

# **The prevalence of syphilis and pregnancy outcome among HIV infected pregnant women attending antenatal syphilis screening program at IDI, Uganda**

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# Background

- Syphilis infection in pregnancy is highly prevalent in many areas of the world



Maternal syphilis contributes to 29% of perinatal deaths, 11% of neonatal deaths, and 26% of stillbirths around the world

- A high prevalence throughout sub-Saharan Africa, ranging between 2.5% in Burkina Faso, 8.4% in South Africa, 4% in Uganda and 17.4% in Cameroon

## Problem and Justification

- ❑ Limited information on prevalence of syphilis and pregnancy outcome among HIV infected pregnant women in Uganda.
- ❑ Infants born to mothers co-infected with HIV and syphilis may be at higher risk of acquiring congenital syphilis and HIV.
- ❑ In Uganda routine antenatal syphilis screening policy has not automatically translated into an effective health programme.
- ❑ In few facilities where pregnant women are screened, often not followed up to assess prevalence and pregnancy outcome.
- ❑ Urgent need to ascertain prevalence and pregnancy outcome with special focus among HIV pregnant mothers in to scale up services.

# Hypothesis

- We do believe that:
  - Screening and treating syphilis among HIV infected pregnant women during antenatal care would positively affect pregnancy outcome.

# Objectives

## **General:**

To determine the prevalence of syphilis and pregnancy outcome among HIV infected pregnant women attending antenatal syphilis screening program so as provide information to enable policy scale up services in Uganda.

## **Specific:**

To determine the prevalence of syphilis among HIV/AIDS infected pregnant women attending antenatal syphilis screening program at IDI Clinic.

To establish social-demographic factors associated with syphilis among HIV/AIDS infected pregnant women.

To determine pregnancy outcomes among HIV/AIDS infected pregnant women screened and treated for syphilis.

# Methods

- ❑ **Study setting:** Infectious Diseases Institute-HIV/AIDS Antenatal clinic
- ❑ **Design:** Prospective cohort study for a period of two years
  - *Primary outcome: pregnancy outcome (congenital syphilis, stillbirth, perinatal death, spontaneous abortion) at defined points in time -7 days postpartum*
- ❑ **Study population:** HIV/AIDS pregnant women attending antenatal clinic at the infectious disease clinic - Mulago hospital

# Inclusion and Exclusion

- ❑ ***Inclusion:*** HIV positive women attending antenatal clinic at the infectious diseases clinic
  
- ❑ ***Exclusion:***
  - Non consenting-decline
  - Non residents
  - Too sick to participate

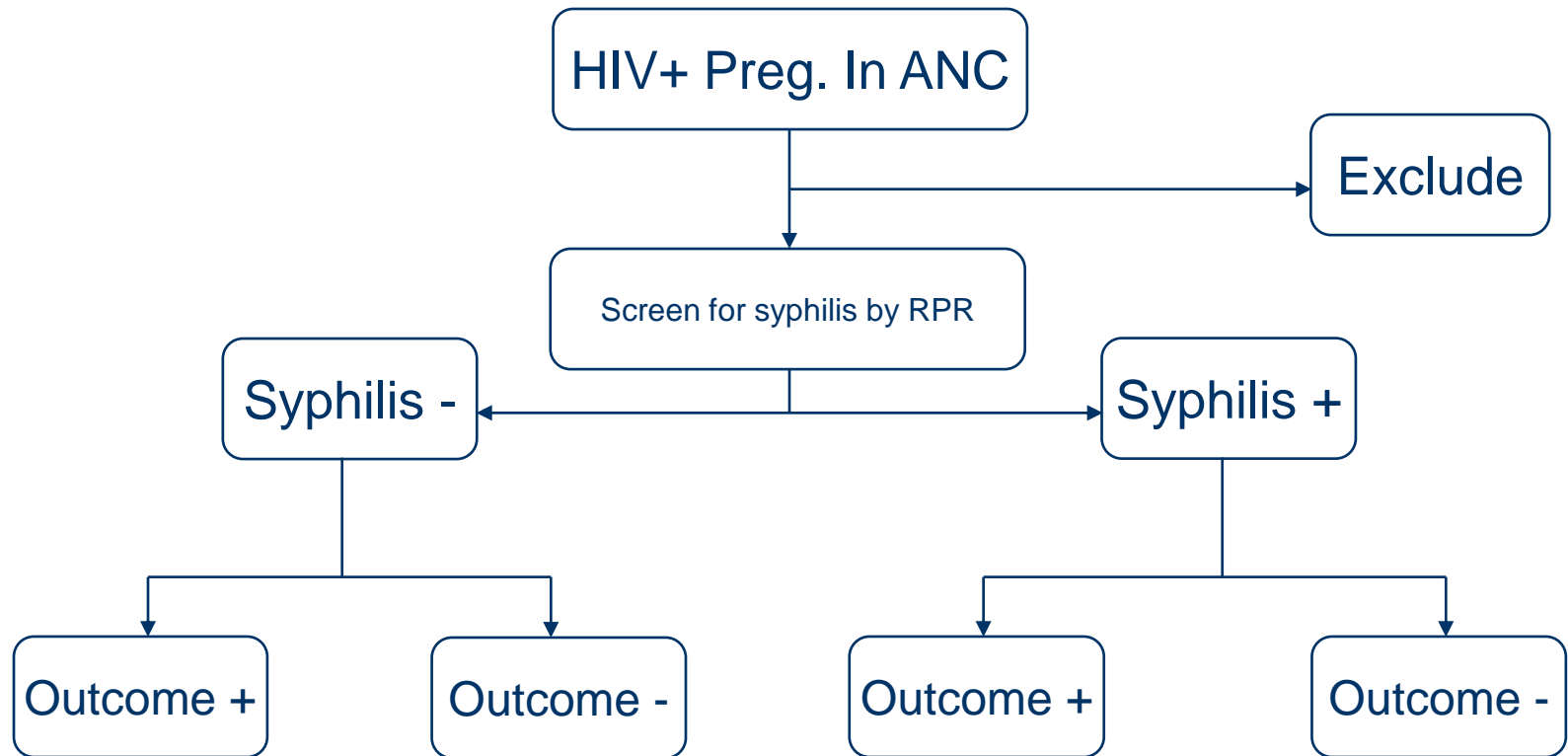
# Sample size

## □ Assumptions:

- desired level of significance = 5%
- power of the study = 0.80
- frequency of exposure in the ve+ outcome = ----
- level of risk that warrant detection (RR) = 2
- $n = \text{-----}$  ve+ outcome
- $n = \text{-----}$  ve- outcome



# Data collection and sampling procedure



# Data analysis and management

- Data will be entered, edited and cleaned in SPSS statistical package then exported to STATA for statistical analysis.
- Proportions, means, relative risk and 95% confidence intervals (CI) will be determined.
- Statistical significance will be taken as  $P < 0.05$ , potential confounders will be adjusted for during multivariate analysis.

# Ethical consideration

- Permission from Uganda National Council of Science and Technology through the IDI -Scientific Review Committee.
- Informed consent will be obtained from the individual women to participate in the study.
- Confidentiality will be ensured at all stages of data collection, analysis, report writing and dissemination.

# Acknowledgement

- GFMER
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- My family

*THANK YOU*

