Background Sub-Saharan Africa has the highest rates of curable sexually transmitted infections (STIs) globally with the greatest morbidity due to Neisseria gonorrhoea and Chlamydia trachomatis falling on women. In response to a demand for comprehensive reproductive health screening, we proposed that providing additional N. gonorrhoea and C. trachomatis testing within a cervical cancer screening programme involving self swabbing for HPV, would be acceptable and effective.

Methods As part of a cervical cancer screening project in Kisenyi, a densely populated urban community in Kampala, Uganda with low socio-economic-indicators, women aged 30 to 69 were offered N. gonorrhoea and C. trachomatis testing using self-collected swabs. Women were recruited in each sub-division by local health workers, after informed consent, a brief demographic and attitudes survey was completed and the method of swab collection was explained. Specimens were transported for PCR analysis within Kampala. Participants were contacted by mobile phone and asked to attend the local health clinic to receive appropriate treatment if found to be positive.

Results Out of 206 women approached, 203 provided a self-collected swab for analysis. Twenty-six women (13%) were found to be N. gonorrhoea and C. trachomatis positive women who present for antenatal care should be tested for TB.

Conclusion Reportedly, 80% of TB patients are given access to HIV testing and a further 27% of those who test post positive are placed on ART. TB screening for pregnant women seem to be offered less regularly, however, with only 10% of women screened. In our sample, the lack of significant difference in screening between facility, by sociodemographic characteristics or by when they access services seems to suggest suboptimal TB screening in pregnant women is a systemic issue.