

SEXUALLY TRANSMISSIBLE INFECTION SCREENING IN ANTENATAL CARE FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES—FIRST RESULTS FROM THE ATLAS NATIONAL SENTINEL SURVEILLANCE NETWORK

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Background:

Pregnant women are at risk of sexually transmissible infections (STIs, e.g., *Chlamydia trachomatis*, *Neisseria gonorrhoea*, *Treponema pallidum*) and human immunodeficiency virus (HIV), which can have severe consequences for both mother and child if undetected and untreated. Despite this, studies suggest that screening is suboptimal for pregnant women, particularly for chlamydia and gonorrhoea (1, 2). Increasing rates of congenital syphilis in Australia emphasize the need for improved antenatal care (3). Aboriginal and Torres Strait Islander peoples are a priority population for such screening.

Methods:

Using deidentified clinical data collected from the ATLAS Indigenous Primary Care Surveillance and Research Network's 34 Aboriginal Community Controlled Health Service (ACCHS) sites, this study examined STI testing during pregnancy, with a focus on syphilis testing, over the seven-year period 2016–2022.

Results:

We found that less than two in five clients were tested for chlamydia and gonorrhoea, syphilis or HIV during their pregnancy. Rates of STI screening during the antenatal period remained relatively stable from 2016 to 2022 but wide variation was observed between sites: some ACCHSs tested <20% of pregnant clients while others consistently tested >80%. Antenatal STI screening rates among rural/remote ACCHSs were comparable to urban ACCHSs though rates of syphilis screening in pregnancy were notably higher in rural/remote locations.

Conclusion:

The current study found that STI and HIV screening are lower than recommended by national guidelines. Our findings highlight opportunities for focused quality improvement activities to lift health outcomes for Aboriginal and Torres Strait Islander mothers and babies.

References:

1. Olaleye AO et al. European Journal of Obstetrics & Gynecology and Reproductive Biology. 2020;255:1-12.
2. Li Z, et al. Australian and New Zealand Journal of Obstetrics and Gynaecology. 2013;53(4):338-46.
3. MacKenzie H, et al. Medical Journal of Australia. 2022;217(1):58.

Disclosure of Interest Statement:

The ATLAS Indigenous Primary Care Surveillance and Research Network is funded through a National Health and Medical Research Council Partnerships Grant, GNT2006987 and a MRFF Primary Healthcare Research Data Infrastructure Grant, PHRDI000054. Neither the NHMRC or MRFF has a role in the study design or the analysis and interpretation of ATLAS data.