

UK NATIONAL SCREENING COMMITTEE

Asymptomatic Bacteriuria Screening in Pregnancy Policy Position Statement

25 April 2012

Aim

1. This paper is an update report following the consultation on the review of antenatal screening for asymptomatic bacteriuria.

Background

2. The current policy is that screening for this condition should be offered. However a systematic population screening programme is not recommended as clinical practice guidelines are covered by National Institute for Health and Clinical Excellence (NICE).

3. Screening for asymptomatic bacteriuria in early pregnancy is an established part of antenatal care packages and pre-dates the foundation of the UK National Screening Committee (UK NSC). The current policy was adopted following discussion within the antenatal subgroup in 2004. This is the first time the UK NSC has formally considered screening in this context.

4. An open consultation ran for 3 months and closed in January 2012. The consultation document and the small number of responses are attached.

Issues

5. The immediate background to the review was the changing emphasis given to the practice in the 2003 and 2008 NICE antenatal care guidelines. In the first guideline, the purpose of screening and treating women with positive results was to prevent preterm labour. In the second, current, guideline the purpose is to prevent pyelonephritis in pregnancy.

6. This shift followed two major publications:

- the HTA study, 'Screening to prevent spontaneous preterm birth: systematic reviews of accuracy and effectiveness literature with economic modelling' (2009). This study estimated that 30% of women with asymptomatic bacteriuria will develop pyelonephritis if left untreated. The study also found that a positive test had a poor predictive value for preterm labour but that antibiotic treatment was effective in preventing preterm labour.
- the updated Cochrane review, 'Antibiotics for asymptomatic bacteriuria in pregnancy' (2007). This review found no clear evidence for an association between the condition, asymptomatic bacteriuria, and the outcome, preterm labour. Neither did it find evidence that antibiotic treatment reduced preterm labour. The review did find that antibiotic treatment was effective in clearing asymptomatic bacteriuria and in reducing pyelonephritis and low birth weight.

7. The UK NSC review suggested that, while there is value in continuing to recommend screening, there is insufficient information to recommend a population screening programme. The key knowledge gaps relate to the current prevalence of asymptomatic bacteriuria, the impact of screening on pyelonephritis as a whole, the optimum test, its timing and frequency during the pregnancy and the optimum treatment strategy.

Consultation

8. The small number of consultation responses are attached and range from support for:

- the introduction of a nationally managed approach to screening
- continuation of current practice as defined by NICE
- withdrawal of screening in this context

Proposal

9. It is proposed that the recommendation should be:

- in the immediate term, to retain the current situation but recommend that guideline developers take a more critical stance in relation to screening for asymptomatic bacteriuria
- in the longer term, to encourage research to explore the cost effectiveness of current practice, the value of improving it and the impact of recommending its withdrawal

Fetal, Maternal and Child Health Co-ordinating Group (FMCH) meeting 13th March

10. This proposal was considered by the FMCH which agreed that the proposal was broadly acceptable but that the research areas would need to be specified more precisely.

11. The review of antenatal screening for asymptomatic bacteriuria was considered at the July 2011 meeting of the FMCH. Following this an open consultation ran for 3 months this closed in January 2012. The consultation document and the small number of responses are attached.

Recommendation

12. The UK NSC is asked to agree

(i) the policy position on asymptomatic bacteriuria screening in pregnancy as:-

‘Screening for asymptomatic bacteriuria should be offered as part of routine antenatal care packages.

The UK NSC is concerned about the lack of knowledge about the current prevalence of asymptomatic bacteriuria, the impact of screening on pyelonephritis as a whole, the optimum test, its timing and frequency during the pregnancy and the optimum treatment strategy. However current practice overlaps with guidance in other areas and the consequences of recommending withdrawal of screening are uncertain at this point.

(ii) Guideline development in this area should consider these issues and research should be undertaken to explore the value of continuing screening in this context.'

(iii) to agree that the policy should be reviewed in three years' time unless there is significant new peer reviewed evidence in the meantime.