Background and purpose 40% of all initial infections with Toxoplasma gondii during pregnancy develop into conntal toxoplasmosis, which is associated with the risk of severe damage to the CNS, frequent premature deliveries, and stillbirths. In Germany, toxoplasmosis immunity screenings are not covered by the state health insurance as a general preventive care service, in contrast to screening for rubella immunity. Therefore, we analysed the impact of socioeconomic factors on the efficiency of private toxoplasmosis screening during pregnancy in a population-based study.

Material and methods Toxoplasmosis and rubella screening data were collected from 5403 mothers during the period from May 2002 to June 2008 within the population-based Survey of Neonates in Pomerania (SNIP).

Results At the first screening, 34.2% of expecting mothers were immune to toxoplasmosis, 75.2% had immunity against rubella after active immunisation. Negative immunity for toxoplasmosis was found in 39.7% and in 7.7% for rubella (missing information: toxoplasmosis: 25.8%; rubella 17.2%). Less than 10% of the women without immunity participated in a second toxoplasmosis screening. An active toxoplasmosis infection was found in 0.3% (n = 17) women during pregnancy. There were no infections with the rubella virus. Pregnant women with a higher socioeconomic status participated in screenings considerably more frequently.

Conclusion Our population-based sample demonstrated a substantial risk of toxoplasmosis infection during pregnancy in contrast to the rubella risk. Furthermore, lower socioeconomic status adversely affects the rate of toxoplasmosis screening. This data support the need for toxoplasmosis screening for pregnant women as a general health care benefit covered by insurance.