

Few pregnant women treated for sexually transmitted infections

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Many pregnant women with sexually transmitted infections aren't getting the treatment they need when they visit emergency rooms, according to a new Michigan State University study that highlights a wholly preventable risk to unborn children and raises questions about current medical guidelines.

About half of the 735 women with [gonorrhea](#) or chlamydia who visited the ERs at three hospitals in Grand Rapids, Mich. from 2008 through 2010 did not get treatment there, despite the availability of effective and relatively inexpensive antibiotics. Of the 179 who were pregnant, only 20 percent received treatment in the ER.

The problem is that it takes a few days to get lab results for those infections and many women don't return for medication, said Roman Krivochenitser, a third-year student in MSU's College of Human Medicine and lead author of the paper, published in the [American Journal of Emergency Medicine](#). Ideally, doctors would be able to confirm a diagnosis and treat the patient while she's still in the ER, but such tests aren't yet available.

"A lot of patients leave a phone number that's disconnected, or they just don't pick up the phone," Krivochenitser said. "The doctors are doing everything right. It's just that we don't yet have the technology for on-the-spot testing."

Diagnosing sexually transmitted infections in pregnant women is

especially challenging, he added, because the symptoms of infection overlap with the signs of pregnancy.

"You could do a very thorough workup to find out what's causing [abdominal pain](#) in a pregnant woman," said Krivochenitser. "But if you're pregnant, there's a certain amount of abdominal discomfort we expect."

Left untreated, the infections raise the risk of preterm delivery and [low birth weight](#), and can be passed on to the baby. The infections also can cause serious complications in the mother, such as [pelvic inflammatory disease](#), raising the risk of infertility and dangerous [ectopic pregnancy](#).

Such complications are rare, Krivochenitser said, but they're also avoidable.

"This is something we as health professionals can easily prevent with antibiotics," he said.

Krivochenitser said it may be time to re-evaluate guidelines from the Centers for Disease Control and Prevention for treating sexually transmitted infections in emergency rooms, where many patients go when they don't have insurance or a family physician. The CDC has safeguards in place to prevent doctors from overprescribing antibiotics, which can breed drug-resistant organisms.

"Still, if we're looking at the risks and benefits, there's a more immediate risk of a pregnant patient having gonorrhea or [chlamydia](#) because it can have serious effects on the baby," Krivochenitser said. "When someone visits their family physician, there may be more time to weigh those risks, but things in the emergency department move twice as fast. We have to make very quick decisions."

Provided by Michigan State University

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