testing form.

5.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
Patricia Williams	Consultant GUM Physician			Reviewed and updated	
Anita Males	Antenatal & Newborn Screening Co-ordinator		18.06.2020	Updated	
Dr. Indranil Misra	Consultant Neonatologist	29.07.2020			
Dr. Z Gawlowski	Consultant Neonatologist	29.07.2020			
QA team	Quality Assurance Advisor	29.07.2020			
Jayne Plant	Library and Education	03.08.2020			
Julie Cooper	Head of Midwifery	03.08.2020	17.08.2020	Comments included.	

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Janice Styles	Matron for Community, ANC & ANNB Screening	03.08.2020	17.08.2020	No comments.	
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5.3 Audit and monitoring

Audit/Monitoring	Tool	Audit	Frequency	Responsible
Criteria		Lead	of Audit	Committee/Board
Ensure pathway remains current	Feedback from both services, review of incidents arising	MKSHC CIG & Women's & Children's CIG	Annually, dependent on number of pts seen.	Clinical Governance team.
Audit	Audit Excel tool	P Williams	Alternate years dependent on number of pts seen.	

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5.4 Equality Impact Assessment

As part of its development, this Guideline and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified. Equality Impact assessments will show any future actions required to overcome any identified barriers or discriminatory practice.

Equality Impact Assessment			
Division	Medicine/ Speciality Medicine	Department	MKSHC
Person completing the EqIA	P Williams	Contact No.	
Others involved:	Women & Children	Date of assessment:	11 October 2019
Existing policy/service	Yes	New policy/service	
Will patients, carers, the public or staff be affected by the policy/service?			
		Yes	
If staff, how many/which groups will be affected?		Community midwives, Staff working at the Sexual Health Clinic, Neonatology and Obstetrics	
Protected characteristic	Any impact?	Comments	
Age	NO	Positive impact as the policy aims to recognise diversity, promote inclusion and fair treatment for patients and staff	
Disability	NO		
Gender reassignment	NO		
Marriage and civil partnership	NO		
Pregnancy and maternity	YES		
Race	NO		
Religion or belief	NO		
Sex	NO		
Sexual orientation	NO		
What consultation method(s) have you carried out?			
Clinical Improvement Group face-to-face meetings, Email communications			
How are the changes/amendments to the policies/services communicated?			
Emails and meetings			
What future actions need to be taken to overcome any barriers or discrimination?			
What?	Who will lead this?	Date of completion	Resources needed
Review date of EqIA			

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Appendix 1: Syphilis Referral Letter

Antenatal & Newborn Screening
Tel: 01908 995236 or 07790 935490
Email: mkg-tr.mkscreeningmidwives@nhs.net

Standing Way
Eaglestone
Milton Keynes
MK6 5LD
01908 660033

Private and Confidential

Date:

Dear

re: [Patient Details]

Tel:

Please accept referral for this lady, who has tested positive for Syphilis, reported [date].

Please see attached report.

She had her dating scan [date] and is currently weeks gestation.

Kind regards

Yours sincerely

Antenatal & Newborn Screening Midwives

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Appendix 2: Antenatal testing referral form

Patient requiring STI testing Referral Form: email to ccs.miltonkeyneshealthadvisors@nhs.net
Please inform the patient that we will be calling from a withheld number.

Antenatal Services
MKUH
Date:

Dear iCaSH MK

Re: (attach Patient sticker)
Name:
DOB:
Address:

Mobile number.....

GP Surgery:.....

Consent to contact GP: Y /N




Thank you for seeing the above-named patient who requires an appointment.

Problem:

STI investigations already undertaken and result including treatment already given:

Safeguarding Concerns:

Sincerely

Asymptomatic	Over the age of 16 and lives within the MK CCG area, able to read English	<p>Online self-testing via http://www.icash.nhs.uk/ click the self-test image (copy below) and complete self-triage</p>  <p>Available tests include finger prick test for HIV, STS, HBV, HCV, Gonorrhoea & Chlamydia self-swab for women, urine for men. Extra-genital testing is also available dependent on self-triage.</p>
Asymptomatic	Excluded from above	<p>Patient or staff to ring iCaSH  0300 300 3030</p>
Symptomatic/ Diagnosed with, or a contact of an STI		<p>Patient or staff to ring iCaSH  0300 300 3030</p> <p>Staff (only) to ring 07811720287 [health advisor direct line], messages may be left. Staff (only) to email referral form to ccs.miltonkeyneshealthadvisors@nhs.net</p>
Patient required to be seen urgently		<p>Staff (only) to ring 07811720287 [health advisor direct line], messages may be left. Staff (only) to email referral form to ccs.miltonkeyneshealthadvisors@nhs.net</p>
		<p><i>iCaSH does not have access to the NHS spine or patients shared records, please provide the patients mobile number/contact details. Please inform the patient that we will be calling from a withheld number</i></p>