

KEY RECOMMENDATIONS

These recommendations for screening pregnant women for infection during pregnancy are based upon a thorough review of current literature, and incorporate the highest care quality standards and procedures:

- Include assessment and screening for immunizations, and common infections in preconception counseling visits.
- Screen **as early as possible** during pregnancy (i.e., first prenatal visit), using recommended procedures and tests.
- Use a **full urine culture** to screen for possible infection in **ALL** pregnant women.
- Use nucleic acid amplification technology (**NAAT**) tests to screen for gonorrhea and chlamydia.
- Ensure **labeling of ALL pregnant women's samples as PRENATAL**. This ensures that laboratories use the correct procedures, and that results can be accurately evaluated by doctors and clinical staff.
- Establish clinic office system to review laboratory results and **provide treatment within two weeks** in the event of positive test results.
- **Treat** based on test results and established antibiotic safety during pregnancy.
- Perform **tests of cure** as recommended for all treatments.
- Facilitate **partner treatment(s)** as recommended for specific infections.
- **Re-screen at 28 weeks, or sooner, as recommended**, to detect recurrent/re-infections.
- **Monitor your practice** to ensure that evidence based guidelines are being used.

The recommended tests and timing for preconception and prenatal infection screening are shown in Table 1.

Table 1 Pre-conception and Gestational Age-Specific Perinatal Infection Screening Recommendations^a

Prenatal Care by Gestational Age	Pre-Conception Counseling Visit	First prenatal visit	1 Month After Treatment	28 Weeks Gestation	35-37 Weeks	Admission for Delivery at Term
Routine Laboratory Tests/Assessment	<ul style="list-style-type: none"> ➤ Rubella antibodies^b ➤ Varicella if history unknown^b ➤ Diphtheria, tetanus, and pertussis (Tdap) (immunize if no tetanus booster in past 2 years or Tdap as an adult)^b ➤ HIV counseling & testing^c ➤ Hepatitis B surface antigen^b ➤ Syphilis Screen^c ➤ Chlamydia^c 	<ul style="list-style-type: none"> ➤ Urine culture^d ➤ Rubella antibodies ➤ Antibody Screen Syphilis (RPR or VDRL) ➤ HIV Counseling & Testing (opt-out) ➤ Hepatitis B surface antigen ➤ Chlamydia ➤ Bacterial Vaginosis^e ➤ PPD (tuberculosis screening) ➤ Herpes Simplex Virus serology (if unknown status)^e ➤ Varicella (if history unknown)^e 	<p>Tests of Cure:</p> <ul style="list-style-type: none"> ➤ Chlamydia^f ➤ Gonorrhea^e ➤ Bacterial vaginosis^e ➤ Urine^d 	<ul style="list-style-type: none"> ➤ Assess risk for re-infection/ infection <p>Risk factors for re-infection/infection include:</p> <ol style="list-style-type: none"> 1. Age ≤25 years; new partner; more than 1 partner; prior treatment during pregnancy;^{f,g} 2. Alcohol and substance abuse; HIV/HCV infection.^f 	<ul style="list-style-type: none"> ➤ group B streptococcus screening (lower vagina, perineum and rectum sample) 	<ul style="list-style-type: none"> ➤ Assess risk for new infection <p>Risk factors for new HBV or syphilis infection include^f:</p> <ul style="list-style-type: none"> ➤ new partner/ ➤ more than one partner; ➤ area of high syphilis morbidity; & ➤ previously untested
Laboratory Tests for At-Risk Groups	<ul style="list-style-type: none"> ➤ Gonorrhea^c ➤ Hepatitis C^{a,c} (risks include: history blood transfusion or organ transplant before 1992, intravenous drug use) ➤ Herpes Simplex Virus serology (if unknown status & partner has history of herpes)^c ➤ PPD (tuberculosis screening)^c 	<ul style="list-style-type: none"> ➤ Gonorrhea^{a,f,g} (risk factors include: living in area of high prevalence, age ≤25, previous infection with gonorrhea, other STIs, new or more than one sexual partner, inconsistent condom use, alcohol and substance abuse^f) ➤ Hepatitis C^{a,f} (risks listed in preconception section; plus alcohol and substance abuse^e) 	<p>Tests of Cure:</p> <ul style="list-style-type: none"> ➤ Gonorrhea^e 	<ul style="list-style-type: none"> ➤ Repeat screening if at risk for infection/re-infection for: syphilis, Chlamydia and gonorrhea^{a,f} ➤ Repeat HIV screening before 36 weeks if at risk for infection^f 		<ul style="list-style-type: none"> ➤ Repeat Screening if at risk for infection or previously untested^f ➤ Hepatitis B surface antigen ➤ Syphilis serology

^a Recommendations from American College of Obstetricians and Gynecologists. Guidelines for Perinatal Care, 6th Edition. 2007. Unless otherwise specified.

^b Coonrod DV, Jack BW, Boggess KA, et al. The clinical content of preconception care: immunizations as part of preconception care. Am J Obstet Gynecol December 2008; Suppl S290-205.

^c Coonrod DV, Jack BW, Stubblefield PG, et al. The clinical content of preconception care: infectious diseases in preconception care. Am J Obstet Gynecol December 2008; Suppl S296-S309.

^d US Preventive Services Task Force. Screening for asymptomatic bacteriuria in adults: US Preventive Services Task Force Reaffirmation Recommendation Statement. Clinical Guidelines. Ann Int Med. 2008;149:43-7.

^e Recommended by LA Best Babies Network

^f Centers for Disease Control and Prevention. Sexually Transmitted Diseases: Treatment Guidelines 2010. MMWR: 59(RR-12).

^g California Guidelines for STD Screening and Treatment in Pregnancy. <http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/STD-Screening-and-Treatment-in-Pregnancy.pdf>