# Worthing Hospital - Closing the Screening Loop

## Multi-Disciplinary Working

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## MIDIP – Maternal Infectious Disease in Pregnancy

Our MIDIP group meets quarterly to discuss all aspects concerning infectious disease screening. The membership of the group ensures the complete pathway is addressed.

Protecting people
Preventing harm
Preparing for threats

**Membership**

- Consultant Paediatrician
- GUM Consultant, Health Advisor, CNS HIV & HIV Pharmacist
- Consultant Microbiologist
- Community Pediatric Consultant
- ASC
- Link H/V
- Community Manager
- Consultant Obstetrician
- Day Unit Sister
- Postnatal Ward manager
- GP trainee

**Challenges**

- We need to ensure we offer appropriate post natal care to ensure future pregnancies are not at risk i.e. offer MMR vaccine
- Hep B pos women are at significant risk of passing the virus on to their baby but newborn vaccination if completed is 95% effective
- We need to ensure babies receive the appropriate vaccination schedule and check for immunity to reduce risk of liver damage / carcinoma in later years
- Vaccination schedule starts in maternity but ends in primary care therefore effective communication essential
- HIV treatment & testing as appropriate

**Achievments**

- ASC notified of all Rubella non-immune. Women receive letter & Info
- MMR on PGD
- Red book inserts for Hep B, letter to GP to include referring back for serology at 1yr
- No HIV pos babies
- ‘Red flag’ system being built into discharges

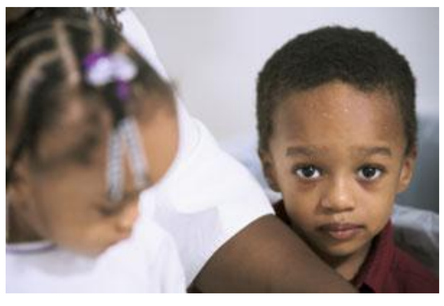
## HoBNoBBS – Haemoglobinopathies & NBBS

Our Hobnobs group has evolved from the introduction of the FOQ & SC&T screening.
The group consists of ASC, Hematologist, BMS, Community Midwife team leader, SCBU Matron, Liaison H/V and CHRD. Again this allows an overview of the programme and the pathways.
The agenda is divided into two – allowing interested parties to attend their bit with the key people staying throughout.
Current work is NBBS labels – Completed and implemented and we are now finalizing the NBBS pathway and including the DNA for transfused babies project

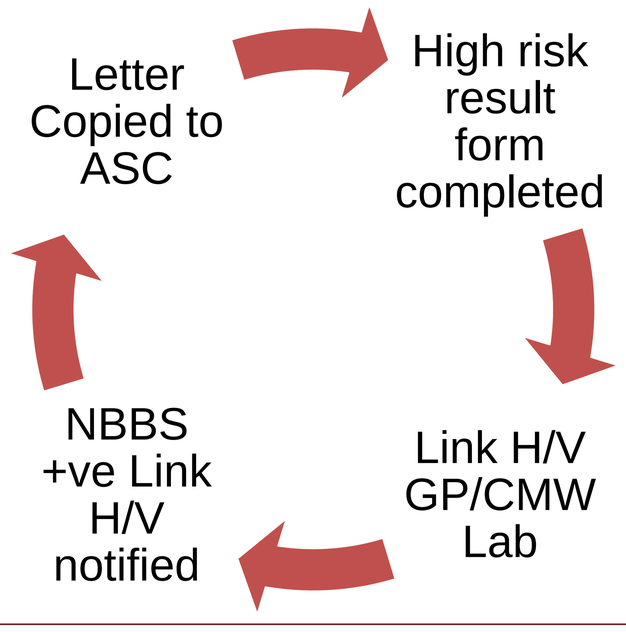
*Why we need to link the programmes – a reminder*

**Antenatal**

- To detect carriers of haemoglobinopathies
- To identify ‘at risk’ couples
- To offer informed choice
- To detect carriers of haemoglobinopathies



**Newborn**

- To identify babies with a major haemoglobin disorder and initiate early treatment to reduce mortality and morbidity
- *Beneficial ‘By-product’*
- To detect carriers of haemoglobin disorders

**High Risk Results**