



Prevention of Congenital Syphilis in Bexar County: Case Management of Pregnant Women



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Abstract

The Centers for Disease Control and Prevention recommends that women in areas of high syphilis prevalence get tested for syphilis during the third trimester of their pregnancy, in addition to their first prenatal visit and at delivery. The San Antonio Metropolitan Health District STD/HIV Branch developed a new initiative in 2013 that aims to help women remember to attend prenatal care visits, to obtain testing to identify syphilis infections, if they occur, and provide treatment as early as possible. In 2013, 216 pregnant women visited the STD clinic; of these, 137 were enrolled in this case management program. This poster exhibit analyzes the efficacy of this initiative. Analysis of this data is essential for planning quality services for mother to child prevention of syphilis, informing decision and policy makers and guiding advocacy for new regulations.

Discussion

Lessons Learned

- Women enrolled in this program appreciated having an experienced health care professional to talk to, particularly after the program nurse case manager was hired in 2014.
- Additional staff is needed to enter the large volume of data.
- Most of the pregnant women enrolled in case management services were found through a visit to the STD clinic. There are many more pregnant women at high risk for contracting syphilis in the community that don't visit the STD clinic.
- Partnerships with agencies, including those that offer drug treatment services, help with the referral process to the STD Clinic and Healthy Beats program.
- The program currently provides referrals for services; it lacks intensive counseling and the ability to conduct home visits, which would better address psychosocial needs.
- Full support and cooperation from many of the units in the STD/HIV Branch helps ensure pregnant women are afforded an opportunity to participate in this program.

Limitations:

- Unknown whether Healthy Beats program increases (1) number of prenatal visits to OB/GYN or (2) number of third trimester syphilis testing.
- No dedicated staff to assist with data entry.

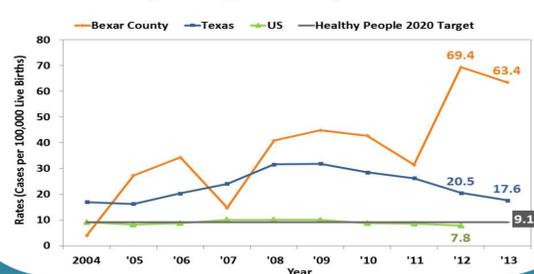
Background

- The rates of **congenital syphilis** (CS) in Bexar County have **increased 55%** over the past five years (2008-2013).
- The 2012 CS rate (69.4) in Bexar County was **3.4 times higher** than the 2012 Texas rate (20.5) and **8.9 times higher** than the 2012 US rate (7.8).
- **Five stillbirths** were reported in Bexar County in 2012.

Common Risk Factors of Mothers with Congenital Syphilis

- Lack of access to prenatal care
- Multiple Sex Partners
- History of Incarceration
- Sex Work History
- Substance Abuse
- **Prenatal case management services** within the STD Clinic would encourage pregnant women to attend prenatal care visits, to obtain early syphilis testing, and as needed receive prompt treatment. An early third trimester syphilis test is recommended in Bexar County due to the high prevalence of syphilis.

Congenital Syphilis Rates, 2004-2013



Rationale

Based on congenital syphilis increases, a new initiative was developed to follow every pregnant woman visiting San Antonio Metropolitan Health District's (SAMHD) STD/HIV Clinic in 2013. Clinic policies and protocols were written to create this new initiative and integrate it within the STD/HIV Branch. A pilot evaluation was conducted to assess potential barriers and successes within the program.

Sources and Notations

CS = congenital syphilis; Pt = patient
* **Source:** 10% sampling from existing 2014 case management risk assessment forms
Source: SAMHD Pregnant Women Case Management Program Data
Funding Sources: City of San Antonio (2013) and Texas 1115 Medicaid Waiver (2014)

Intervention

Program Description

Program Name: Healthy Beats

Description:

- (1) Provision of coordinative prenatal care and referral services to at-risk pregnant women throughout the length of their pregnancy.
- (2) Primary objective is to ensure appropriate testing and treatment for syphilis occurs during patient's pregnancy.
- (3) Services include enrollment counseling, health education, referral services, prenatal and pediatric provider education and linkage to care.



Program Guiding Policy

"Metro Health STD Clinic will continue its reorganization to prioritize the detection and treatment of syphilis among pregnant women. All pregnant women who present to the clinic for any reason will be considered high risk and monitored throughout the duration of their pregnancies."

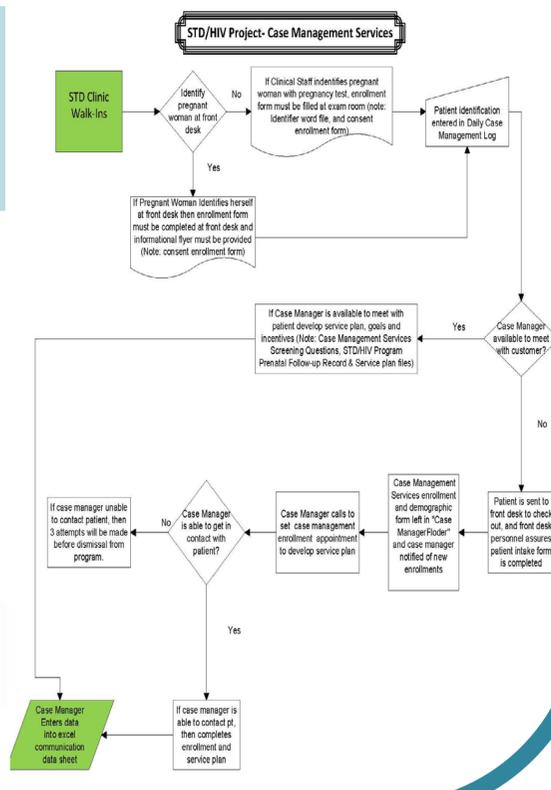
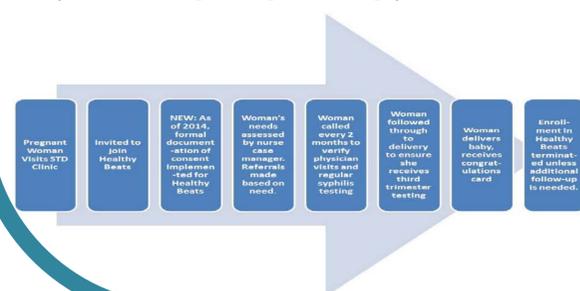
--Dr. Thomas Schlenker, SAMHD Health Director

Key Program Staff

- Provision of coordinative prenatal care and referral:
- 2013 - Medical Assistant conducted follow up calls
 - 2014 - Public Health Nurse Case Manager hired

Key skills of Nurse Case Manager:

- Ability to counsel, conduct risk assessments and follow-up calls
- Ability to refer individuals to Medicaid and other needed services
- Ability to perform clinic and field phlebotomy for hard to reach women
- Ability to conduct field treatments for STDs
- Ability to interact with patient's prenatal care physicians



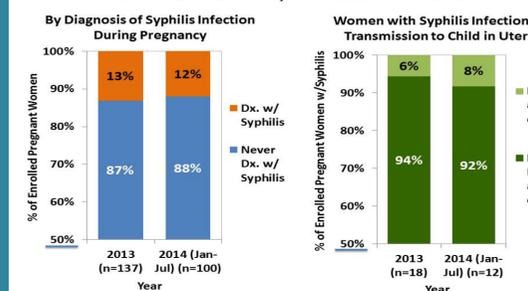
Data

- In 2013, 63% of the pregnant women that visited the STD clinic were enrolled in this case management program. This percent increased by 16% to 73% in the first seven months of 2014.
- Only 12 - 13% of the pregnant women enrolled in the case management program (Jan. 2013 - Jul. 2014) were diagnosed with syphilis during their pregnancy. Of these 30 women, 92 - 94% were successfully treated to prevent a case of congenital syphilis in their infant.

Case Management Services Enrollment Compared with Clinic Visits by Pregnant Women, Bexar County, 2012 - July 2014



Pregnant Women Enrolled in Case Management, SAMHD STD Clinic, Jan. 2013 - Jul. 2014



Top Barriers/Needs Encountered by Prenatal Case Management Enrollees, 2014*



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Recommendations

- Continue to conduct prenatal case management services to prevent congenital syphilis and to enhance resources available for women in need of STD/HIV prevention by keeping them connected with the health care system.
- Develop systems to assess if Healthy Beats program increases (1) number of prenatal visits to OB/GYN and (2) number of third trimester syphilis testing.
- Consider adding field enrollment to reach more at-risk women.
- Consider adding temporary staff to assist with data entry.