

Toxoplasmosis under the microscope:

Learning from the patient experience when treating a high risk pregnancy.

Dr Leanne Boyd and Dr Roberto Orefice

Aims:

To determine the effect of uncertainty in the pregnancy outcome had on the patient’s experience of the pregnancy.

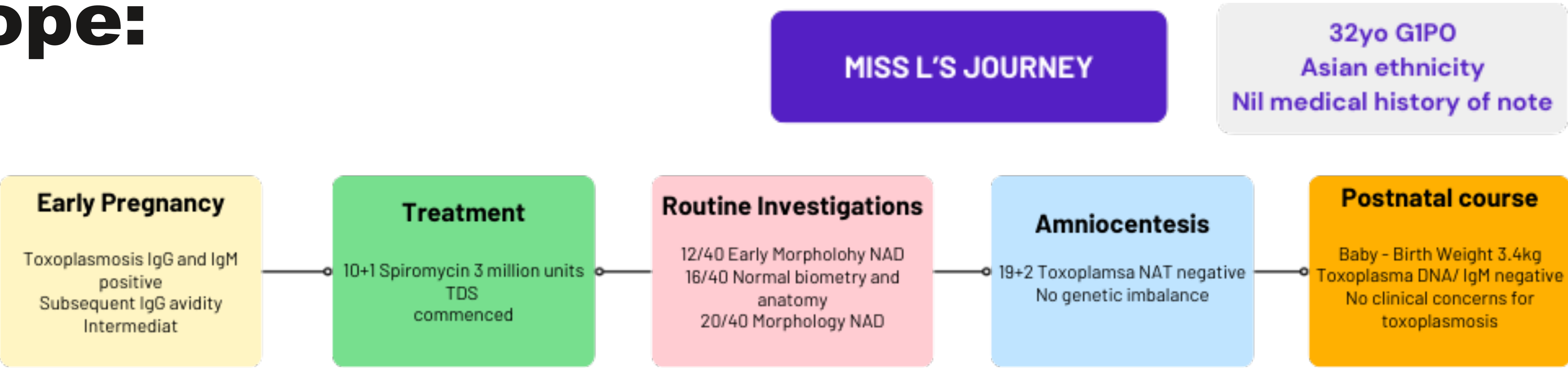
Introduction

In Australia, primary infection with Toxoplasmosis during pregnancy is rare (1). However, it can severely impact the pregnancy outcome causing miscarriages, stillbirths, premature births, hydrocephalus, microcephaly or intellectual disability, and other later onset neurological, ophthalmological or auditory diseases. (2)
As a result, when a pregnancy is affected by Toxoplasmosis, additional monitoring and investigations are required to try and assess how the pregnancy, and the child are subsequently affected.

Responses

The key themes elicited from the interview were:

1. Information and Communication
 - Testing was not initiated based on symptoms; patient received minimal information from GP prior to the referral and did not know what to expect from the MFM department.
 - Counselling by MFM was thorough and reassuring. Clear, evidence-based discussion reduced anxiety and empowered decision-making.
 - Invasive monitoring was perceived positively as it provided up-to-date reassurance.
 - Termination of pregnancy was discussed early, which helped the patient and her partner consider options and make a decision about how to proceed if the baby was infected.
2. Emotional Journey
 - The decision to have an amniocentesis was straightforward, as it had always been the plan from the initial MFM consult.
 - After a negative amniocentesis, the patient felt able to plan and get excited about the pregnancy, though it did not change her overall feelings about the pregnancy.
 - The patient delayed informing family/friends until after the clear result, describing this as a different route into parenthood.
3. Continuity and Support
 - No ongoing support was received from the GP after the initial appointment.
 - Midwifery care was delayed due to MFM engagement, the patient felt earlier involvement would have provided additional support.
 - Reception staff had a positive impact on the perception of the MFM team.
 - Prescription refilling, once discharged from MFM, was stressful. Continuity ceased and the same error was made by different doctors at each visit.



Study Design

One participant was recruited through engagement with the MFM department, following a confirmed diagnosis of toxoplasmosis during pregnancy. A semi-structured interview was conducted via telephone. The interview allowed for open-ended responses while covering key topics related to diagnosis, treatment, emotional impact, and support. Thematic analysis to identify key aspects of care experience.

Conclusion:

- Specialist counselling by the MFM team was the most valued and reassuring aspect of care.
- Gaps were evident in early GP communication, continuity of care, and post-discharge support.
- Practical and administrative challenges added stress to an already high-risk pregnancy journey.

Next Steps:

- Explore wider patient experiences of those with high risk pregnancies to identify recurring themes and potential areas for ongoing improvement
- Develop guidelines locally for consistent midwifery involvement in care of Women receiving care within a high-risk model of care
- Improve discharge processes and communication between teams to ensure continuity of ongoing administrative needs and support.
- Consider the development of a route for more immediate patient feedback to enable the service to respond and address issues in the administration of care

References:
1. Government of South Australia (2015) South Australian Perinatal Practice Guidelines: Toxoplasmosis in Pregnancy. SA Health, Adelaide. Available at : https://www.sahealth.sa.gov.au/wps/wcm/connect/b82392004eedfb8fb7c2b76a7ac0d6e4/Toxoplasmosis+in+pregnancy_July2015.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-b82392004eedfb8fb7c2b76a7ac0d6e4-p4clUsk
2. Faral-Tello et al (2023) Modeling the human placental barrier to understand *Toxoplasma gondii*’s vertical transmission. Frontiers in Cellular and Infection Microbiology, volume 13. Available at: <https://doi.org/10.3389/fcimb.2023.1130901>.