Why does the Optimization Tool advocate providing limited STI testing using a urine sample and not provide direct onsite STI treatment?

Every organization must decide on what services it will provide to patients and what services it will not provide to those same patients. No medical clinic or physician's office can offer everything. In determining what services it will provide, a PRC must take into account the fact that every organization must utilize its resources strictly for the purpose of what directly relates to its mission 'to erase the need for abortion by focusing on the two following questions:

1. Will this service cause more abortion-minded women to take advantage of the PRC?
2. Will this service cause those abortion-minded women to be more likely to carry to term?

The PRC must be able to say "Yes" to both of these questions when considering whether or not to provide a service. If not, then the service should not be provided directly by the PRC. This is not to say that at some point in the future, additional services will not be added as the culture shifts with regard to abortion-minded women.

There are reasons from both a clinical perspective and a patient perspective that provide rational as to why a PRC providing limited STI testing using a urine sample without providing direct onsite STI treatment does answer "Yes" to the above two questions.

Clinical Perspective

Providing selective STI testing refers to doing STI testing on a small number of STIs and not a broader range of STIs. Selective STI testing should be focused on STIs that have an affect on a woman's reproductive health, for example, Chlamydia and Gonorrhea. At the present time, doing selective STI testing for Chlamydia and Gonorrhea is preferable for PRCs for a number of reasons.

First, according to the Center for Disease Control (CDC), "Chlamydia and Gonorrhea are the first and second most commonly reported notifiable diseases in the United States".[1] Both diseases are bacterial forms of STI that are treatable and curable, if identified.

Second, Chlamydia compounds the affects of an abortion on a woman's reproductive health, including Pelvic Inflammatory Disease (PID). Studies indicate that, "PID is a potentially life threatening disease which can lead to an increased risk of ectopic pregnancy and reduced fertility. Of patients who have a

Chlamydia infection at the time of the abortion, 23% will develop PID within 4 weeks. Studies have found that 20 to 27% of patients seeking abortion have a Chlamydia infection."[2] This information is an important aspect of an abortion-minded woman's journey to making an informed decision. Gonorrhea also leads to PID.[3]

Third, offering selective STI screening is no different than offering limited ultrasound exams because neither are intended to be all inclusive exams. Rather, the purpose of each type of exam is to provide the abortion-minded woman with enough clinical information to enable her to make an informed decision.

Fourth, women who come to the PRC for STI testing only are also given a pregnancy test as part of the patient care process, even if it was not originally requested. If she is concerned about having an STI, she obviously has been sexually active and therefore may be pregnant and yet not know it.

Fifth, offering testing for a large number of STIs is not necessary for assisting an abortion-minded woman in the path to an informed decision. Although knowing about other forms of STI is important for a woman's health, these STIs have not been shown to directly and consistently impact the decision of having an abortion as do Chlamydia and Gonorrhea (as discussed above). Chlamydia is the major STI when considering services to an abortion-minded woman. "Because many people with Gonorrhea also have Chlamydia"[4] it is a good idea to test for both at the same time. Because testing for these two are typically bundled it does not add any additional cost when testing for both STIs since the same urine sample is used.

Sixth, the urine STI testing provides the optimal type of testing when weighing accuracy, requirements, and cost as it relates to the PRC organization. According to the CDC, the sensitivity of nucleic acid amplification test (NAAT) when using urine to detect Chlamydia in women is similar, or only slightly inferior, to their sensitivity when using endocervical swabs (DNA probe).[5] DNA probe requires advanced medical personnel to collect a sample, which most PRCs do not have and cannot afford. The Urine test collection is simple and does not require an in-house lab nor advanced medical personnel for sample collection.

Seventh, it is not necessary to provide treatment along with the STI testing. PRCs are part of a larger medical community. It is helpful to remember that a PRC is only the beginning of an abortion-minded woman's care, not the entirety. Protocols necessitate that at every step a patient is referred back to her physician or a community practicing OB/GYN. A PRC is in that sense a part of the medical community, community being the operative word. In addition, PRCs are not in a position to provide full medical care to patients, nor is it necessary for them to do so, even if they provide a part of that care. However, it is necessary for the PRC to ensure proper treatment is attained by the patient.

In an effort to avoid applying a double standard to a PRC organization it is important to follow consistent logic in identifying services that any given woman needs. To be effective, a PRC can provide pregnancy testing without providing

prenatal care. This being the case, then the same logical standard needs to be applied to STI services.

Patient Perspective

From the patient's perspective, it is also preferable to be provided selective STI testing by the PRC.

First, the PRC can be seen as a valuable resource for women concerned with STIs so that they will be more likely to return to the PRC if they think they are pregnant. Even men can be provided with STI testing because the PRC should be concerned with "influencing the influencers" in an abortion-minded women's life.

Second, even if a woman who comes into the center is not pregnant at the time, she may still be abortion-vulnerable. Offering STI testing, provides an opportunity to educate for the purpose of causing her to make good decisions around her sexuality and reproductive health.

Third, the DNA Probe is an invasive test thereby making it more uncomfortable for the patient while the urine STI testing in non-invasive. In addition the urine test is more efficient due to the fact that the urine sample for the pregnancy test can be used for the STI test as well.

Fourth, to be effective with regard to its primary mission, does a woman expect the PRC to provide STI testing, treatment, and retesting? Not necessarily. Providing the testing is enough to enable an abortion-minded woman to make informed decisions and to be directed to further comprehensive medical care for herself and her baby. By rescheduling her in one week to receive her STI results she has more time to take a step back emotionally and consider her decision regarding the outcome of her pregnancy.

---

[1] http://www.cdc.gov/std/infertility/default.htm

[2] T. Radberg, et al., "Chlamydia Trachomatis in Relation to Infections Following First Trimester Abortions," Acta Obstricia Gynoecological (Supp. 93), 54:478 (1980); L. Westergaard, "Significance of Cervical Chlamydia Trachomatis Infection in Post-abortal Pelvic Inflammatory Disease," Obstetrics and Gynecology, 60(3):322-325, (1982); M. Chacko, et al., "Chlamydia Trachomatosis Infection in Sexually Active Adolescents: Prevalence and Risk Factors," Pediatrics, 73(6), (1984); M. Barbacci, et al., "Post- Abortal Endometritis and Isolation of Chlamydia Trachomatis," Obstetrics and Gynecology 68(5):668-690, (1986); S. Duthrie, et al., "Morbidity After Termination of Pregnancy in First-Trimester," Genitourinary Medicine 63(3):182-187, (1987).Sited at http://afterabortion.info/physica.html

[3] http://www.cdc.gov/std/Gonorrhea/STDFact-gonorrhea.htm

[4] Ibid

[5] MMWR, October 18, 2002, Vol. 51, No. RR-15, page 10