Maternal, Child and Adolescent Health: 
A Partnership in Reducing Congenital Syphilis

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Objectives:

• Highlight the importance of MCAH collaboration

• Identify opportunities for provider engagement
Background: Los Angeles County (LAC)

- ~130,000 births per year in LAC
- 1 in 4 births in California
- 1 in 30 births in the U.S.

State of California, Department of Public Health, Birth Records, 2013
Los Angeles Mommy and Baby Study (LAMB), 2012
Number of Female Syphilis Cases and Probable Congenital Syphilis Cases LAC 2005-2015

Pregnant Women³
Non-Pregnant Women³

Female Syph Cases

2005 2006 2007 2008 2009 2010 2011 2012 2013 2014² 2015²

0 100 200 300 400 500 600 700 800 900

CS Cases

35 30 25 20 15 10 5 0

Congenital Syphilis in Los Angeles County, California: Understanding the Outbreak
Susie Baldwin, MD, MPH; Monica Munoz, PHN, MPH; Aineeh Montano, PHN; Raquel Fernandez, PHN; and Ryan Murphy, PhD, MPH
MCAH Framework
Opportunities for Intervention

Well Woman Care

Preconception Care

Pregnancy

Inter-Conception Care

Prenatal Care

Social Determinants of Health
Maternal Characteristics
(Congenital Syphilis Cases 2015 –June 30 2016)

Race/Ethnicity

- Latina: 54%
- Black: 18%
- Asian: 10%
- White: 10%
- NHOPPI: 3%
- Unknown: 5%

Congenital Syphilis in Los Angeles County, California: Understanding the Outbreak

Susie Baldwin, MD, MPH; Monica Munoz, PHN, MPH; Aineeh Montano, PHN; Raquel Fernandez, PHN; and Ryan Murphy, PhD, MPH
Homeless During Pregnancy LAMB 2012: 4.6%

- AA, 13.8%
- Latina, 5.5%
- White, 1.1%
- Asian, 0.3%
Black Infant Health:
Goal: Eliminate the health disparity for African American infants

- Pregnant and parenting African American women > 18 yo
- Prenatal
- Post-partum
- Up to 300 participants
Goals:

• Improve Pregnancy Outcomes
• Improve Child Health and Development
• Improve Mother’s Life Course

• Home visitation program
• Medi-Cal eligible
• 75% Hispanic
• <28 weeks pregnant to child is 2yo
• Up to 900
Maternal Characteristics
(Congenital Syphilis Cases 2015 –June 30 2016)

Entry into PNC

- No PNC: 59%
- 1st Tri: 23%
- 2nd Tri: 13%
- 3rd Tri: 5%

1st Tri
2nd Tri
3rd Tri
No PNC
• Enhanced prenatal Medi-Cal services
• 420 providers in Los Angeles County
• From conception through 60 days postpartum, CPSP services include:
  – Obstetric
  – Nutrition
  – Psychosocial
  – Health education
Components of Care

**Pre/Interconception Care**
- Annual exams
- Genetic counseling
- Recommending folic acid
- Providing vaccines
- Managing diabetes & high blood pressure
- Discourage alcohol, drugs & smoking

**CPSP**
- Nutrition, Health Behavior, Psychosocial, Genetic counseling
- Developing “care plan”
- Interventions & referrals
- Re-assessing each trimester
- Re-assessing post-partum
Maternal Characteristics
(CS Cases 2015 – June 30 2016)

Drug Use During Pregnancy

- Coke +/- Meth +/- Op: 33%
- Heroin: 10%
- Yes, type unk: 5%
- Unknown: 3%
- Meth +/- MJ: 15%
- MJ: 2%
- No Drug use: 32%
### Postpartum Visit Algorithm: Syphilis

**Diagnosed with syphilis during pregnancy?**
- Yes
  - Remember the ABCs:
    - a) Antibiotics
    - b) Counsel
    - c) Culture
  - At high risk for syphilis?
    - Yes
      - Initiate treatment:
        1. Choose therapy appropriate for stage (see resources on reverse).
        2. Treat partners.
        3. Screen for HIV.
        4. Lumbar puncture, if indicated.
        5. Risk-reduction counseling. (must be offered and documented in addition to pregnancy prevention).
        6. Schedule appropriate follow-up:
        - 6 and 12 months follow-up for clinical exam and repeat nontreponemal antibody titer.
        - 4-fold reduction in non-treponemal antibody titer?
          - Yes
            - Optional treatment reinitiation or reevaluation.
            - Schedule appropriate follow-up (see above).
        - No
          - Risk-reduction counseling.
          - Schedule appropriate follow-up (see above).
  - No
    - Documented completion of treatment appropriate for stage of syphilis?
      - Yes
        - Screen for syphilis with RPR or VDRL or anti-treponemal antibody.
      - No
        - Appropriate follow-up completed or scheduled:
          - 3 months for repeat HIV screen.
          - 6 and 12 months follow-up for clinical exam and repeat nontreponemal antibody titer.

**Possible treatment failure or reinitiation?**
- Yes
  - Refer to infectious disease specialist.
- No
  - Screen for syphilis with RPR or VDRL or anti-treponemal antibody.

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**La sífilis: después del embarazo**

**Lo que puede hacer para reducir los riesgos para usted y sus embarazos futuros**

- ¿Qué es la sífilis y cómo se lo transmite?
- La sífilis es una infección bacteriana que se transmite a través del vello. La sífilis puede transmitirse al bebé durante el embarazo o el parto. Un bebé puede tener sífilis después de que nace, pero no puede transmitirse hacia la madre.
- ¿Cómo se puede detectar la sífilis?
- No puede detectarse nunca después de que la infección se presentó como una lesión o úlcera menor con dolor en el área de los órganos genitales, la boca o el recto. Es posible ver una lesión, la cual desaparecerá por sí misma. La búsqueda de síntomas dentro del organismo se hace a través del examen de las células de la sangre para detectar la infección.
- ¿Cómo se puede tratar la sífilis?
- El tratamiento de la sífilis debe ser efectivo. Hay que buscar tratamiento temprano para evitar complicaciones. El tratamiento puede incluir antibióticos para matar los gérmenes y evitar el desarrollo de enfermedades serológicas.
Postpartum Visit Algorithm: Substance Use

Screen for use within the past year (including toxicology results during delivery) and NIDA Assist

Negative Screen
- No risk

Positive Screen
- Education: Reinforce benefits of abstaining from drugs, discuss breastfeeding, discuss contraception.

Low-moderate risk
Based on NIDA Assist and/or recent cessation or undergoing treatment

High risk
Based on NIDA Assist and/or positive toxicology screen, not in treatment

Brief Intervention
- Use brief intervention resources on reverse.
- Match messages to stage of change (see reference on reverse).
- Discourage breastfeeding if currently using.
- If she cannot commit to complete abstinence, encourage effective contraception every time she has sex. Recommend long-acting forms of contraception.
- If she is involved with Child Protective Services, determine how you can support her.
- For eligible women, refer to community supports, including parenting skills training and home visitation.
- Reassess at next visit.

Ask if she is interested in formal treatment
- Yes
- Refer to Formal Treatment: In- or outpatient based on patient’s preference and availability.

Drug Use and Your New Baby

What you can do to decrease risks for you, your baby, and a future pregnancy

Your health and your baby's health now:
- Drugs, such as cocaine/crack, heroin, methamphetamine, and marijuana, can harm your health and decrease your ability to take care of your baby.
- Drugs can be passed on to your baby through your breastmilk. If you want to continue breastfeeding, stop using drugs unless they are prescribed by your health care provider.
- It is important for you and your baby to take care of yourselves. Attend your support groups, stay away from people you used drugs with, and if you are on methadone or buprenorphine, keep taking it.

If you relapse:
- Get help from a health care provider. You must, a treatment program, or a self-help group.
- If you are breastfeeding, call your provider to talk about whether it is safe to continue breastfeeding. Drugs can be passed on to your baby through your breastmilk and this can harm your baby. Many drugs stay in your breast tissue for a long time after you stop-taking the effects of the drug.

Drug use and future pregnancies:
- Take care of yourself and stop any and all drug use. By stopping using drugs before you get pregnant again, you can increase your chances of having a healthy baby.
- To avoid an unplanned pregnancy, use effective birth control every time you have sex.
- If you get pregnant and have used drugs, it is not too late to start taking steps to have a healthy baby and be healthy yourself.
- If you do get pregnant, start prenatal care as soon as possible.
- Ask for help from a trusted health care provider, a treatment program, or a self-help group to cut down or stop your drug use.

Remember your ABCs:

For more information, go to:
- American College of Obstetricians and Gynecologists: acog.org/publications/faq/faq370.htm
- Every Woman California: everywomancalifornia.org
- March of Dimes: marchofdimes.org/pregnancy/atkeletal_health.htm
- National Council on Alcoholism and Drug Dependence: ncadad.org
- Substance Abuse Treatment Facility Locators: (800) 662-Help (4357) or samhca.gov

Interconception Care Project

[Image of eligible women for interconception care]
Percent of congenital syphilis cases, by maternal age at delivery: LAC 2015

Majority <29 years old

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<tr>
<th>Age</th>
<th>% cases</th>
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<td>5%</td>
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<tr>
<td>45-54</td>
<td>7%</td>
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Unintended/Mistimed Pregnancy
LAMB 2012: 46.8%

- White: 24.3%
- Latina: 55.7%
- AA: 61.9%
- Asian PI: 31.7%
Using Birth Control When Became Pregnant
LAMB 2012: 28.9%
Cell Phone Technology & Pregnant women

- 97% own a cell phone\(^1\)
- 73% send and receive text messages\(^1\)
- 72% seek health information online\(^2\)

\(^1\) PewResearchCenter, Cell phone ownership hits 91% of adults, June 2013.
\(^2\) PewResearch Center, Health Fact Sheet. December 2013
Welcome to FAMILIA!

To join, text LAFAMILIA to 55000

The FAMILIA text messaging program focuses on family planning, active living, maintaining a healthy weight, improving nutrition, reducing stress, and addressing abuse. Each message links here to the FAMILIA website, which has more information, apps, blogs, and videos related to that topic. You’ll receive three healthy living texts each week for three months. You can choose to receive messages in English or Spanish.

By taking charge of your health, you are taking charge of your future.
Objectives:

- Highlight the importance of MCAH collaboration
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Affordable Care Act Rules on Expanding Access to Preventive Services for Women

- Well-woman visits
- Gestational diabetes screening
- HPV DNA testing for women 30 years and older
- STI counseling
- HIV screening and counseling
- FDA-approved contraception methods /counseling
- Breastfeeding support, supplies & counseling
- Domestic violence screening & counseling

- Prevention benefits without co-pays, co-insurance or deductibles
- Plans that start on or after August 1, 2012
Public Information Campaign

- Mother Family
- Prenatal Care
- Public Health
- Postpartum Care
- Delivery Hospitals
Congenital Syphilis

vesiculobullous rash

Wimberger Sign  lytic lesions

http://www.merckmanuals.com/professional/pediatrics/infections-in-neonates/congenital-syphilis
Provider Opportunities: Congenital Syphilis

• 20%-50% inadequately treated due to provider error

• 10% cases preventable with third trimester screening
Shared Vision:
Prevent Congenital Syphilis

Health Systems

Public Health

Prenatal Care Providers
Just the Beginning

• Collaboration

• Maximize health visits

• Improve maternal health and perinatal outcomes
Thank you!

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