

# Chlamydia during pregnancy: filling in the gaps

## Prevalence and risk factors among Dutch pregnant women and practice of Dutch midwives regarding Chlamydia screening

### Introduction

Chlamydia is one of the most prevalent sexually transmitted diseases<sup>1</sup> with high maternal and neonatal morbidity rates<sup>2</sup>. Additionally, an association of Chlamydia and adverse pregnancy outcomes has been found<sup>3</sup>. However, in contrast to other countries, the Netherlands do not have guidelines regarding Chlamydia screening during pregnancy<sup>5</sup>. This is probably due to missing data: no representative prevalence rates exist and risk factors which could indicate high-risk groups are generally unknown. Next to that, no knowledge exists on the practice of Dutch midwives who find themselves in between the disagreement of international guidelines and those of the Netherlands.

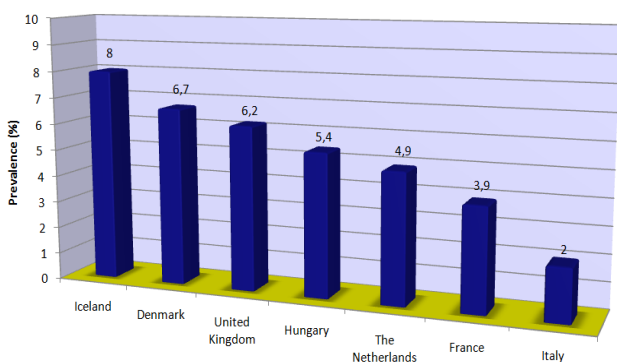


Fig. 1: prevalence rates pregnant women 1990's

### Objectives internship

1. Help develop protocol for a research study .
2. Develop questionnaires and accompanying documents
3. Validate questionnaires with pilot study

### Results

1. A **literature search** was performed. **Prevalence rates** will be assessed throughout the Netherlands (1000 women, during first antenatal visit). **Vaginal swabs** were chosen for their sensitivity and specificity to determine infection. **12 primary care midwives practices** located in urbanized areas will be included.
2. 3 questionnaires (1 client, 2 midwives), flyers, letters and informed consent.
3. Pilot results: **Participants:** 29 women (response 96.7%). **Mean age:** 29,5 years. **Ethnicity:** 93.1% Dutch, 3.4% Surinamese, 3.4% Chinese.

**Religion:** Islam (n = 2), Roman Catholic (n = 2), Evangelical (n = 2),

**Relationship:** 100% had long-term of which 96.6% lived together (n = 1 did not).

**Perceived risk was low:** 100% did not think they were infected at moment of enrolment.

**Awareness and knowledge:** awareness of Chlamydia as a STD appeared not to be sufficient for knowing how transmission occurs (60%). **Attitude screening:** 86,2% preferred a screening program (test all pregnant women and/or high risk)

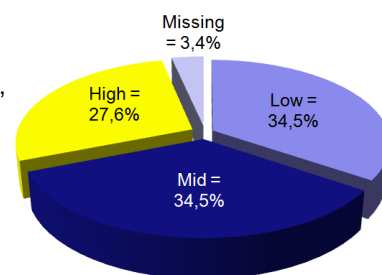


Fig. 2: Educational level pilot population

Table 1: Feedback on questionnaire by pilot participants

		Frequency	Percentage
Length questionnaire?	Too long	6	20,7%
	Good	23	79,3%
	Too short	0	0,0%
	Other, namely	0	0,0%
Complicated?	Yes, and poorly explained	0	0,0%
	Yes, but well explained	0	0,0%
	No	29	100,0%
(Too) Intimate?	Yes, and that bothered me	0	0,0%
	Yes, but that did not bother me	24	17,2%
	No	5	82,8%
Interesting?	Very interesting	0	0,0%
	Considerably interesting	5	17,2%
	Slightly interesting	22	82,8%
	Not interesting	2	6,9%

### Discussion

Outcomes of the pilot study were promising: the questionnaire was very well received, which was not expected in intimacy and length. Unfortunately, the pilot population was not representative for the entire country in terms of ethnicity and religion.

By filling in the gaps in prevalence rates, risk factors and attitude among the midwives, a re-assessment of the current Dutch policy on Chlamydia screening during pregnancy will be necessary; possibly resulting in adjusting current guidelines.

### References

- 1: ECDC. 2009. European Centre for Disease prevention and Control, Guidance. Chlamydia control in Europe, June 2009.
- 2: RIVM. 2008. Urogenitale Chlamydia Trachomatis en lymfogranuloma venereum, last reviewed sept 2008, visited website on 8-9-2010.
- 3: Duijts L, et al., 2010. Pregnancy outcomes in women infected with Chlamydia Trachomatis. The Generation R Study.
- 4: Bernhoefer A et al. 2005. Antenatal care in the European union: a survey on guidelines in all 25 member states of the community, Eu Jml of Obst and Gyn and Repr Bio. 122: 22-32 83: 314-318.

