

Chlamydia screening for pregnant young women prevents newborn complications, while saving health dollars

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Chlamydia screening for all pregnant women aged between 16 and 25 is cost-effective and can prevent harm to babies, a University of



Melbourne study has found.

The study was published today in *BJOG: An International Journal of Obstetrics and Gynaecology (BJOG)*.

This University of Melbourne study is the first Australian costeffectiveness study to help convince more clinicians to implement <u>chlamydia screening</u>. The study analysed the cost-effectiveness of chlamydia <u>screening</u> for all <u>pregnant women</u> between 16 and 25, compared with no screening at all, and selective screening for those at higher risk of contracting the infection.

They found that every chlamydia case detected with a <u>screening program</u> as part of their routine antenatal care cost \$1,641 to treat.

But this cost pales in comparison to treating complications of chlamydia such as managing a <u>low birth weight</u> baby (up to \$6000), managing neonatal pneumonia (up to \$3695) and managing pelvic inflammatory disease (up to \$3636).

Chlamydia is one of the most common sexually transmitted infections in Australia, with prevalence rates ranging from 3 per cent to 14 per cent among young pregnant women (aged 16-25 years).

Chlamydia in pregnancy can lead to complications for mother and baby, including neonatal pneumonia, low birth weight, miscarriage and premature birth. However, many women experience no symptoms.

Screening can help to identify and treat the infection before complications develop. The Australian Government recommends chlamydia screening for all pregnant women aged 25 years old and under at their first antenatal visit. However a recent survey of over 1600 Australian obstetricians and gynaecologists found that only 21 per cent



reported screening of all pregnant women aged under 25 during their antenatal visit.

When chlamydia prevalence is 3 per cent, screening pregnant women between 16 and 25 is cost-effective. If chlamydia prevalence was higher than 11 per cent, screening could result in cost savings to the Australian healthcare system.

Study co-author Doctor Jason Ong, from the University of Melbourne, said the results would be of interest to other countries, particularly the UK where <u>routine screening</u> is not conducted.

"Our study has shown the cost-effectiveness of routine chlamydia screening for pregnant women aged 16 to 25 years in Australia and will strengthen current guidelines and persuade more healthcare professionals to implement screening locally," Dr Ong said.

"The advantage of incorporating chlamydia screening into antenatal care, means that chlamydia can be detected and treated promptly and there are no additional costs of attending another screening programme."

More information: "Chlamydia screening for pregnant women aged 16–25 years attending an antenatal service: a cost-effectiveness study." *BJOG* 2015; <u>DOI:</u> 10.1111/1471-0528.13567

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