Worcestershire Acute Hospitals NHS Trust

Chlamydia Screening Guideline

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Approved by Maternity Governance Meeting on:	19th June 2020
Review Date This is the most current document and should be used until a revised version is in place:	15th November 2022

Key Amendment

Date	Amendment	Approved by
19th June 2020	New document approved	Maternity Governance Meeting

Introduction

As recommended by ‘Saving Babies Lives’ This ‘care bundle’ action plan will help NHS England to make maternity care safer, alongside guidelines to reduce preterm birth.

This will be a joint pathway between Worcestershire Integrated Sexual Health and Worcestershire Acute Maternity unit.

There were 218,095 new cases of Chlamydia diagnosed in England in 2018, 131,269 cases in <25 year olds (Public Health England). 70% of women with chlamydia are asymptomatic. Chlamydia affects 5-7% of pregnant women.

Screening should be offered to all at-risk women. In particular, healthcare professionals should inform pregnant women under the age of 25 years about the high prevalence of chlamydial infection in their age group, and give details of their local National Chlamydia Screening Programme or screen.

An estimated 10-25% of stillbirths in developed countries are caused by infection. However, it can be difficult to tell if an infection was the cause of death, or if a baby with an infection died of another cause. These infections are often bacterial; including E. coli, Group B Streptococcus (GBS), H. influenza and chlamydia.

Pregnancy implications of Chlamydia:

- Preterm birth
- Premature rupture of membranes
- Low birth-weight
- Infant mortality and morbidity:
    - 50% of neonates born to women with untreated chlamydia will develop ophthalmia neonatorum
    - 15% will develop chlamydia pneumonitis
- Increased risk of complications, the earlier in the pregnancy the infection occurs
- 34% of women with chlamydia delivering vaginally will develop puerperal infection
- Long-term sequalae for women including tubal damage and reduced fertility

Population to be offered screening:

- All women <25 years
- Women >25 years with other risk factors (ie HIV, previous history)
- Women with lower genital tract symptoms, intrapartum or postpartum fever
- Mothers of infants with ophthalmia neonatorum

At womens first antenatal visit:

1) Women will be asked to perform a self-take vulvo vaginal swab – this is the yellow-topped chlamydia bottle and sent to the lab.
    - These are as sensitive as endocervical swabs and more sensitive than urine samples (which miss 10-20% of infections)

2) If there is a positive result:
   a. The midwife will contact the patient to inform them of the result and further care plan to include:
   b. Commence oral treatment:
      i. **Azithromycin 1gram on day 1**
      ii. **Followed by 500micrograms once a day for 2 days**
         - If macrolide/erythromycin allergy: Amoxicillin 500mg for 7 days (require test of cure after 3-4 weeks).
      iii. Document on ICE result that management plan has been instigated (in the notes section or when filing report.
      iv. Make the patient aware that Azithromycin is not currently licensed for use in pregnancy but to date no issues have arisen following its use.
      v. Neonatal alert form
      vi. Advise on safer sex and abstinence until treatment is completed.
   c. Gain consent from the patient for referral to the Sexual Health clinic. Confirm contact details, and advise them that they will be contacted by a member of the Sexual Health clinic for the following:
      i. Contact tracing
      ii. 3 month re-testing
      iii. Full screening for other STIs if clinically indicated
   d. Referrals to be sent to the generic email address for Sexual Health Team on: whcnhs.wishmaternityu25referral@nhs.net
   e. **All referrals to be emailed through on the standard proforma, which can be found on Bluespier**
      i. To include: Name and NHS number, telephone number, patient locality care based
      ii. Sexual Health Team to email back referrer to confirm patient attendance or plan for follow-up if DNA'ed.
   f. If no consent for referral gained: reiterate the risks to the patient and inform the Obstetric team in charge of their care.
   g. The inbox for generic email will be checked by Jo Maciej-Clarke Senior Administrator and Viv Osborne. This will be checked daily and cross cover to be provided if there is Annual Leave.
   h. Any referrals will be directed to the appropriate Health Advising List for the locality identified on the referral form.
   i. Patients to be contacted with a view to partner notification and offer of a full screen
   j. Confirmation of successful partner notification or otherwise will be sent to referring Obstetric Consultant.
   k. A review of the process will occur on an annual process

Appendix 1: Referral proforma – to be found on Bluespier

References:

1. Saving Babies lives Version 2
2. Allstaff S et al. The management of sexually transmitted infections in pregnancy. TOG 2012;14:25-32.

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Appendix 1: Chlamydia Referral Proforma

Antenatal Referral to Worcestershire Integrated Sexual Health (WISH)

Please email all referrals to: *whcnhs.wishmaternityu25referral@nhs.net*

Patients name:	Address:
NHS number:	Hospital ID number:
Date of Birth:	Age:
GP: Address:	Patients telephone number:
Consultant patient care booked under:	EDD:
Date of Chlamydia diagnosis:	Date of referral:

Please indicate patients preferred locality:		
Kidderminster ☐	Redditch & Bromsgrove ☐	Worcester ☐

Is the patient aware of the referral to sexual health? ☐

Has the patient been commenced on the recommended treatment protocol:
Yes - Azithromycin ☐ No ☐
Whom by:
If other treatment given, what and why:

The Sexual Health Team will contact the patient using the details provided above	
Please enter any specific contact instructions *e.g. do not send letters / only use mobile etc*	

TO BE FOUND ON BLUESPIER

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
All members of the Maternity Quality Governance Meeting

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Maternity Quality Governance Meeting

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	Yes	Only females
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	Yes	Guideline for <25 year olds
2.	**Is there any evidence that some groups are affected differently?**	Yes	Increased in <25 year olds
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	No	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	-	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	-	
7.	**Can we reduce the impact by taking different action?**	No	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	**Yes/No**
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.