

# Protecting you and your baby

Screening tests for infectious diseases  
in pregnancy



Public Health  
Agency

## Who gets tested?

If you are pregnant, you will be offered screening tests for certain infectious diseases in pregnancy in order to target treatment for you and your baby if needed.

## What do we screen for?

In Northern Ireland, we test for Human Immunodeficiency Virus (HIV), hepatitis B, syphilis and rubella immunity.

## When do we screen?

With your consent, a blood sample will normally be taken at your first attendance to maternity services, ideally before 14 weeks of pregnancy. If



you have any questions about these tests, or if you choose to decline the screening tests, your Antenatal Screening Coordinator (ANSC) would be very happy to contact you and talk to you and/or your partner and answer any questions or concerns you might have. You can change your mind and get screened at

any stage in pregnancy. However, we do recommend early screening (ideally by 20 weeks) in order to reduce the risk of transmission of infection to your baby.

Your blood sample will also be tested for blood grouping and full blood count. This is part of your routine antenatal care.



You can find more information about these tests in the Pregnancy book.



## Why do we screen?

The purpose of screening is to find out if you have HIV, hepatitis B or syphilis and provide referral to specialist services and treatment if necessary, so that we can help to improve your own health and protect your baby against infection.

HIV, Hepatitis B and syphilis can be passed from a mother to her baby and could have consequences for the baby's long-term health and development.

Rubella screening checks your immunity to rubella, allowing us to identify your need for the measles, mumps and rubella (MMR) vaccine after birth in order to protect future pregnancies.

## About the conditions

### HIV

HIV can be contracted through blood or body fluid contact (for example sharing equipment like razors, toothbrushes, needles and other equipment for drug use, or by having sex without using a condom).

HIV is a virus carried in the blood which targets and weakens the body's immune system. Without treatment a person with HIV is at risk of developing serious infections and health complications. If left untreated, the infection can be passed from a mother to her baby during pregnancy, birth or through breastfeeding.

Although there is no cure for HIV, anti-retroviral medication (ARV) is now extremely effective at keeping the virus under control, allowing your immune system to stay strong. Most people living with HIV have a normal life expectancy.

Treatment with ARV in pregnancy greatly reduces the chance of passing on HIV to your baby.

### Hepatitis B

Hepatitis B can be contracted through blood or body fluid contact (for example sharing equipment like razors, toothbrushes, needles and other equipment for drug use, or by having sex without using a condom).

Hepatitis B virus affects the liver and can cause acute (immediate) and chronic (long-term) ill health. If you are a carrier of the virus or are

infected during pregnancy, your baby is at risk of becoming infected usually at the time of birth.

Babies infected at birth or during the first year of life have a 9 in 10 (90%) chance of developing chronic hepatitis B infection; however, by vaccinating the baby at birth and completing the recommended follow-on vaccination schedule the risk is reduced to around 1 in 10 (10%).

## **Syphilis**

Syphilis is a sexually transmitted bacterial infection which if left untreated can lead to long-term health problems. It is possible to have syphilis without knowing it as most people in the early stages of infection are ill for a very short time.

Safe and effective treatment with antibiotics is available in pregnancy to minimise the risk of passing the infection on to your baby. If left untreated, it can result in miscarriage, stillbirth or serious health problems for your baby.

## **Rubella (German measles)**

Rubella is a viral infection that can have serious consequences for your baby especially in the first 20 weeks of pregnancy. The screening test will show whether or not you have immunity to rubella either through childhood vaccinations or previous exposure to the virus (see pages 6-7).

# Getting your results

## Negative result

If your results are clear for these infections, your midwife will inform you at your next antenatal appointment at about 16 to 18 weeks. The results will be inserted into your notes or recorded onto an electronic patient record system.

A negative result means you are **'negative now'** (at the point of testing). If you feel you have been at risk of exposure to infection at any stage in pregnancy, you should seek advice and get retested, for example if you change partner, share equipment for drug use or have a partner who is sexually active with other people or is diagnosed with a sexually transmitted infection (STI). You can be retested at any time in pregnancy either by your midwife, GP or sexual health (GUM) clinic.

## Positive result

If you screen positive for HIV, hepatitis B or syphilis the ANSC will contact you to arrange an appointment. They will discuss the result, and any additional recommended testing, and complete an onward referral to specialist services to determine what treatment or follow up you and your baby may require. This may include ARV, or antibiotic treatment or a schedule of vaccinations for your baby after birth.

If you've had two measles, mumps and rubella (MMR) vaccines in the past, you should be immune to rubella. However, some women may still test as rubella non-immune. To avoid the need for further vaccination, ask your GP surgery for a printout of your vaccination history.

## **MMR is not given in pregnancy**

You will be offered the first MMR vaccine after the birth of your baby, before you leave hospital.

There are no concerns with taking an extra dose of MMR if you are not sure or it is not clear if you have had two doses previously.

## **What about confidentiality?**

The results will be recorded onto your electronic care record and in some areas inserted into your maternity hand-held records (MHHR), which you have responsibility for keeping safe and confidential. The records kept in electronic format on regional systems have limited access and are password protected.

With your permission, we need to tell everybody involved in caring for you and your baby that you have an infection so we can:

- plan and deliver your care safely
- make all the appointments you need with the specialist teams
- make all the appointments for your baby's care and future vaccinations.

## **What happens to my blood sample once it has been tested?**

All your blood samples will be stored in the laboratory for two years for quality assurance purposes.

After this, we dispose of any samples safely in line with HSC regulations.

## **Can my stored sample be used for anything else?**

Your stored blood sample can be used to test for immunity to certain infections, such as chickenpox, measles or parvovirus (slapped cheek), if you have contact with these infections during your pregnancy. This may avoid being retested.

If you would like this leaflet in another language or format, visit:  
[www.pha.site/antenatal-blood-tests](http://www.pha.site/antenatal-blood-tests)



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