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RESULTS

• Multivariate logistic regression was used to identify factors associated with newborn outcomes at birth
• For all CS cases and their mothers, descriptive (univariate) analysis was used to assess demographic, testing and treatment characteristics.

CONCLUSIONS:
• This study supports established recommendations for access to early prenatal care and adequate treatment for all pregnant women to prevent delivery of CS cases or syphilitic stillbirths.

METHODS:
• A retrospective review of STD case report data, collected and maintained in the NYS Department of Health Communicable Disease Electronic Surveillance System (CDESS) was conducted.
•REPORTED cases of CS and their mothers during 2003-2012 were identified.

LIMITATIONS
• Congenital syphilis, including syphilitic stillbirths, has persisted at fairly constant levels since 2004.
• There is notable difference in the proportion of mothers without prenatal care and treatment among those who delivered stillbirths. Lack of external review case notes was particularity of stillbirth cases.
• Future studies need to establish specific barriers to receiving prenatal care for women of certain socioeconomic characteristics.

REFERENCES
• Centers for Disease Control and Prevention (2011). Syphilis elimination effort.

INTRODUCTION
• Congenital syphilis occurs due to transplacental transmission of Treponema pallidum from an infected mother to her fetus during pregnancy or at birth.

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