

CEU response to published study:

**Chlamydia screening for pregnant women aged 16–25 years attending an antenatal service:
a cost-effectiveness study**

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The *BJOG: An International Journal of Obstetrics and Gynaecology* today published an Australian study that considers the cost effectiveness of routine screening for Chlamydia trachomatis in all pregnant women aged 16 to 25 years.[1] The study calculates the cost of routine antenatal chlamydia testing in these women. It estimates the likelihood of pregnancy and neonatal complications resulting from chlamydia infection using limited existing data and information extrapolated from a non-pregnant population. The cost of managing these complications is calculated. Overall the authors conclude that routine antenatal chlamydia testing of all 16 to 25s is cost effective compared to no screening or selective screening in the Australian healthcare setting.¹ Prevalence rates range from 3% to 14% among young pregnant women (aged 16-25 years) in Australia.

Chlamydia infection is also common in British women under 25 years of age. However the UK has a National Chlamydia Screening Programme (NCSP) which recommends that sexually active under 25s should be screened annually or when they change sexual partner.²

Current National Institute for Health and Care Excellence (NICE) antenatal guidelines³ advise that chlamydia screening should not be offered as part of routine antenatal care. The Guideline Development Group (GDG) conclude that a causal link between the organism and adverse pregnancy outcomes has not been established and the evidence remains difficult to evaluate in relation to neonatal morbidities. They state that there is limited evidence to indicate that the treatment of Chlamydia trachomatis infection during pregnancy is effective in reducing the risk of premature rupture of membranes, preterm delivery and low birth weight but studies are not of good quality. The GDG find no significant evidence to show that treating chlamydia infection during pregnancy leads to decreased incidence of adverse neonatal outcomes (conjunctivitis, pneumonia).⁴

NICE recommends that at the booking appointment pregnant women under 25 years should be informed about the high prevalence of chlamydia infection in their age group and be given details of their local chlamydia screening programme.^{3,4} NICE notes that the NCSP should itself lead to a reduction in the prevalence of chlamydia infection in women under 25 years.

Similarly, *Scottish Intercollegiate Guidelines Network (SIGN) Guideline 109* advises that there is no evidence to suggest that pregnancy alone should be an indication for routine testing for Chlamydia trachomatis. The guideline cites evidence from a study that found that chlamydia infection in pregnancy did not increase the risk of pre-term labour, nor did treatment of chlamydia reduce the risk of pre-term labour.⁵

Antenatal visits may be an opportunity for women under 25 to be screened for Chlamydia trachomatis as part of the NCSP. If a woman under 25 has not been appropriately tested elsewhere within a year or since a change of partner a chlamydia test could be offered at the antenatal clinic. Women with symptoms suggestive of chlamydia infection or who identify a particular risk should also be tested to allow early identification and treatment and avoid any potential complications for the pregnancy and neonate.

References

1. JJ Ong,a,b M Chen,b,c J Hocking,a CK Fairley,b,c R Carter,d L Bulfone,d A Hsueha. Chlamydia screening for pregnant women aged 16–25 years attending an antenatal service: a cost-effectiveness study. BJOG online 26/8/15
2. National Chlamydia Screening Programme <http://www.chlamydiascreening.nhs.uk/ps/resources.asp> (accessed 23/8/15)
3. NICE Guideline , Antenatal Care 2008 <https://www.nice.org.uk/guidance/cg62> (accessed 23/8/15). 2013 update of this guideline identified no new evidence <http://www.nice.org.uk/guidance/cg62/evidence/cg62-antenatal-care-evidence-update2> (accessed 23/8/15)
4. National Collaborating Centre for Women’s and Children’s Health. Antenatal Care. Routine care for the healthy pregnant woman <http://www.nice.org.uk/guidance/cg62/evidence/cg62-antenatal-care-evidence-update2> (accessed 23/8/15)
5. Scottish Intercollegiate Guidelines Network Guideline 109: Management of Genital Chlamydia Trachomatis infection. <http://sign.ac.uk/pdf/sign109.pdf> (accessed 23/8/15)

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