

Combating Congenital Syphilis in Louisiana: Going Beyond the Numbers to Save Babies' Lives

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Congenital syphilis has more than doubled since 2013 in the United States, and in 2017, the number of cases jumped to 918 – the highest recorded in 20 years. The trend in Louisiana mirrors the national numbers—and they have faced the highest rates in the country since 2012.

Congenital syphilis (CS) occurs when syphilis passes from a pregnant mother to her baby. If mom's syphilis is not promptly diagnosed and treated, it can cause the baby to have jaundice, anemia, deformed bones, meningitis, blindness, or even be stillborn. CS is completely preventable if mom's syphilis is detected and treated in time.



In an effort to confront the growing health risk for mothers and babies, the [Louisiana Department of Health's STD/HIV Program](#) worked with policymakers in 2014 to pass a state law requiring syphilis screening in the first and third trimesters of pregnancy for all women, as well as at delivery for women at high risk. While this was an important step, it was clear more action was needed.

“We wanted to examine more closely the missed opportunities in the care provided to expectant mothers to help stem the tide on this health threat to Louisiana’s babies,” said Dr. Chaquetta Johnson, Deputy Director of the Louisiana STD/HIV Program.

\$2,021,618
Louisiana's
2019 CDC STD
prevention funding

326
Louisiana
CS conference
attendees
in 2018

178
Louisiana
CS cases
reviewed
since 2016

Closing healthcare gaps with case review boards and perinatal case managers

In 2016, using existing state HIV **case review boards** as a model, the Louisiana STD/HIV Program created nine regional CS case review boards composed of central office staff, regional medical team leadership, epidemiology and surveillance

staff, and disease intervention specialists (DIS) throughout the state. These boards review every single CS case in their region and assess which ones could have been prevented with adherence to recommended prenatal care practices.

“We sought to integrate the case review process into our existing network of client and community engagement activities,” said Johnson. This move to aggressively tackle rising CS rates has led to a number of review board activities that are already getting results:

- identifying preventable cases that then lead to system changes,
- issuing concrete recommendations for healthcare providers to prevent future cases,
- educating patients and providers through a dedicated CS nurse educator, and
- sponsoring two highly attended CS conferences for providers.

Another beneficial policy created in early 2018 was the designation of **perinatal case managers** to support the work of DIS, assist clients with accessing supportive services, and help with community outreach activities.

Part of the challenge in addressing the alarming CS spike in Louisiana is providing support to expectant mothers potentially living in poverty—a situation which can lead to higher risks of exposure, lack of timely diagnosis, and inadequate prenatal care. Perinatal case managers help bridge this divide between providers and patients. These healthcare practitioners with nursing and social work backgrounds provide a support system for DIS (“disease detectives” who trace contacts of those diagnosed with reportable diseases) in affected communities. Thanks to \$550,000 in supplemental CDC funding, two of these versatile healthcare professionals serve those in need in a variety of ways:

- establishing rapport with expectant mothers over time to encourage open communication,
- ensuring access to and participation in prenatal care,
- helping clients find stable housing, and
- aiding DIS with difficult cases to support timely testing and treatment of sexual partners.

The teamwork creates a bond that DIS may find hard to forge on their own.

“The STD/HIV Program hopes to add more of these indispensable case managers in the future,” said Johnson. “They follow pregnant mothers all the way through and often past the postpartum stage—because care doesn’t stop once mothers deliver. We are focused on supporting our clients’ general health and well-being beyond pregnancy. We want happy and healthy moms and babies in Louisiana.”

All of these early initiatives from Louisiana’s CS case review boards support a winning strategy that’s delivering stronger, healthier babies whose future health outcomes now look decidedly brighter.

Provider Engagement Is Key to Curbing Congenital Syphilis Rates in Louisiana

The feedback exchange created by the **congenital syphilis (CS)** case review boards in Louisiana has emphasized the importance of provider enthusiasm for smarter preventive practices. It’s this enthusiasm that has promoted more timely case reporting and treatment of CS in the state.

Provider-focused conferences—products of review board feedback—have played a critical role in getting the word out to healthcare providers around the state and beyond. It offers a space for active collaboration on ideas and efforts to make positive impacts in the CS prevention process.

“Getting those messages and instructions out to providers who then apply them to the care and treatment of women and babies is the key to bringing down these rebounding CS rates,” said Dr. Mohammad Rahman, a CDC epidemiologist placed with the Louisiana STD/HIV Program. Some significant improvements resulting from active provider engagement include:

- high provider attendance at state CS conferences,
- higher rates of rescreening for at-risk mothers, and
- more reliable electronic case reporting.

“Thanks to concerned providers putting in extra effort, we are well on the way to getting congenital syphilis case numbers down in Louisiana,” said Rahman.

Learn MORE at [cdc.gov/std](https://www.cdc.gov/std)

- [CS Screening Information](#)
- [Louisiana’s STD/HIV Health Hub](#)
- [Tackling CS in Louisiana](#)