

Congenital Syphilis

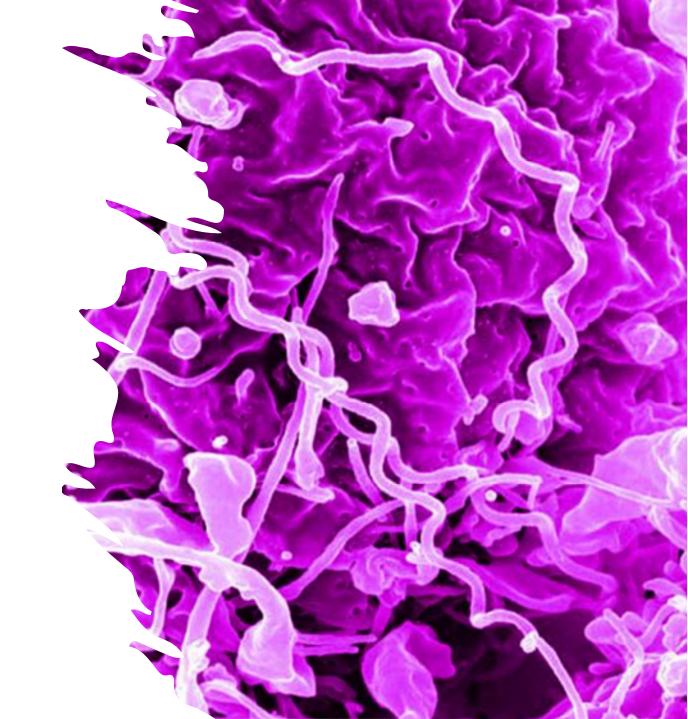
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Congenital Syphilis

- Sexually Transmitted Diseases remain one of the most critical public health challenges.
 One sexually transmitted disease on the rise in the United States is Congenital Syphilis.
- Congenital Syphilis occurs when a mother with untreated Syphilis passes the infection to her baby during pregnancy or at birth.
- Congenital Syphilis can cause miscarriage or stillbirth and can also cause other serious health problems in babies including organ, brain, or nerve damage.
- The condition is completely preventable.
- Community education on how to prevent and treat Congenital Syphilis is critical and must be a multipronged approach to address increases of Congenital Syphilis amidst underlying social factors such as disparities in access to care, substance use, poverty, and homelessness





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Syphilis Data

- In 2022, 3,755 cases of Congenital Syphilis were reported nationwide, including 282 Congenital Syphilis-related stillbirths and infant deaths.
- The national Congenital Syphilis rate of 102.5 cases per 100,000 live births in 2022 represents a 30.6% increase relative to 2021 and is the highest reported rate since 1991.
- These increases in Congenital Syphilis mirror increases in Syphilis among reproductive aged women.
- During 2021 to 2022 the rate of Syphilis increased 17.2% among women aged 15-44 years, and rates increased in 35 states.
- Nevada is ranked 9th for Congenital Syphilis rates in 2022.
- In 2022, Nevada reported 65 cases of Congenital Syphilis. This equates to a rate of 194 babies with Congenital Syphilis per 100k live births.
- Silver Summit Health Plan had 6% of all Nevada deliveries, but 23% of all Nevada Congenital Syphilis cases in 2022.





Testing

- Gestational syphilis is diagnosed most by routine serological screening of all women during pregnancy
- It is recommended that all pregnant women should screen at their first prenatal visit
- Women who are high risk for acquiring syphilis during pregnancy should undergo repeat testing during the third trimester (28 weeks) and at delivery
- Women who did not have prenatal care should have maternal syphilis serology performed before they and their child are discharged. Prompt follow-up after discharge should be done
- A diagnosis of maternal syphilis during the year after a women gives birth should lead to testing of the infant.





Treatment in Pregnancy

- High priority to prevent transplacental transmission
- Penicillin G is the only known effective antimicrobial for treating fetal infection and preventing congenital syphilis
- Pregnant women should be treated with the recommended penicillin regimen for their stage of infection.
- Syphilis can be treated effectively with a penicillin regimen that is both appropriate for the stage of syphilis and initiated 30 days or more before delivery.



Summary

- Screenings and treatment are a covered benefit
- It is essential, to have all pregnant women get tested, and treated for Syphilis and prevent serious health complications for mother and her baby.
- Prenatal care is essential to the overall health and wellness of both mother an unborn child.
- Having a collaborative multipronged approach tailored to the populations of focus is imperative for improved outcomes.







Long Acting Reversible Contraceptives Postpartum

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What are Long-acting Reversible Contraceptives

- The intrauterine device (IUD) and the birth control implant are long-acting reversible contraception (LARC) methods.
- Both are highly effective in preventing pregnancy.
- They last for several years and are easy to use.
- Both methods are reversible and can be removed at any time.
- LARC methods are a safe and effective birth control choice for teenagers and adults of all ages. They are also good methods to use right after having a baby.
- It is an innovative strategy to help reduce the rate of unintended short interval pregnancies (pregnancies that occur within 18 months of delivery)



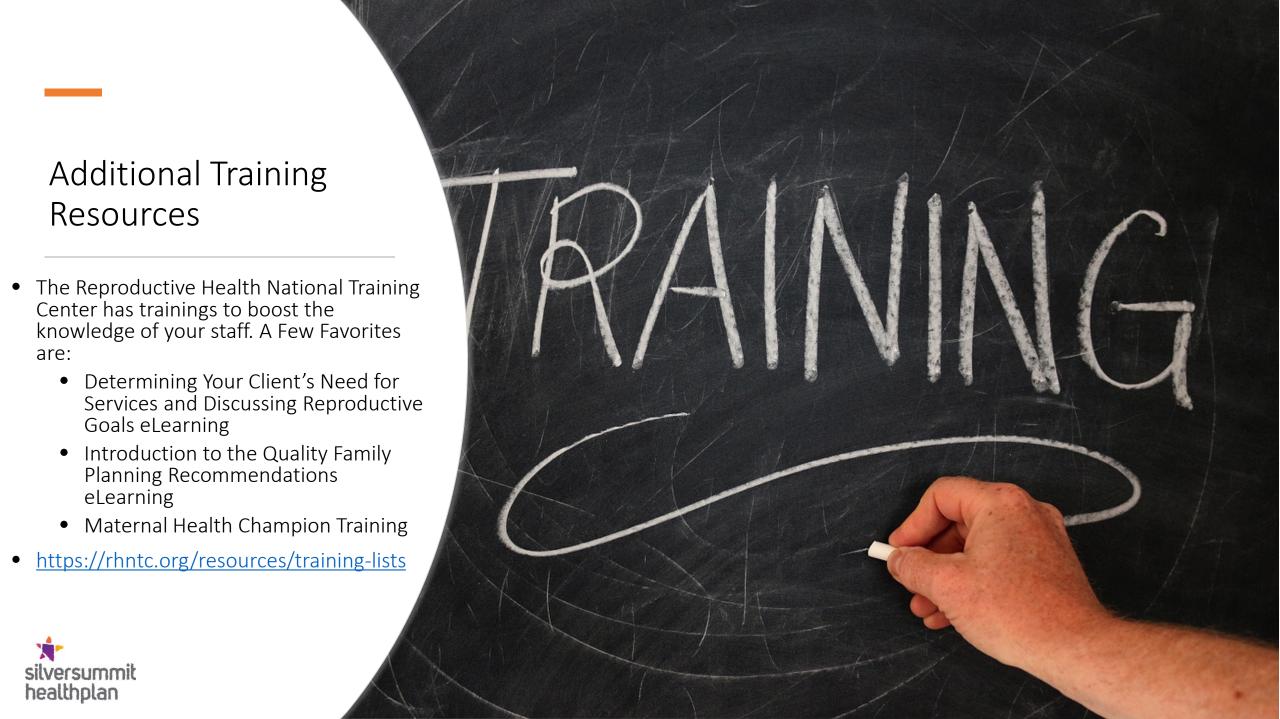




SB280 Law

- Effective Jan. 1st, the law requires hospitals to provide for the insertion or injection of longacting reversible contraception (LARC) — which includes intrauterine devices (IUDs) or arm implants that prevent pregnancy for a certain number of years after a patient gives birth.
- Hospitals have been required to provide those contraceptives since October.
- Beginning in January, insurers are prohibited from refusing to cover LARC injections after giving birth.
- When a Long-Acting Reversible Contraceptive (LARC) is provided during an inpatient maternity stay, facilities may bill separately for the LARC device and insertion/removal procedure in addition to the maternity per diem payment.
- LARC devices will be priced per the drug reimbursement algorithm described in Nevada Medicaid State Plan.
- LARC insertion/removal procedures will be paid based on the rendering provider type as described in State Plan.





References

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