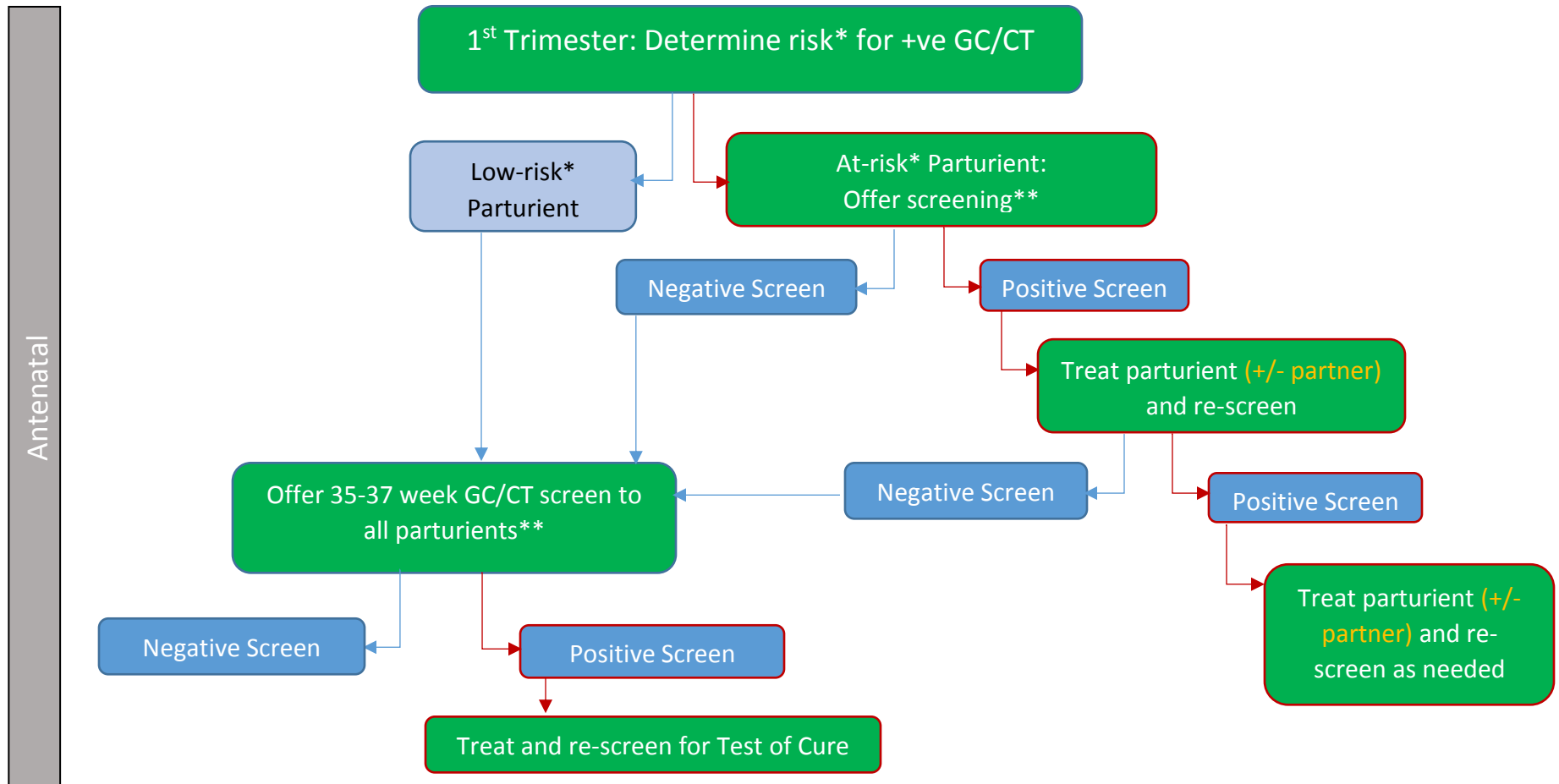


Prevention of Ophthalmia Neonatorum (ON) due to Neisseriae gonorrhoeae (GC): ANTENATAL Screening/Treatment



** The optimal timing and frequency of antenatal screening for gonorrhea/chlamydia (GC/CT) will be directed by clinical judgment in consideration of the risk factors associated with individual patients. Screening and treatment requires informed consent. Parturients may choose to decline – ensure discussion of risk factors and potential health outcomes is clearly documented.

*According to Public Health Agency of Canada, risk factors include age < 25 years, previous STI diagnosis, new sexual partner, multiple or anonymous sexual partners, sexual partner(s) having a STI, condomless sex, and sex while under the influence of alcohol or drugs. **Discussion of/screening for risk factors can occur any time in the perinatal continuum. If a “low-risk” parturient discloses risk factors after initial screening, follow algorithm for “at-risk” parturient.**

Prevention of Ophthalmia Neonatorum (ON) due to Neisseriae gonorrhoeae (GC): ANTENATAL Screening/Treatment

References:

Health Canada: <https://www.canada.ca/en/services/health/publications/diseases-conditions/guidelines-sti-recommendations-chlamydia-trachomatis-neisseria-gonorrhoeae-syphilis-2019.html>

CPS: <https://www.cps.ca/en/documents/position/ophthalmia-neonatorum>

*According to Public Health Agency of Canada, risk factors include age < 25 years, previous STI diagnosis, new sexual partner, multiple or anonymous sexual partners, sexual partner(s) having a STI, condomless sex, and sex while under the influence of alcohol or drugs. **Discussion of/screening for risk factors can occur any time in the perinatal continuum. If a “low-risk” parturient discloses risk factors after initial screening, follow algorithm for “at-risk” parturient.**

RCP December 2019