

From the Chief Medical Officer  
Dr Michael McBride



Department of

**Health, Social Services  
and Public Safety**

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

AN ROINN

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydènter Heisin  
an Fowk Siccar**

HSS(MD)43/2010

Chief Executives of PHA, HSCB & BSO  
Chief Executives of HSC Trusts  
Medical Directors in HSC Trusts for cascade to:  
*Consultant Obstetricians*  
*Consultant GUM Physicians*  
*Consultant Paediatricians*  
*Consultant Virologists & Microbiologists*  
*Consultant Hepatologists*  
Executive Medical Director/Director of Public Health, PHA  
for cascade to:  
*Screening Lead*  
Director of Nursing, PHA  
Directors of Nursing, HSC Trusts for cascade to:  
*All Midwives*  
Director of NI Blood Transfusion Service  
All General Practitioners  
Regulation and Quality Improvement Authority

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Your Ref:  
Our Ref: HSS(MD)43/2010  
Date: 3 December 2010

Dear Colleague

## **INFECTIOUS DISEASES IN PREGNANCY SCREENING PROGRAMME: STANDARDS AND HANDBOOK FOR LABORATORIES**

### **Summary**

The purpose of this letter is to inform you that the UK National Screening Committee (NSC) has recently published its Infectious Diseases in Pregnancy Screening Programme: Standards and Handbook for Laboratories. They are available at <http://infectiousdiseases.screening.nhs.uk/standards>.

These revised standards replace those published by the Department of Health in England in August 2003 and endorsed in 2008 by the DHSSPSNI in HSS (MD) 13/2008: Screening for Infectious Diseases in Pregnancy: Standards to Support the UK Antenatal Screening Programme.

The Public Health Agency, Health and Social Care Board, Business Service Organisation, and Health and Social Care Trusts should ensure that by April 2011 arrangements are in place for the Northern Ireland Infectious Diseases in Pregnancy Screening Programme to meet the revised standards with the exception of the differences outlined in this letter.



## Background

The UK NSC has recommended that all pregnant women should be offered and recommended screening in every pregnancy for hepatitis B, syphilis and HIV infection and rubella susceptibility. Guidance on antenatal infection screening and programme standards has previously been issued in circulars HSS(MD)17/98, HSS(MD)24/01, HSS(MD)11/02, HSS(MD)26/02 and HSS(MD)13/2008.

The Infectious Diseases in Pregnancy Screening (IDPS) Programme in Northern Ireland is responsible for ensuring that all pregnant women are offered screening for hepatitis B, HIV, syphilis and susceptibility to rubella infection. The Programme is a vital part of antenatal care aimed at preventing mother to child transmission of hepatitis B, HIV and syphilis. The Programme also identifies women who should be offered postnatal MMR vaccination in order to confer protection against rubella in future pregnancies.

## Revised Standards

Revised standards for the UK National Screening Committee's Infectious Diseases in Pregnancy Screening (IDPS) Programme were published in September 2010 and are available at <http://infectiousdiseases.screening.nhs.uk/standards> They replace those published by the Department of Health in England in 2003 and subsequently endorsed by DHSSPS in HSS(MD)13/2008.

The DoH 2003 standards were revised by four multidisciplinary task groups set up by the UK NSC IDPS Programme for the four infections. A laboratory handbook was also developed. A stakeholder consultation exercise on the revised standards and handbook was held between October 2009 and January 2010. A number of health professionals from Northern Ireland provided comment on the consultation documents.

The programme standards and handbook are published as separate documents as they are of specific interest to different professional groups. They should be considered together and both are relevant to commissioners, service providers and those with performance management responsibilities.

## Differences within the Northern Ireland Programme

Attention is drawn to differences in the UK NSC revised standards and the Northern Ireland Programme and which should not be altered.

*Women already known to be HIV positive or hepatitis B positive:*

- All women should be offered and tested early in each pregnancy regardless of a positive or rubella susceptible test result in a previous pregnancy. This is to facilitate the inclusion of the baby into the neonatal hepatitis B vaccination programme and to maintain the failsafe systems set up for HIV, hepatitis B, rubella and syphilis screening.

*Women booking late for antenatal care:*

- The IDPS Programme in Northern Ireland is predicated on managing all samples taken after 20 completed weeks of pregnancy as urgent. This should continue.

#### *Specimen requirements*

- The Health and Care number is the equivalent of the NHS number and should be used on all request forms and specimens.

#### **Postnatal MMR**

All women identified as susceptible to rubella infection (2-3% of pregnant women) should be offered 2 doses of the MMR vaccine postnatally. If the woman delivers in hospital the first dose should be given before she is discharged home. The GP should be contacted regarding the second MMR vaccination.

#### **Changes to NIMATS**

The Northern Ireland Maternity System (NIMATS) is being changed to a web based system. This change is expected to be implemented in the second half of 2011. Any changes needed to the data items captured as a result of the revised standards should be taken into account as the web based system is rolled out.

#### **Action Required**

The Public Health Agency, Health and Social Care Board, Business Service Organisation and Health and Social Care Trusts should ensure that by April 2011 arrangements are in place for the Northern Ireland Infectious Diseases in Pregnancy Screening Programme to meet the revised standards as outlined in the UK National Screening Committee's Infectious Diseases in Pregnancy Screening Programme: Standards and Handbook for Laboratories with the exceptions as outlined in this letter.

#### **Further Information**

Further information can be obtained from Dr Margaret Boyle, senior medical officer, [Margaret.boyle2@dhsspsni.gov.uk](mailto:Margaret.boyle2@dhsspsni.gov.uk) or Ms Jackie McGeagh, regional antenatal and newborn screening coordinator [Jackie.mcgeagh@dhsspsni.gov.uk](mailto:Jackie.mcgeagh@dhsspsni.gov.uk)

Yours sincerely



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