



Strengthening STD Prevention and Control for Health Departments

Technical Assistance Note # 12a | STD clinical preventive services for pregnant women

From Strategy Area III: Promote CDC-Recommended Screening, Diagnosis, and Treatment

12. Promote CDC-recommended screening, diagnosis, and treatment of STDs among high priority populations:
 - a. **For pregnant women:** Assess screening and treatment practices to identify and prioritize providers, organizations, and areas to target for promotion and improvement. Provide education and technical assistance, for prenatal-care providers and organizations who do not regularly screen for syphilis as recommended

Why DSTDP included these strategies

CDC recommends screening all pregnant women for syphilis at their first prenatal visit. Re-screening at 28-32 weeks gestation and again at delivery is also highly recommended for women: (1) at high risk for syphilis; (2) who live in areas with high numbers of syphilis cases, or (3) who either were not screened in the first trimester, or had a positive test in the first trimester. Screening for chlamydia and gonorrhea is recommended at the first prenatal visit for pregnant women younger than 25 years of age, and older pregnant women at increased risk (defined as having a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has a sexually transmitted infection). Rescreening for chlamydia and gonorrhea in the third trimester is recommended if the patient is at continued high risk, or if she is younger than 25 years of age.

Untreated STDs in pregnant women can result in problems during pregnancy, including pre-term labor, premature rupturing of membranes, and low birth weight. Pregnant women with syphilis can pass the infection to their developing fetus, resulting in congenital syphilis, a condition linked to premature births, stillbirths, and in some cases, death shortly after birth. Untreated infants that survive tend to develop developmental disabilities and problems in multiple organs, including the brain, eyes, ears, heart, skin, teeth, and bones.

In order to prevent these complications and sequelae, screening for STDs in pregnancy is critical. STD PCHD recipients should work with providers of pre-natal care, birthing centers, maternal and child health programs and other organizations serving pregnant women at high risk for STDs, to promote the routine screening of pregnant women according to CDC recommendations. While it is not always possible to obtain data on screening rates from every provider, programs should identify high-priority providers in at-risk communities who can provide such data. In areas where congenital syphilis cases have occurred, provider education and technical assistance should be intensified. Where possible, STD PCHD recipients should use quality improvement (QI) methods to measure and increase screening in provider groups, health departments, health plan members, and other providers of care to pregnant women at high risk for STDs.

Considerations for implementation

Know the providers of prenatal care and providers offering service to pregnant women

- Examine vital statistics data, state medical licensing offices, or local chapters of professional organizations like ACOG to identify high priority providers of prenatal care
- Examine insurance (including Medicaid), laboratory and provider data to identify providers offering services to pregnant women; include Maternal and Child Health (MCH) programs and newborn visiting programs
- Obtain data from insurance plans (including Medicaid), hospitals, clinics, and other service providers to assess screening rates
- Assess screening practices of providers that have provided services to women that have congenital syphilis investigations
- Review congenital syphilis cases to identify providers not following screening and treatment recommendations
- Consider partnering with larger hospital systems or providers that have electronic medical records, as they may be able to more easily provide accurate data about screening,
- Focus on high prevalence areas; avoid spending much time in areas where there is no syphilis among women.
- Consider who can provide data about screening in pregnancy, and how to find out which providers are not screening
- Monitor screening rates in jurisdictions where syphilis among women is high, or where congenital syphilis cases have occurred or increased in recent years

Actively promote screening among prenatal care providers and other providers of care for pregnant women

- Provide Health Alerts or other provider communications, including provider visitation, to raise providers' awareness of the need to screen
- Offer continuing education credits to attract clinical providers to a presentation or meeting
- Conduct trainings, presentations at professional meetings, technical assistance, and other education efforts to increase providers' awareness of the need to screen
 - Conduct trainings directed at prenatal care provider physicians and nurses. In the training, show data on the missed opportunities.
 - Consider distributing a provider packet with screening recommendations, fact sheets showing STDs in pregnant women including congenital syphilis
 - Adopt a structured provider detailing program to target highest priority areas or providers
- Consider using program funds to support screening of uninsured pregnant women in state owned clinics
- Offer provider incentives to prenatal care providers and Ob/Gyns for STD screening in pregnant women
- To go above and beyond, conduct quality improvement in one or more providers who do not screen routinely
- Develop regular assessments of screening rates, conduct training and technical assistance, and collaborate on ways to continuously improve rates

Other resources

- CDC STD fact sheet on pregnancy and STDs: <https://www.cdc.gov/std/pregnancy/stdfact-pregnancy-detailed.htm>
- CDC STD Treatment Guidelines: <https://www.cdc.gov/std/tg2015/specialpops.htm>
- Syphilis Call to Action: <https://www.cdc.gov/std/syphilis/syphiliscalltoactionapril2017.pdf>
- March of Dimes Infographic: <https://www.marchofdimes.org/complications/protect-yourself-and-your-baby-from-syphilis-infographic.aspx>
- Provider Guide to Syphilis: <https://www.cdc.gov/std/syphilis/Syphilis-Pocket-Guide-FINAL-508.pdf>

For more information or feedback on this document, contact your DSTDP Prevention Specialist or email STD_PCHD@cdc.gov. CDC's Division of STD Prevention, Program Development and Quality Improvement Branch, developed this document for recipients of PS19-1901 STD PCHD to provide additional clarification of strategies outlined in that NOFO and to support program implementation. The content here does not represent additional NOFO requirements nor official CDC recommendations. Issue date: April 2019