



Rubella screening in pregnancy ends

Antenatal screening for rubella susceptibility in England to stop from 1 April 2016 following approval from ministers

What is rubella?

Rubella (German measles) is a viral infection that used to be common in children. Symptoms include:

- a red-pink skin rash of small spots
- swollen glands around the head and neck
- fever and cold and flu-like symptoms

Rubella gets better without treatment in 7 to 10 days and is usually a mild infection.

However, if a woman gets rubella in the first 12 weeks of pregnancy, her baby has a 9 in 10 chance of problems that include heart defects, cataracts and deafness.

The risk is much lower if infection occurs later in pregnancy.

Why stop screening?

The decision follows reviews of evidence by the UK National Screening Committee (UK NSC) in 2003 and 2012.

On both occasions it found that screening for rubella susceptibility in pregnancy did not meet the criteria for a screening programme.

See <http://legacy.screening.nhs.uk/rubellasusceptibility>

Public Health England leads the
NHS Screening Programmes



Why it's safe to stop rubella screening

Women in the UK are now unlikely to be exposed to rubella in pregnancy due to the high uptake of the measles, mumps and rubella (MMR) vaccination.

The few cases that occur are usually imported from abroad.

The emphasis now needs to be on ensuring continued high uptake of the MMR vaccine in the whole population.

Evidence to support the ending of screening includes:

- rubella infection in the UK is at a level defined as eliminated by the World Health Organisation
- antenatal screening does not give any protection to the unborn baby in the current pregnancy
- the test may falsely reassure women that they are not susceptible to rubella infection in the current pregnancy
- stopping antenatal screening is unlikely to result in increased rates of congenital rubella

Rubella susceptibility screening in pregnancy is under review in Wales, Scotland and Northern Ireland but will continue there until notified otherwise.

What do midwives need to do?

1. do not offer rubella susceptibility screening to women booking on or after 1 April 2016
2. continue offering and recommending screening for HIV, hepatitis B and syphilis in every pregnancy
3. liaise with your trust's screening team if you have any queries

The screening pathway should be completed for women booking and accepting screening before 1 April, including:

- continue reporting and follow-up of results
- continue administration of postnatal MMR and referral to primary care for second vaccination

Resources to help you

1. updated 'Screening Tests for You and Your baby' booklet
2. updated resource cards
3. updated e-learning and online guidance
4. new 'Immunisation in pregnancy' leaflet

Further updates will be posted on our blog: phescreening.blog.gov.uk

The 2016 / 2017 NHS Infectious Diseases in Pregnancy Screening Programme Section 7A service specification, standards and operational handbooks have all been updated following the decision to end rubella susceptibility screening in pregnancy.

www.gov.uk/topic/population-screening-programmes/infectious-diseases-in-pregnancy