



Universal Prenatal Syphilis Re-screening

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The Alberta Perinatal Health Program would like to acknowledge and thank Alberta Health and Wellness for providing information on Universal Prenatal Syphilis Re-screening.

For more information on syphilis screening in Alberta...

Contact the Edmonton STD clinic (780-342-2300—business hours) or the Calgary STD clinic (403-955-6700—business hours) for medical advice or call the Nurse Consultant for STI Services, Alberta Health and Wellness at 780-427-2830 (business hours) for assistance.

From the Director

Over the past five years, with your help and support the Alberta Perinatal Health Program (APHP) has influenced perinatal health positively in Alberta. Together we have initiated the MORE^{OB} Patient Safety program in such a way so that 99% of babies are born in facilities where clinicians and staff are participating in an accredited, patient safety program. The preliminary evaluation results are optimistic; the final report will be available in August 2009. To help novice caregivers to learn intrapartum practices, Strategies for Teaching Obstetrics to Rural and urban Caregivers (STORC) was developed with nurse educators from around the province and transitioned by the APHP to an electronic platform. There are more than 1,000 registered users of STORC and the feedback is positive. Given the opportunity, we would very much like to expand this electronic library of resources. We enjoy meeting you in your region and at the Partnership Accord meetings, and learning about the issues and every day pressures.

We continue to respond to practice-related questions, facilitate the Neonatal Resuscitation Program, the Acute Care of At Risk Newborns Program, and fetal health surveillance training; share up-to-date information; and provide the Provincial Perinatal Report (2007) to assist you with clinical reflection and program planning. The Provincial Report highlights the findings from the provincial study of maternal and neonatal mortality and morbidity reviews and includes recommendations to promote optimal practices. In conclusion, the APHP participates in provincial, national and international meetings and contributes to practice changes, publications and research to promote evidence-informed practices and strategies for optimizing birth outcomes. We look forward to working with you in the coming year and wish each of you success as you offer women and families the spectrum of perinatal health services as close to home as possible.

Corine Frick

Universal Prenatal Syphilis Re-screening

The number of infectious syphilis cases in Alberta have dramatically increased in recent years, giving rise to a province-wide outbreak declared in March 2007. In 2007, 250 cases of infectious syphilis were reported giving a rate of 7.3 cases per 100,000. This compares to 17 cases reported in 2002 with a rate of 0.6 cases per 100,000. Although the numbers

of cases are not complete for 2008, over 220 infectious syphilis cases have been confirmed, suggesting the outbreak is ongoing. Syphilis has been diagnosed in adults of all ages, ethnicities and socioeconomic status. According to the data available for 2008, the majority

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Alberta Perinatal Connection



For All Pregnant Women...

Alberta Health and Wellness is recommending that, in response to the outbreak, all pregnant women be re-screened for syphilis at mid-gestation (24—28 weeks) and again at the time of labour and delivery.

High - Risk Women...

Women identified as high-risk for acquiring sexually transmitted Infections should be re-screened more frequently.

In the Infant...

Not all newborns with congenital syphilis are symptomatic. Symptoms such as rash, hepatosplenomegaly and snuffles may be suggestive of syphilis and a Pediatric Infections Diseases consultation is recommended.

Syphilis Requisition...

Provincial Laboratory for Public Health
Form HS0286

Universal Prenatal Syphilis Re-screening

continued

of those with infectious syphilis identify their sexual orientation as heterosexual, about 40% are women, and the majority of those women are of childbearing age.

Between 2005 and April 2009, 20 babies have been diagnosed with congenital syphilis and 7 of these babies have died. Of the 13 surviving babies, all will require long-term follow up. Most of the mothers who delivered these babies did not access any prenatal care. However, some of the mothers tested positive for syphilis closer to delivery. These mothers were not identified as “high-risk” and they did not report any factors suggesting they were at risk for sexually transmitted infections.

Earlier diagnosis and treatment of syphilis in a pregnant woman can prevent infection in the newborn child and mitigate the consequences of congenital syphilis. In Alberta, pregnant women are screened for syphilis through the Prenatal Screening Program for Selected Communicable Diseases at their first prenatal visit, ideally during the first trimester of pregnancy. However, any woman living in an area experiencing a heterosexual outbreak of syphilis should be considered “at risk”. Therefore, Alberta Health and Wellness is **recommending that, in response to the outbreak, all pregnant women be re-screened for syphilis at mid-gestation (24-28 weeks) and again at the time of labour and delivery.**

In addition, women identified as high-risk for acquiring sexually transmitted infections should be re-screened more frequently.

All pregnant women with a positive test for syphilis will be investigated by Public Health, treated as necessary, and monitored to ensure treatment has been adequate. When the infant is born, appropriate follow up is undertaken. The effects of syphilis on a fetus are complex and depend on the stage of syphilis infection and the stage of pregnancy. Not all newborns with congenital syphilis are symptomatic. Symptoms such as rash, hepatosplenomegaly and snuffles may be suggestive of syphilis and a Pediatric Infections Diseases consultation is recommended.

Prenatal syphilis screening is conducted through the Provincial Laboratory for Public Health (Microbiology) and a **specific requisition form (HS0286)** has been developed for re-screening.

Additional information about the management of syphilis is available from: *Alberta Treatment Guidelines for Sexually Transmitted Infections (STI) in Adolescents and Adults 2008*:
<http://www.health.alberta.ca/documents/STI-Treatment-Guidelines-2008.pdf>

Canadian Guidelines on Sexually Transmitted Infections-Revised 2006 Edition:
http://www.phac-aspc.gc.ca/std-mts/sti_intro2006_e.html



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Neonatal Resuscitation Program (NRP)

Did you know that in Alberta there are 307 NRP instructors and 16 NRP Regional Trainers. Between July 1 2008 and December 31, 2008 1302 Alberta Health Professionals attended one of 266 provider level NRP courses.

Acute Care of At Risk Newborns (ACoRN)

Since January 2006, 49 ACoRN courses have been held in Alberta.

Did you know....

Through the Alberta Perinatal Health Program, Quality Assurance review of all stillbirths and neonatal deaths occur at one or more of three levels—the Quality Assurance Coordinator, the APHP Obstetrical and Neonatal Consultants and/or the Alberta Medical Association Committee on Reproductive Care.

Causes of Maternal Deaths in Alberta...

In 2006 and 2007 there were 3 Direct Maternal Deaths (vascular accidents), 2 unrelated maternal deaths (motor vehicle crashes) and 1 indirect maternal death (cardiac disease).

Connected through Education

Neonatal Resuscitation Program (NRP)

Neonatal Resuscitation Program Instructor Course is being held in Edmonton on Friday, September 11, 2009.

Acute Care of at - Risk Newborns (ACoRN)

The Alberta Perinatal Health Program continues to organize ACoRN courses on request. Courses are held at a facility to provide health care professionals with knowledge and skills to identify and manage at risk or unwell newborns.

For more about NRP Instructor Courses or ACoRN please call the Alberta Perinatal Health Program: Jeannie Yee (403) 944-4697 or Ann Hense (780) 735-1003.

Connected through Quality Lessons Learned from Mortality Review

The Alberta Medical Association Committee on Reproductive Care, operating under the APHP, continues to review perinatal mortality in Alberta provincially. The selected recommendations below are in response to findings from mortality cases reviewed in 2007 and 2008.

✓ Confirm and set estimated date of birth by early ultrasound if the woman's date of last menstrual period is uncertain.

✓ Measure and plot foetal growth, recognize and respond in a timely manner to measurements outside the normal parameters.

✓ Inform pregnant women about the importance of being aware of their foetus's movements, how to monitor and count their foetus's movements and the need for immediate action if there is a decrease or absence of foetal movement.

✓ Arrange timely consultation and/or referral for specialist care for pregnant women with complex medical conditions

✓ Review and / or develop a protocol for timely interpretation of non stress test (NST). Inform women requiring NST of the need to be prepared to stay in hospital in the event that further monitoring of foetal wellbeing or delivery is required.

✓ Identify and refer women at risk for substance use to *Alberta Alcohol and Drug Abuse Commission's Enhanced Services for Women*.

✓ Inform women who have had a previous cesarean birth of the significant increased risk if they consider giving birth in a setting without access to a timely Caesarean section. Before a trial of labour, obtain obstetrical consultation and be informed of the indications for the previous Caesarean section.

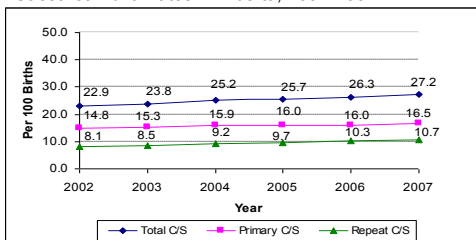
For more information call the APHP: Grace Guyon (780) 735-1006.



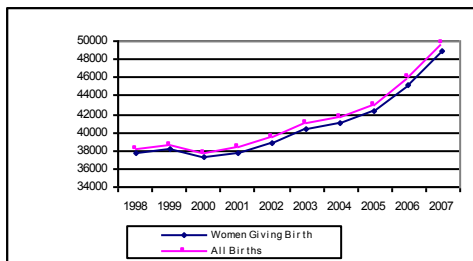
Alberta Perinatal Connection

Connected Through Information

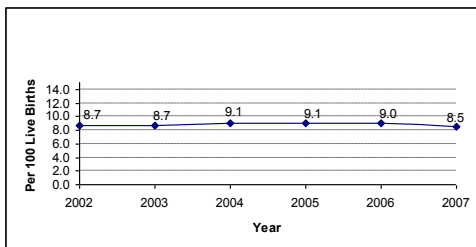
Caesarean birth rates in Alberta, 2002-2007



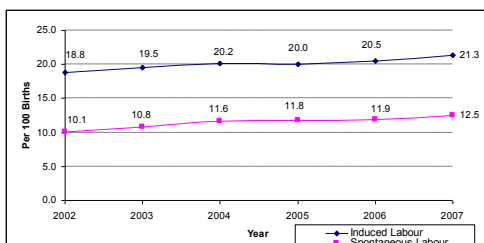
Number of Births in Alberta 1998-2007



Preterm birth rates in Alberta, 2002-2007



Caesarean birth rates by type of labour in Alberta, 2002



In May 2009 the APHP released the Provincial Perinatal Report (2007). Information for this report includes data collected from all hospital facilities where women gave birth and from Registered Midwives attending out of hospital births in Alberta. Time trends and associations between key factors and outcomes are presented. A highlight of this report is a chapter focused on Caesarean birth applying the Robson Classification System. This classification system provides a framework for analyzing, comparing and investigating Caesarean births rates. It introduces a standard method to help understand factors contributing to Caesarean births. Robson's classification tables are applied to Alberta data to identify contributing factors for Caesarean births within specific groups of women.

The Caesarean birth rate in Alberta has increased significantly over time from 22.9 per 100 births in 2002 to 27.2 per 100 births in 2007 ($p < 0.001$). Proportions of primary and repeat Caesarean birth among total women giving birth in Alberta have both significantly increased between 2002 and 2007 ($p < 0.001$). Compared to 2006, there were 1,470 more Caesarean sections performed in 2007.

The total number of women giving birth in Alberta increased by 26.2% between 2002 and 2007 with a 8.4% increase between 2006 and 2007.

Prior to 2005, preterm birth rates were increasing in both Canada and Alberta, but at a faster rate in Alberta (Alberta reproductive health working group, 2006). However, there has been a significant decreasing trend ($p < 0.01$) of preterm birth in Alberta since 2005. The preterm birth rate decreased from 9.1 per 100 live births in 2005 to 8.5 per 100 live births in 2007.

Induction rates have significantly decreased from 28.5 per 100 births in 2005 to 26.3 per 100 births in 2007. Among all women with induced labour, the Caesarean section rate was 21.3 per 100 births in 2007; the Caesarean section rate for women who had a spontaneous labour was 12.5 per 100 births.

Information in the APHP Provincial Perinatal Report is presented both by hospital facility and by population. The 2007 Hospital of Birth and Community of Residence Matrix was developed to demonstrate the pattern of movement for obstetrical service delivery throughout the province.

The APHP would like to acknowledge the nursing staff, Midwives and health records personnel for their commitment to submitting the birth information to the APHP on a timely basis.

For more information call the APHP: Nancy Bott (780) 735-1002.