

A) At birth or within 48 hours of birth

- 1) Histopathological examination of the placenta and umbilical cord
- 2) Placental tissue and umbilical cord blood to RIPL for Zika virus PCR
- 3) Check if maternal blood/urine samples have been taken and stored for potential future serological testing
- 4) Maternal serum for comparison of IgG titres if agreed pre-delivery
- 5) Neonatal blood and urine for Zika virus
- 6) Neonatal CSF for Zika virus PCR if LP done for other indications or if agreed pre-delivery
- 7) Serum storage; for up-to date information on the availability of serological testing for Zika virus please follow this link: https://www.gov.uk/guidance/zika-virus-sample-testing-advice
- 8) Neonatal samples for testing for syphilis, toxoplasma, rubella, cytomegalovirus and herpes simplex virus infections (if the baby has abnormalities)
- 9) FBC, clotting, U&E, LFT, CRP
- 10) Cranial Ultrasound, if microcephaly or intracranial abnormalities arrange MRI brain
- 11) Ophthalmologic evaluation, including examination of the retina, before discharge from the hospital, if abnormal, repeat (as per ophthalmological decision)
- 12) Referral for more targeted hearing screening as outpatient if indicated
- 13) Consider other evaluations specific to the infant's clinical presentation
- 14) Consider investigations for differential diagnosis of microcephaly eg chromosomal, genetic, metabolic, environmental exposure to toxins, radiation etc
- 15) Consider consultation with paediatric geneticist, infectious disease specialist, neurologist, endocrinologist according to test results
 - * Record maternal history. If abnormalities are found during routine investigation (e.g. hearing test) follow up accordingly