Update on Chlamydia and Gonorrhea Screening During Pregnancy

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Pregnant women in the United States are underscreened for chlamydia and gonorrhea infections, despite recommendations for broad testing. According to a recent study (Blatt, Lieberman, Hoover, & Kaufman, 2012) based on data from the largest private clinical laboratory warehouse in the United States, only a little more than half of pregnant women were tested at least once for chlamydia and gonorrhea, and those who tested positive for chlamydia often did not get the follow-up they needed.

Because of this gap between what's recommended and what's actually happening in practice, there are women and infants at risk for complications of undiagnosed chlamydia or gonorrhea infections. Nurses caring for women in labor, especially women who have elevated risk for these infections based on age or history, should increase their awareness of this possibility. All nurses who care for pregnant women in both outpatient and inpatient settings can play an integral role in raising awareness and educating women about these common sexually transmitted infections (STIs), so that women can make informed choices about screening and treatment.

Impact of Undiagnosed Infections

Chlamydia trachomatis, the most commonly reported bacterial STI in the United States, affects an estimated 100,000 pregnant women each

Abstract Pregnant women in the United States are underscreened for the sexually transmitted infections chlamydia and gonorrhea, despite recommendations for broad testing. This puts women and infants at risk of complications from untreated infections. Nurses and other clinicians who care for pregnant women have a responsibility to be up-to-date in their knowledge of screening guidelines and to provide appropriate counseling to pregnant women based on their individual risk factors. DOI: 10.1111/1751-486X.12023

Keywords chlamydia | gonorrhea | pregnancy | sexually transmitted infection | STI

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year, and gonorrhea affects 13,200 pregnant women annually, according to estimates from the Centers for Disease Control and Prevention (CDC, 2012a). Both chlamydia and gonorrhea can be passed to the newborn during birth.

When untreated, chlamydia is associated with premature rupture of membranes, preterm labor and postpartum endometritis, and is the leading cause of early infant pneumonia and newborn conjunctivitis. In nonpregnant women, chlamydia is associated with infertility (CDC, 2012a). Untreated gonorrhea can cause neonatal conjunctivitis and disseminated gonoccocal infection in newborns. In women, gonorrhea can cause pelvic inflammatory disease, ectopic pregnancy and infertility and can facilitate the transmission of HIV (CDC, 2012b).

Screening and Follow-Up

The CDC (2011) recommends that all pregnant women be screened for chlamydia at their first prenatal visit and that women age 25 and under or those who have new or multiple partners should be re-screened in the third trimester. Women who test positive initially should be treated (see Box 1) and have a test-of-cure 3 to 4 weeks after finishing treatment. These women should also be retested in 3 to 6 months, preferably in the third trimester, because of an increased risk for re-infection.

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The CDC (2011) recommends gonorrhea testing during the first trimester for women with risk factors, which include age 25 and under, drug abuse, residing in regions with high prevalence of gonorrhea, having more than one sexual partner and having previously tested positive. Uninfected women who continue to have risk factors should be retested in the third trimester and those who test positive initially should have retesting within 3 to 6 months. A test-of-cure 3 to 4 weeks after treatment is not recommended for gonorrhea.

Box 1.

Chlamydia and Gonorrhea Treatment During Pregnancy*

Chlamydia

Azithromycin 1 g orally in a single dose

Gonorrhea

Ceftriaxone 20 mg IM in a single dose plus azithromycin 1 g orally in a single dose

It's recommended that all sex partners from a woman's past 60 days should be evaluated and treated. Women should not have sexual intercourse for 1 week after treatment and should be advised not to have intercourse with any partner until the partner has been evaluated and is 7 days post-treatment. Women and their partners should also be retested in 3 to 6 months post-treatment to detect re-infection.

* Note: In August 2012, the CDC (2012b) revised treatment recommendations for gonorrhea, but these new recommendations do not affect those for pregnancy.

Treatment recommendations listed in Box 1 apply to pregnant women. The CDC (2012b) revised treatment recommendations in August 2012 due to Cefixime resistance. Cefixime was one of the therapies used to treat gonorrhea in nonpregnant populations. The American Academy of Pediatrics and the American College of Obstetricians and Gynecologists (2012) endorse the CDC screening recommendations in pregnancy for chlamydia and gonorrhea.

Follow-Up Concerns

Blatt et al. (2012) found that the recommendation to perform a test-of-cure after completion of treatment for chlamydia was done within 6 weeks for only 33 percent of those who initially tested positive. Overall, about three-fourths of women who tested positive for either chlamydia or gonorrhea were retested at some point during pregnancy, and 94 percent and 97 percent of these women had negative tests for chlamydia and gonorrhea, respectively, on the last occasion they were tested prenatally, indicating the effectiveness of therapy. There was a subset of

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