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a TB-free world!**

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TARGETED UNIVERSAL TB SCREENING AND TESTING IN PREGNANT WOMEN.

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VENUE: BIRCHWOOD HOTEL JOHANNESBURG

OUTLINE

- Background
- Objective
- Methodology
- Results
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- Recommendations and Conclusion

BACKGROUND

- Tuberculosis remains a leading cause of morbidity and mortality in South Africa.
- Pregnant women represent high risk group in whom TB is undiagnosed.
- Undiagnosed TB disease is associated with poor maternal and neonatal outcomes.
- Routine symptom based screening may miss early or asymptomatic TB in pregnancy.

OBJECTIVE



The review was aimed to describe the implementation outcomes of targeted universal tuberculosis screening and testing at the first antenatal visit at Boikhutsong Clinic, a PHC facility in Tshwane District Health Services, Gauteng Province, SA.

METHODOLOGY

- Study Design: A retrospective descriptive file audit was conducted using patients clinical records.
- Setting : Boikhutsong Clinic, a public Primary Health Care Clinic.
- Population: ANC clients at booking
- Time Frame: January 2025 to December 2025
- Data Collection and Analysis: Files were randomly selected and data was collected using a structured audit tool and analysed descriptively.

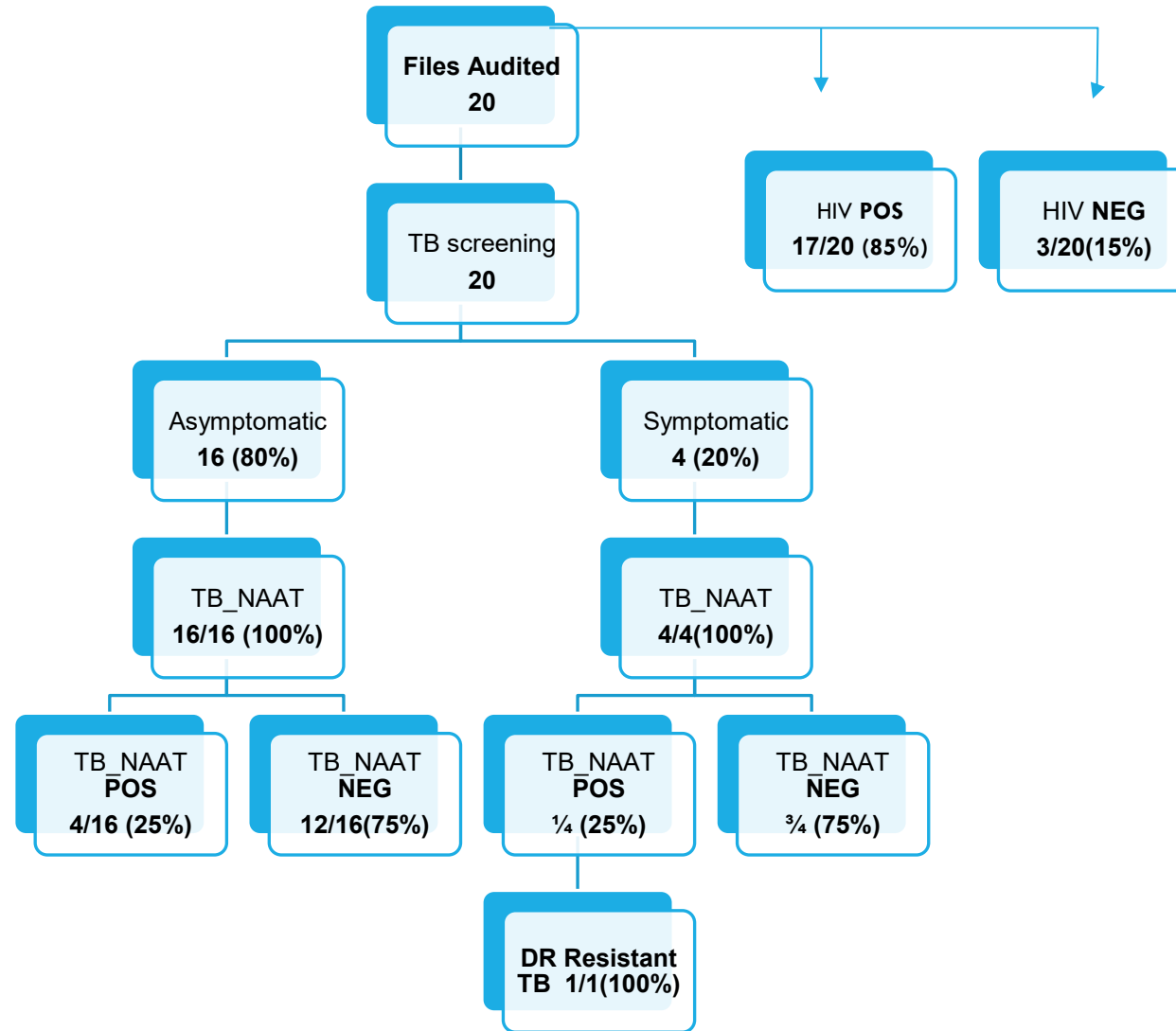
RESULTS

522 ANC clients

All 522 screened for TB

20 Randomly selected Files were
audited

RESULTS



DISCUSSION

- Several Pregnant TB-positive women did not present with classical symptoms.
- Symptom-based screening alone may miss cases in pregnancy.
- Universal TB testing enabled TB detection in HIV-positive and HIV-negative women.
- Detection of Rifampicin and Isoniazid resistance highlights the importance of drug resistance surveillance.
- Early diagnosis improves maternal and neonatal outcomes.

RECOMMENDATIONS & CONCLUSIONS



- Enhance patient education, awareness and patient centered approach.
- Embed TB screening within antenatal care service to ensure seamless non-fragmented service delivery.
- Adopt universal TB screening and Testing in Antenatal care for all pregnant women at the 1st visit regardless of symptoms.
- Prioritize High-Risk Groups especially in low-resource settings/overcrowded.
- Ensure early treatment initiation.
- Strengthen Surveillance and monitoring.

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