

MRSA Screening in Pregnancy

Guideline information

Guideline number: 1360

Classification: Clinical

Supersedes: version 1

Local Safety Standard for Invasive Procedures (LOCSSIP) reference: NA

National Safety Standards for Invasive Procedures (NatSSIPs) standards: NA

Version number: 2

Date of Equality Impact Assessment: 10/04/2025

Approval information

Approved by: Maternity Written Document Control Group

Date of approval 2.12.2025

Date made active: 3.2.2026

Review date: 25.4.2028

Summary of document:

This guideline is for use for the screening of pregnant women who require screening for MRSA and is to be used in addition to the:

[Prevention and Management of Meticillin Resistant Staphylococcus Aureus \(MRSA\) Policy 371](#) -opens in new tab.

Scope:

To be read in conjunction with:

371 - [Prevention and Management of Meticillin Resistant Staphylococcus Aureus \(MRSA\) Policy](#) opens in new tab.

478 [Prevention & Management of Multi-Drug Resistant Organisms \(MDRO\) Policy](#) -opens in new tab.

[719. Adopted Maternity Sepsis Screening and Management; Guidelines and Standards for Practice](#) (opens in a new tab).

Patient information:

Owning group:

Maternity Guideline, Audit and Research Group 02/12/2025

Executive Director Job title: Chief Operating Officer

Reviews and updates:

Version 1 – approved new 254.2025

Version 2 – minor amendment: MRSA screening is required as part of the clinical investigations for maternal sepsis . This is in line with the HDD antibiotic guidance .

Contents

| | |
|--|---|
| Guideline information | 1 |
| Approval information | 1 |
| 719. Adopted Maternity Sepsis Screening and Management; Guidelines and Standards for Practice. .. | 1 |
| Scope..... | 4 |
| Aim..... | 4 |
| Objectives | 4 |
| Introduction | 4 |
| Screening for the presence of MRSA in Maternity | 4 |
| Screening for MRSA as part of “Sepsis Six Actions” | 6 |
| Screening Procedure | 6 |
| MRSA screening on Admission..... | 6 |
| MRSA Positive Result..... | 6 |
| Multi-Drug Resistance Organisms (MDRO), Carbapenem Producing Organism (CPO) and Carbapenem Producing Enterobacteriaceae (CPE) | 7 |
| References..... | 7 |
| Appendix 1 MDRO Risk Assessment Screening Tool for Maternity..... | 8 |

Scope

This guideline is for the use of all health care professionals providing screening for pregnant women identified at risk of MRSA colonisation and infection.

Aim

The aim of this document is to provide guidance to staff to ensure that maternity patients who are identified as having risk factors for MRSA are appropriately screened in pregnancy and:

- Ensure the spread of MRSA within the Trust is minimised.
- Protect patients from infection or colonisation with MRSA.
- Ensure patients who are confirmed to have MRSA are then managed safely and appropriately and receive adequate information about their condition.
- Prevent avoidable MRSA Infections and colonisation acquisition.

Objectives

The aim of this document will be achieved by the following objectives:

- Use of Multidrug resistance organism Assessment tool to identify women who require screening for MRSA /MDRO
- The MDRO Screening pathway for use within for Maternity.

Introduction

Staphylococcus Aureus, including MRSA (Meticillin Resistant Staphylococcus aureus), is a bacterium that normally lives on the skin, particularly the nose, skin folds, hair line and perineum of approximately 30-60% of the population.

It commonly survives in these areas without causing infection, a state known as colonisation, occurring in approximately 20-30% of healthy individuals.

Colonisation is only harmful to the health of an individual if it develops into infection or when the colonised person acts as a carrier as they then they pose a risk of cross infection, especially to vulnerable people with wounds or invasive devices such as intravenous cannula, or urinary catheter. The majority of patients who acquire MRSA are colonised only and do not require antibiotic treatment.

Clinical infection with MRSA occurs either from the patient's own resident MRSA or by cross-infection from another person who could be symptomatic or a carrier (Colonised).

The transmission of MRSA and risk of infection can only be reduced effectively if measures are taken to identify carriers through screening and treating them appropriately.

Screening for the presence of MRSA in Maternity

In line with the Prevention and Management of Meticillin Resistant Staphylococcus Aureus (MRSA) Policy 371, all of the following pregnant women identified as being at risk of MRSA Colonisation and infection are to be screened for the carriage of MRSA in pregnancy.

Risk factors for MRSA Colonisation and Infection

- Previous MRSA (check WPAS /Myrddin)
- Health Care Workers (HCW) **or** live in same household as HCW
- Diagnosed with a chronic medical condition requiring frequent regular antibiotics/contact with health care professionals i.e. regularly go to outpatient clinics (e.g. renal clinic, diabetic clinic but not antenatal clinic).
- Any women who have **chronic** skin conditions e.g. exfoliative dermatoses, eczema, and psoriasis.
- Long term indwelling device e.g. PEG, PICC line, indwelling catheter
- Admitted either as an emergency or transferred from other health board and or healthcare facilities in the UK from another UK Health Board/Trust (i.e. **NOT** inter-hospital transfers within HDD).
- Women who have received **any** hospital treatment overseas within last 12 months- either as outpatient e.g. dental surgery or as an inpatient, e.g. weight loss surgery and fertility treatments.
- Member of professional or semi-professional contact sports team.
- All intravenous drug users
- Renal Dialysis Unit or in residential or nursing care home.

See Appendix 1 for Maternity MRSA screening tool

In Maternity MRSA screening is to be undertaken in the community at 36 weeks of pregnancy to allow sufficient time to undertake decolonisation therapy if MRSA is detected.

However, this must be set against the risk of the patient encountering MRSA. The following points should be noted:

- If a woman is admitted or transferred to another health board during her current pregnancy and she is still pregnant when discharged/ transferred back to care of Hywel Dda offer MRSA screening.
- Women with identified risk factors who have frequent daily attendance for appointments or monitoring in pregnancy (e.g. Attending antenatal clinic, review on traige or day assessment, **do not** require rescreening.
- Women with identified risk factors for screening who are admitted before 36 weeks will require screening for MRSA on admission.
- Woman with identified risk factors who have been admitted (i.e. overnight stay) in this pregnancy will then require re-screening. Discuss with IPT if require advice or guidance
- If the woman is a Health Care Worker, and continues to work past 36 weeks of pregnancy, discuss with the woman when she plans to commence maternity leave and consider screening after 36 weeks (to reduce risk of colonisation) .If MRSA screening does need to be offered it is suggested that the screening is undertaken at the beginning of the woman's working day,, or on a day off, rather than at the end of a shift (to avoid confusing the issue by detection of transient, work-related carriage of MRSA).

Screening for MRSA as part of “Sepsis Six Actions”

As part of the sepsis screening tool for pregnant and postpartum women (up to 6 weeks) and in line with HDdUHB local antibiotic guidance when performing Sepsis 6 actions:

- in addition to collecting blood cultures/pus/swab from any likely source, including urine, prior to commencing antibiotics also **Screen for MRSA** .
- Check the patient’s previous Microbiology results for Multi-Drug Resistant (MDR) organisms e.g. MRSA.

Screening Procedure

- Dry **charcoal** swabs must be used for screening for MRSA and dipped in sterile normal saline before swabbing the appropriate sites.
- Screening swabs to be taken from the following carriage sites: nose and perineum.

MRSA screening on Admission

When MRSA screening is performed at time of admission, whilst awaiting the results of tests, the patients must be managed with contact-based precautions, preferably in side room accommodation. However, if side rooms are not available then women may be appropriately managed on the open ward – following a risk assessment. The Infection Prevention Nurse will be able to advise.

Documentation

- The MDRO Risk Assessment Screening Tool for Maternity (see [appendix 1](#)) is found in the Maternity Bundle and the Maternity Inpatient Bundle.
- Initial assessment is undertaken at booking and the MDRO should be reviewed again in pregnancy. When admitted in pregnancy, at any time, the Maternity Bundle should be reviewed and screening undertaken if indicated and not already done.
- At 36 weeks when MRSA screening is undertaken it must be documented on the MDRO Risk Assessment Screening Tool for Maternity. It is the responsibility of the clinician who undertook the screening to ensure the results are reviewed and actioned if results are positive.
- On admission the MDRO Risk Assessment Screening Tool for Maternity should be reviewed to determine whether screening is required. If screening has been undertaken the results should be clearly documented on the MDRO Risk Assessment

MRSA Positive Result

Decolonisation does not completely eradicate MRSA carriage. However, it decreases MRSA colonisation which can reduce the risk of patients infecting themselves and MRSA transmission to others.

All MRSA positive patients must receive a full decolonisation regimen with re-screen two days after completion of the regimen and if woman is an inpatient must be isolated where possible - discuss individual cases with the Infection Prevention Nurse.

Refer to and follow the [Prevention and Management of Meticillin Resistant Staphylococcus Aureus \(MRSA\) Policy 371](#) for MRSA Decolonisation protocol and Infection measures for the control and Prevention of MRSA colonisation/Infection .

Multi-Drug Resistance Organisms (MDRO), Carbapenem Producing Organism (CPO) and Carbapenem Producing Enterobacteriaceae (CPE)

The increasing numbers of antibiotic-resistant micro-organisms, especially those with multiple resistance, is an international concern. They are referred to as Multidrug resistant organisms (MDRO), formerly known as Multi-resistant Gram-negative bacteria (MRGNB).

If there is documented evidence (check WPAS /Myrddinn) advising of MRDO/CPE/CPO infection or carriage **inform Infection Prevention Team** follow screening policy within the [Prevention and Management of Meticillin Resistant Staphylococcus Aureus \(MRSA\) Policy 371](#)

References

All Wales Guidance Management of Clinically Significant Antimicrobial Resistant Organisms

<https://phw.nhs.wales/services-and-teams/antibiotics-and-infections/infection-prevention-control/csaro/nhs-wales-guidance-management-of-clinically-significant-antimicrobial-resistant-organisms/>

Appendix 1 MDRO Risk Assessment Screening Tool for Maternity

Patient Addressograph

Infection Prevention and Control Patient Admission Clinical Risk Assessment and Antenatal Screening Tool for Maternity



| MRSA SCREENING | NO | YES | date of screening | Result | Initial |
|--|-----------|------------|--------------------------|---------------|----------------|
| If the answer is YES , to any of the following questions the woman must be screened (Isolate if currently an inpatient at time of screening) | | | | | |
| Does the woman have: A previous history of MRSA carriage or infection-check WPAS/Myrddin keynotes | | | | | |
| Does the woman meet any of the following criteria: (circle as applicable) | | | | | |
| Admission/Transfer from another UK Health Board where they have been an inpatient | | | | | |
| Inpatient in another UK Health in the past 12 months | | | | | |
| Received healthcare abroad/outside the UK in the past 12 months. Health care abroad Includes any inpatient care, all dental work, cosmetic surgery, weight loss surgery, elective surgery (including day surgery) and fertility treatments | | | | | |
| If the answer is YES , to any of the following questions the woman must be screened (and if is currently an inpatient at time of screening then be isolated dependent on results) | | | | | |
| Does the woman have (circle as appropriate): Chronic skin conditions e.g. exfoliative dermatoses, eczema, and psoriasis. Long-term indwelling devise e.g. PEG, PICC line, indwelling catheter Diagnosed with a chronic medical condition requiring frequent regular antibiotics/contact with health care professionals Previously admitted in pregnancy (overnight stay) | | | | | |
| Is the woman: A Health Care worker/ or live in same household as an HCW/ Member of professional or semi-professional contact sports team/an intravenous drug user? | | | | | |
| MRSA Screening swab sites: Nose and Perineum/Groin PLUS ANY open skin lesion/ wound, device site. Obtain CSU and Sputum from patients with productive cough. N.B. Charcoal Swab to be dipped in sterile saline prior to taking swab | | | | | |