

QA Presentation IOB Visit

June 11, 2009

Purpose of Prenatal Care

- A series of assessments and interventions over time that are uniformly applied by practitioners
 - “Quantity vs Quality”?

Goals of Prenatal Care

- Early accurate estimation of gestation age
- Identification of risk factors
- Ongoing evaluation of maternal/fetal health
- Anticipation of problems and timely intervention
- Education

Prenatal Care

- In US, 84% of women obtained prenatal care in 1st trimester
- 3.6% received no prenatal care or initiated care in 3rd trimester
- No great evidence that prenatal care improves outcomes

Standard OB Labs

- Blood and Rh type
- Antibody screen
- Hemoglobin/hematocrit
 - MCV
- Rubella immunity
- Cervical cytology
- Syphilis testing
- UTI testing
- Hepatitis B antigen testing
- Chlamydia testing
- Thyroid testing
- Urinalysis

HIV

- HIV testing
 - ACOG recommends universal early testing in each pregnancy
 - “Opt-out” rather than “op-in” approach

High risk re-screened before 36 weeks

- Why?
 - Risk of perinatal transmission is 15-40% without treatment
 - Can be reduced to <2% with antiretroviral therapy and avoidance of breastfeeding and labor

HIV

- Vertical transmission
 - Any time during pregnancy, delivery or breastfeeding
 - Most transmissions (50 to 80%) are believed to occur during the time period near or during delivery

Chlamydia

- ACOG recommends screening all women under 25 or those at high risk
 - High risk should be re-screened in 3rd trimester

Undetected Chlamydia

- Primarily transmitted during vaginal birth or with rupture of membranes
- 2-15% of pregnant women infected
- Risk of infant acquiring as high as 60-70%
 - Neonatal conjunctivitis 20-50%
 - Corneal and conjunctival scarring
 - Neonatal pneumonia 5-30%

Undetected Gonorrhoea

- Less than 1% of pregnant women in developed countries
- Increased risk of preterm delivery
- Perinatal transmission 30-40% of cases
 - Ophthalmia neonatorum
 - Blindness
 - Disseminated disease/Septic arthritis
 - Rare

HSV Screening

- Routine serology not currently recommended
- CDC recommends screening based on:
 - Patient history
 - Visualization of lesions
 - Culture, PCR

CDC 2006 Guidelines

- Recommends that pregnant women be screened on their first prenatal visit
 - Chlamydia
 - Gonorrhea
 - Hepatitis B
 - HIV – as early as possible
 - Syphilis
- Certain high-risk individuals may need 2nd screening in 3rd trimester
- No evidence to support routine screening for BV

Table 1. CDC Recommendations for STI Screening in Pregnancy

| <i>Condition</i> | <i>Screening recommended?</i> | <i>Preferred test</i> |
|----------------------|-----------------------------------------------------------------|----------------------------------------|
| Bacterial vaginosis* | No | — |
| Chlamydia | Yes: all pregnant women | NAAT |
| Gonorrhea | Yes: women who are at risk† or living in a high-prevalence area | NAAT or culture on Thayer-Martin media |
| Hepatitis B | Yes: all pregnant women | HBsAg serology |
| Hepatitis C | Yes: women who are at high risk‡ | Anti-HCV |
| Herpes | No (culture lesions if present) | Culture, PCR |
| HIV | Yes: all pregnant women | EIA, Western blot |
| HPV | No | — |
| Syphilis | Yes: all pregnant women | RPR or VDRL |
| Trichomoniasis | No | — |

Chart Review

- Total number of charts reviewed 112
 - 6 excluded due to not having IOB labs performed in Altru system

HIV

- 106 remaining patients
 - 70 tested negative (66%)
 - 36 not tested (33.9%)

Chlamydia

- 106 patients
 - 1 inadequate specimen
 - 26 tested negative (24.5%)
 - 1 tested positive (0.9%)
 - 78 not tested (73.5%)


Gonorrhoea

- 106 patients
 - 1 inadequate specimen
 - 27 tested negative (25%)
 - 78 not tested (73.5%)

Challenge

- Test all IOBs for HIV
 - “Opt-out” policy
- Increase IOB testing for chlamydia and gonorrhea

References

- Phelan, Sharon. Components and Timing of Prenatal Care. *Obstet Gynecol Clin N Am* 2008(35)339–353
-  <http://www.cdc.gov/std/STDFact-STDs&Pregnancy.htm>
- CDC STD Treatment Guidelines, 2006. *Morbidity and Mortality Weekly* (55)
- ACOG Guidelines for Perinatal Care. 2006.
- Up to Date