Third Trimester Screening for Chlamydia and Gonorrhea in Pregnant Teens

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PURPOSE
To implement a practice change to align with national standard of care guidelines for routine third trimester chlamydia and gonorrhea screening in a teen pregnancy clinic

BACKGROUND & SIGNIFICANCE
• Chlamydia (CT) and gonorrhea (GC) are the highest reported sexually transmitted infections (STIs) in the United States
• Largest burden of infection among females aged 15-24, lower income, and minority women
• 1/3 of pregnant teens will acquire CT and/or GC during pregnancy and infection during third trimester is not uncommon
• CT and GC infection during pregnancy can have SEVERE consequences

METHODS
Setting: Teen pregnancy clinic in Arizona
Population: Pregnant teens
Intervention: Practice change to implement routine third trimester CT and GC screening timed with Group Beta Strep (GBS) test at 35 weeks gestation
Inclusion Criteria:
• Pregnant pts < 25 years old receiving prenatal care at the teen clinic and 35 weeks gestation or greater

OUTCOMES

<table>
<thead>
<tr>
<th>Mother</th>
<th>Baby</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miscarriage</td>
<td>Preterm birth</td>
</tr>
<tr>
<td>Premature rupture of membranes</td>
<td>Low birth weight</td>
</tr>
<tr>
<td>Uterine infection</td>
<td>Sepsis</td>
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<tr>
<td>Increased risk of infertility, HIV transmission, &amp; ectopic pregnancy</td>
<td>Eye infection (conjunctivitis)</td>
</tr>
<tr>
<td>Pneumonia</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gestation at initial CT/GC screen</th>
<th>Negative results for initial CT/GC screen</th>
<th>Gestation of 3rd trimester CT/GC screen</th>
<th>Clinic compliance 3rd trimester screen</th>
<th>Negative result for 3rd trimester CT screen</th>
<th>***Positive CT result for 3rd trimester screen</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.6 (SD=6.2) weeks</td>
<td>10 (100%)</td>
<td>35.8 (SD=7.8) weeks</td>
<td>10 (100%)</td>
<td>9 (90%)</td>
<td>1 (10%)</td>
</tr>
</tbody>
</table>

IMPLICATIONS FOR WOMEN’S HEALTH
• CT and GC infections are often asymptomatic and providers are missing opportunities for screening
• Provider adherence to third trimester screening recommendations can be facilitated if timed with other routine prenatal screening tests, like GBS
• Providers following recommended guidelines for screening, detection, and treatment of STIs during pregnancy can help to mitigate potential complications for mother and baby

Future Recommendations:
1) Measure long term impact of third trimester screening and reduction of complications for mother and baby (delivery complications, postpartum/newborn infections)
2) Utilization of self-collected vaginal swabs to further facilitate third trimester screening
3) Integration of an electronic medical record reminder as a provider prompt for screening