

CADTH RAPID RESPONSE REPORT: REFERENCE LIST

# Screening for Chlamydia Trachomatis and Neisseria Gonorrhoeae During Pregnancy: A Qualitative Reference List

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## Research Question

1. What is the evidence that explores the experiences and perspectives of pregnant persons and their partners with respect to undergoing screening for Chlamydia trachomatis and/or Neisseria gonorrhoeae? And, what is the evidence regarding their health care providers' perspectives on screening for Chlamydia trachomatis and/or Neisseria gonorrhoeae during pregnancy?

## Key Findings

No studies were found that examined pregnant persons', their partners' or their health care providers' perspectives of undergoing screening for Chlamydia trachomatis and/or Neisseria gonorrhoeae.

## Methods

A limited literature search was conducted by an information specialist on key resources including MEDLINE, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Scopus. The search strategy was comprised of both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concepts were testing, pregnancy, and sexually transmitted infections. Search filters were applied to limit retrieval to qualitative studies, including surveys or questionnaires. The search was also limited to English language documents published between January 1, 2018 and June 23, 2020. Internet links were provided, where available.

## Selection Criteria

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

**Table 1: Inclusion Criteria**

<b>Sample</b>	Pregnant persons, partners of pregnant persons, health care providers screening for CT and/or GC (family doctors, midwives, obstetrician-gynecologists, etc.) living in Australia, Canada, European Economic Area, New Zealand, UK, and USA
<b>Phenomena of Interest</b>	Screening for CT and/or GC during pregnancy; context in which technology is used (e.g., setting (home, primary care settings, sexual health centres, or general community settings), resource allocation considerations, health and human resources issues); how technology fits in the process of patient care; screening method (i.e. testing options, including urine tests, self-administered swabs, pelvic exams and clinician-collected swabs, home-testing options, self-testing options, mobile health vans); screening strategy (e.g., targeted or universal), timing and frequency of the screening)
<b>Design</b>	Primary qualitative empirical research (using any descriptive or interpretive qualitative methodology) and the qualitative component of mixed methods studies, in which authors use methods for both qualitative data collection and analysis that include the following: <ul style="list-style-type: none"> <li>• in-depth or open-ended interviews or focus groups, lengthy participant or field observations, or document or artefact review or</li> <li>• techniques for analysis and interpretation of data that move beyond the data generated</li> <li>• descriptive qualitative surveys to answer open-ended “why” questions</li> <li>• qualitative syntheses that provide novel interpretations of existing data</li> </ul>
<b>Evaluation</b>	Pregnant persons' experiences, expectations and perceptions of screening for CT and/or GC; partners of pregnant persons' experiences and perceptions of screening for CT and/or GC during pregnancy; health care providers' perceptions of screening for CT and/or GC during pregnancy.

**Research Type**

Primary qualitative empirical research (using any descriptive or interpretive qualitative methodology) and the qualitative component of mixed methods studies, in which authors use methods for both qualitative data collection and analysis

CT = Chlamydia trachomatis; GC = Neisseria gonorrhoeae

## Results

Qualitative Rapid Response reports are organized by types of study designs – primary qualitative studies, primary mixed methods studies and qualitative evidence syntheses.

No studies were found that examined pregnant persons', their partners' or their health care providers' perspectives of undergoing screening for Chlamydia trachomatis and/or Neisseria gonorrhoeae.

References of potential interest that did not meet the inclusion criteria are provided in the appendix.

### Primary Qualitative Studies

No literature identified.

### Primary Mixed Methods Studies

No literature Identified.

### Qualitative Evidence Syntheses

No literature identified.

## Appendix — Further Information

### Previous CADTH Reports

Screening for Chlamydia trachomatis and Neisseria gonorrhoeae during pregnancy: a health technology assessment. Ottawa: CADTH; 2018 Oct. (CADTH health technology assessment report; no. 148).

[https://www.cadth.ca/sites/default/files/pdf/ht0023\\_STIs\\_during-pregnancy.pdf](https://www.cadth.ca/sites/default/files/pdf/ht0023_STIs_during-pregnancy.pdf)

### Additional References

1. Yee LM, Leziak K, Jackson J, Miller ES. Attitudes towards male partner HIV testing among low-income, minority pregnant women and their partners. *Sex Reprod Healthc.* 2020 Apr 16;25:100513.  
[PubMed: PM32454437](#)
2. Pollahan A, Thinkhamrop J, Kongwattanakul K, Chaiyarach S, Sutthasri N, Lao-Unka K. Rate of Couple HIV Testing in a Prenatal Care Clinic and Factors Associated with Refusal of Testing Among Male Partners. *HIV/AIDS Research and Palliative Care.* 2019;11:369-375.  
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