Saving Pregnancies and Newborn Babies From Syphilis

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Overview

- Syphilis is a preventable & curable disease
- 15% of antenatal women have syphilis
- Syphilis causes 1 out of 10 stillbirths
- Testing of antenatal care is widely available
- Policy recommended treatment is being followed by health providers
Problem Statement

Syphilis treatment, compliance, and partner tracing remains a problem.
Objective

- To document the program of providing syphilis screening and management in South Africa:
  - Preparedness of program
  - Effectiveness of management strategy
  - Availability of drugs
Methodology

- Reproductive Health Research Unit conducted a case study in 2000
- Site: KwaZulu-Natal, 9 clinics and 2 hospitals
- Methods used: inventories, observations, interviews, and others
Key Findings

- Five out of nine facilities had the guidelines
- All antenatal clients were screened
- Blood analysis was done off-site
- Blood results turn-around was 4-6 weeks
- One penicillin injection given weekly for 3 weeks
- Drugs were often out of stock
Timing of First Antenatal Visit

- 4-5 months: 44%
- 6-7 months: 37%
- 3 months: 12%
- 8-9 months: 7%
Antenatal Care Services

- Clinics opened at 07.00
- Clients come at least 2-3 hours before
- Clients spend 4-6 hours for 20 minutes first visit and 10 minutes repeat visit
- Each client can have up to 8 contacts per visit
Routine Procedure for Antenatal Care

*Procedure repeated at subsequent visits

1. Group talk
2. Card/Registration
3. Urine testing
4. Full history
5. Weight
6. BP
7. Blood sample
8. Examination
9. Medication
Knowledge of Syphilis Status

- Percent of clients

- Client confused with HIV: 2%
- Test not recorded: 5%
- Results not known: 20%
- Status not known: 20%
- Result & status known: 53%
Partner Tracing & Treatment

- “Now that you ask...I have worked for 15 years here, I do not remember treating a man said to be a partner,” said one health provider

- “I would like to see on-site testing being done, women start ANC late and end up delivering before treatment, let alone tracing partners,” said one health provider
Policy Implications

- Pregnant women start ANC late
- Pregnant women spend more time and get minimal quality of service
- Analysis of blood off-site causes a delay in commencing treatment
- Partners are not treated for syphilis
Recommendations

- Initiate programmes for motivating women to start ANC in their first 3 months
- Provide more resources for syphilis screening and treatment
- Review the following:
  - Rendering of ANC services
  - Partner tracing
Summary

- Available programme can cure and even prevent syphilis, provided that:
  - Testing is done on-site
  - Treatment begins on the first ANC visit
  - Sufficient drugs are provided
  - Partners are involved during ANC services