

# 18<sup>th</sup> ISSTD, London, 2009

## Abstract

### Testing for syphilis in pregnancy – policy vs. practice

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**Background** Syphilis in pregnancy is a major cause of adverse pregnancy outcomes including abortions, stillbirths, and congenital syphilis. The control of syphilis in pregnancy can help in the achievement of MDGs 4, 5, and 6. To this end, many countries in Africa have developed policies to address this. In Ghana, such policy was developed over 10 years ago and includes the routine screening and treatment of all pregnant women attending antenatal clinics for syphilis. However, anecdotally there is a dichotomy between policy and practice at health facility level in many parts of the country, including the Ashanti Region. This pilot study sets out to assess the antenatal syphilis screening programme in the Ashanti Region of Ghana and its operational realities at the antenatal clinic.

**Methods** Simple random sampling was used to select health facilities in 21 districts in the Ashanti Region. Health care practitioners in the antenatal clinics of these facilities were interviewed on their knowledge of the policy, its practice and operational difficulties.

**Results** 210 antenatal clinics out of 464 were studied. Only 3.3% of facilities routinely screened pregnant women for syphilis. Many health professionals involved with antenatal care did not know of the existence of this policy. Other challenges to universal screening were the lack of logistics, lack of human capacity to do the testing, inability of clients to pay for the service, and difficulty in partner notification. 61% of facilities studied had well implemented programmes in HIV PMTCT.

**Conclusion** As in many African countries with policies on the control of syphilis in pregnancy, the practice at facility level in the Ashanti Region is different from the policy. There is a missed opportunity in not tagging syphilis screening in pregnancy to well-resourced HIV PMTCT programmes. The future lies in integrating the control of syphilis in pregnancy to HIV PMTCT programmes.