



Sexually Transmitted Infection Care in Termination of Pregnancy Clinics in the Netherlands and Great Britain

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- In Great Britain, STI testing is offered to everyone in the NHS TOP clinics, but is contract dependent in the independent sector

“A good practice is to offer to take a swab, otherwise you don’t know who is positive and you can’t do partner notification. So here, we’ve always done swabs and prophylaxis, but in other places I don’t know, it may be just prophylaxis”

“Right now in the UK, about 65% of all abortions services are provided by the independent, so none-NHS sector. About 30-35% of the abortions are provided by the NHS....But we all work to the same guidelines and standards”

- Sexual health counselling in TOP clinics is often limited to discussions about birth control

Introduction:

- Studies showed that women attending for termination of pregnancy (TOP) have higher rates of sexually transmitted infections (STI) than women in the general population. The presence of an unrecognised cervical infection is a risk factor for upper genital tract post-abortion infection
- The annual number of abortions in the Netherlands is 27,500; 92% are carried out in the 14 TOP clinics. Little is known about STI care in Dutch TOP clinics. Insight in (barriers to) STI testing may lead to better prevention and less complications

Objective:

- We explored STI care in Dutch TOP clinics in comparison to Great Britain (GB), as lessons might be learned from a country where STI testing is more broadly implemented

Methods:

- Qualitative study including 14 semi-structured interviews with health care professionals in 11 TOP clinics (Netherlands: 9 interviews, GB: 5 interviews). Topics were: guidelines used in daily practice, STI testing, barriers to STI testing, and STI care.
- The interviews were recorded, transcribed, and analysed by thematic content analysis

Results:

- In the Netherlands, prophylactic treatment of Chlamydia with azithromycin is routinely prescribed after surgical TOP, but not after medical TOP

“Abortion is reimbursed through the AWBZ, but antibiotics are not. To get reimbursed is dependent on your own risk. Parents or their environment are often not aware of it... you can imagine a girl who is still living with her parents and they do not know that she is pregnant. The moment you prescribe antibiotics, it will appear on the specification of the parents’ health insurance... For those cases, we have a savings buffer... and it is provided by us, as a clinic, at point of delivery”

“There are clinics that provide a prescription, and then you wonder if the client actually picks up their prophylaxis, and then you have to wonder if they ever took the antibiotics”

- In Dutch TOP clinics, STI tests are mainly offered to clients at high risk for STI, but some clinics collaborate with STI clinics to provide free testing for women < 25 years of age
- Uptake is variable due to high out-of-pocket costs incurred by clients whose health insurance policies do not include coverage for testing. Also, not all TOP clinics are eligible to be paid by health insurers for services they provide

“Certification means that you are allowed to have a contract with a health insurance company... then you can offer it [STI testing], but patients still have to pay for services....one pays the first 350 euro of his own health insurance and above these charges, it is for free”

“Those 200 to 300 euros are not affordable for many women. Many women come from a very low socio-economic class and cannot bear these costs”

- TOP clinics that collaborate with STI clinics in the Sense program* receive part of the funding that can be used to offer STI testing to clients <25 years of age and free of charge

Table: Summary of most important findings in the Netherlands and Great Britain

The Netherlands	Great Britain
GUIDELINES	
<ul style="list-style-type: none"> • NGvA guidelines for TOP, RIVM guidelines for STI • Doctors write guidelines, but nurses indirectly have a voice in it 	<ul style="list-style-type: none"> • RCOG, BASHH, FSRH, MEDFASHH H guidelines • Doctors write guidelines, but nurses indirectly have a voice in it
PRACTICE	
<ul style="list-style-type: none"> • STI testing mainly discussed with clients at higher risk (based on intake questionnaire) • High-risk clients are offered STI testing or referred to other test location • STI testing only covered by health insurance <18 years or at high-risk (within Sense-program <25 years) CASA clinics provide Chlamydia and gonorrhoea testing <25 years free of charge • Testing on the main 5 STIs: Chlamydia, Gonorrhoea, Syphilis, Hepatitis B, HIV 	<ul style="list-style-type: none"> • STI testing discussed with all clients • STI testing is offered to everyone in the NHS TOP clinics, but is contract dependent in the independent sector • If clinics are contracted, STI testing is provided free of charge • Testing on chlamydia and gonorrhoea: in case positive also syphilis and HIV (contract dependent)
<ul style="list-style-type: none"> • Prophylaxis prescribed in surgical TOP, sometimes in medical TOP • Sexual health promotion only provided in case the ‘Sense program’ is involved 	<ul style="list-style-type: none"> • Prophylaxis prescribed in medical and surgical TOP • Sexual health promotion not always provided, but they do discuss ‘Make every contact count’(MECC): talking about obesity, smoking and alcohol
BARRIERS	
<ul style="list-style-type: none"> • If clients have to be referred to other test location • Financial barrier for clients. Clients have to pay €200-300 if testing is not covered by the health insurance • Health insurance specification received by parents, in young clients • Funding of Sense-program not always shared by TOP clinics 	<ul style="list-style-type: none"> • If clients have to be referred to other test location • More limited provision of services in independent sector without NHS contract

Conclusions:

- In Great Britain, TOP clinics more often offer free STI testing and prophylaxis to clients compared to the Netherlands. Dutch TOP clinics consider STI testing an important part of their service, but practical and financial barriers prevent testing on location
- Collaboration with STI clinics (‘Sense’) could improve STI testing in Dutch TOP clinics. Testing for STI is the only way to achieve partner treatment and to prevent re-infections
- TOP clinics should offer STI tests to all woman attending for TOP; provide everyone with prophylactic doses of antibiotics, and treat as appropriate. Not only to prevent upper genital tract post-abortion infections, but also to reduce spread of Chlamydia

* Sense: nationwide network of consultation centers coordinated by STI clinics to strengthen primary prevention and to promote sexual reproductive health among young adults [<https://www.sense.info/>]