

Change Ideas to Grow, Nurture, and Lift (CIGNAL) *for Congenital Syphilis*



INTRODUCTION

The Healthy Start TA & Support Center (TASC) launched its sixth CIGNAL project focused on congenital syphilis. CIGNAL for Congenital Syphilis aimed to enhance and strengthen the capacity of Healthy Start (HS) grantees to identify and execute strategies to assure improved and equitable comprehensive health care services for HS participants.

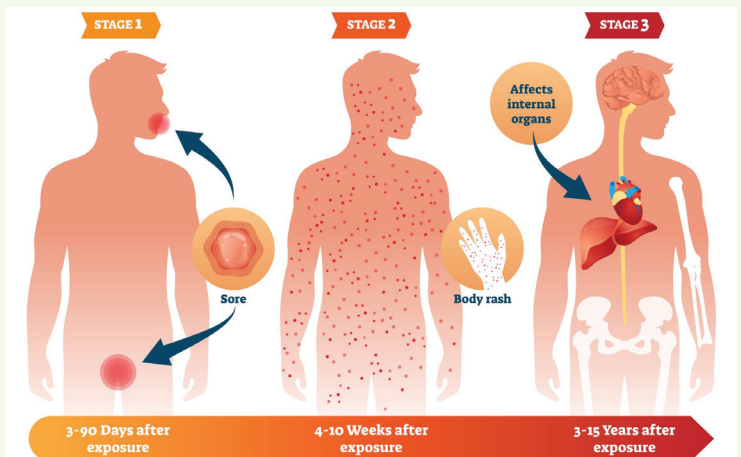
In this iteration of CIGNAL, the TASC hosted a webinar for HS grantees in partnership with Dr. Divya Mallampati, a Perinatologist and Maternal Fetal Medicine Specialist for the Division of Fetal Medicine and Department of Obstetrics, Gynecology, and Reproductive Sciences at the University of California San Francisco. This webinar explored the current public health crisis of congenital syphilis and syphilis in pregnancy; discussed the role of centering reproductive and sexual health care within the context of pre-pregnancy, pregnancy, and postpartum care; and identified relevant change ideas.

BACKGROUND: SYPHILIS & CONGENITAL SYPHILIS

Over the last two decades, rates of congenital syphilis have risen 10-fold despite recommendations from professional societies and the Centers for Disease Control and Prevention (CDC) to routinely test for syphilis in pregnancy.

Syphilis Fast Facts

- An infection caused by the *Treponema Pallidum* bacterium
- A sexually transmitted infection (STI) spread through oral, anal, or vaginal intercourse with an infected partner
- Develops in stages and, when left untreated, can have varied and serious health impacts



Reference: Coos Health & Wellness

BACKGROUND: SYPHILIS & CONGENITAL SYPHILIS (CONTINUED)

Syphilis Diagnosis & Treatment

- Syphilis is diagnosed through a blood test
 - Pregnant people should be tested at their first prenatal care visit. Those who live in communities with high rates of syphilis or are at risk of becoming infected with syphilis during pregnancy should be retested at 28 weeks and at birth.
- Syphilis is treated with an injection of penicillin
 - A follow-up appointment is recommended to ensure treatment is successful

Congenital Syphilis Fast Facts

- Congenital syphilis occurs when a mother with syphilis passes the infection on to her baby during pregnancy.
- Congenital syphilis can lead to various complications:
 - It increases the risk of miscarriage, preterm birth, stillbirth, and having an infant with low birth weight.
 - Infants born with syphilis are at higher risk of complications, including blindness, deafness, seizures, and death.
- Congenital syphilis is linked to inadequate prenatal care:
 - 90% of congenital syphilis cases are due to lack of or delayed testing during pregnancy.
 - Nearly 40% of people who have congenital syphilis did not receive prenatal care.

Racial Disparities in Congenital Syphilis

- Black people are 6.4 times more likely to have congenital syphilis.
- American Indian/Alaska Native people are 5.9 times more likely to have congenital syphilis.



EXPERT & GRANTEE IDENTIFIED CHALLENGES AROUND CONGENITAL SYPHILIS & SYPHILIS

Clients:

- Limited access to prenatal care (e.g., lack of screening)
- Lack of transportation to receive care
- Limited awareness about STI testing

Providers:

- Challenges with patient engagement or follow-up to care



EXPERT & GRANTEE IDENTIFIED STRATEGIES FOR ADDRESSING CONGENITAL SYPHILIS/SYPHILIS

What have HS projects done to address congenital syphilis?

- Text-based messaging systems to remind patients about syphilis screening in pregnancy
- Ambassadors within communities to educate participants about congenital syphilis
- Rapid testing and treatment through drives, through mobile clinics, and in the field,
- Incentivized testing
- Enhanced case tracking
- Partnerships with substance use/needle-exchange programs, emergency departments/urgent care facilities, and housing programs
- Consistent communications to discuss cases and coordinate case tracking
- Engagement of fathers/partners to encourage them to get tested

What else can HS projects do to address congenital syphilis?

- Engage in discussions about syphilis and congenital syphilis, including sharing key messages with HS participants, clinicians, home visitors, or other members of the perinatal workforce
- Partner with other programs on efforts to address rising rates of syphilis (e.g., provider education, testing/treatment programs, public awareness campaigns)
 - Ensure that providers are discussing STI testing with patients during prenatal visits
- Collaborate with organizations that provide care to pregnant people to reduce barriers to care
- Partner with doulas to provide on-the-ground promotion of STI testing and encourage follow-up care

RESOURCES

- **STI Resources provided by the Federal Taskforce on Syphilis/Congenital Syphilis**
- **Request individualized technical assistance (TA)** with Quality Improvement Advisor, Jane Taylor, to help your HS project further develop and test change idea strategies. To request TA, complete the Individualized TA Request Form at healthystart-tasc.org/request-technical-assistance.
- **Connect with the TASC** at healthystart@nichq.org