A Qualitative Assessment of Structural Barriers to Prenatal Care and Congenital Syphilis Prevention in Kern County, California

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INTRODUCTION

- Congenital syphilis results from placental transmission of *Treponema pallidum* from mother to fetus.
- Although congenital syphilis is preventable with timely treatment, the rate of new infections in the United States has increased each year since 2013, and at a greater pace in California (CA).
- Kern County is only 2.3% of CA's population, but housed 17% of all CA cases in 2018.
- Most research into congenital syphilis has focused on individual psychosocial and behavioral factors that contribute to maternal vulnerability for syphilis.

OBJECTIVE

The aim of this study was to evaluate structural barriers to prenatal care access and utilization and congenital syphilis prevention in Kern County, CA.

METHODS

Between September 2017 and January 2018, three field researchers conducted Focus Group Interviews and individual In-Depth Interviews using a semi-structured interview guide.

Eligibility Criteria:

- **Pregnant & Postpartum Participants:** 18+ years, prenatal/postnatal care in Kern County, resident of Kern County for 6+ months, currently pregnant or delivered within 12 months, "high-risk" i.e. hx of syphilis infection, incarceration, substance use history, multiple sex partners
- **HealthCare Providers:** Active provider in Kern County in last 6+ months, 50% of patient population is "high-risk".

Thematic Analysis

Braun and Clarke's reflexive thematic analysis and deductive methodology was employed. Coding system informed by the Structural Competency Working Group and Reproductive Justice Frameworks was developed to identify structural determinants of congenital syphilis vulnerability.

RESULTS

Pregnant and Postpartum Participant Demographics:

- 42 total.
- Recruited from rehabilitation programs, transitional living for substance use recovery, domestic violence shelter, and greater community in Kern County.
- 94% had income < $20,000.
- Self-reported race/ethnicity: 50% Hispanic, Latino/a or Spanish origin; 36% white alone (not Hispanic or Latino/a); 12% Black/African American alone; 5% American Indian/Alaska Native; 7% two or more races.

Provider Demographics:

- 8 total, including public health nurses, NP, RN, OB/Gyns, healthcare consultant, clinical supervisor, medical investigator.
- Average time in practice: 14 years.

Figure 1. Patient-level structural factors leading to congenital syphilis vulnerability.

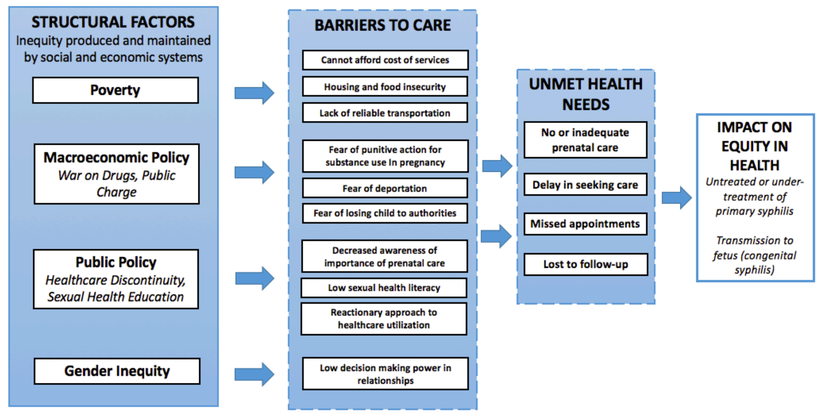
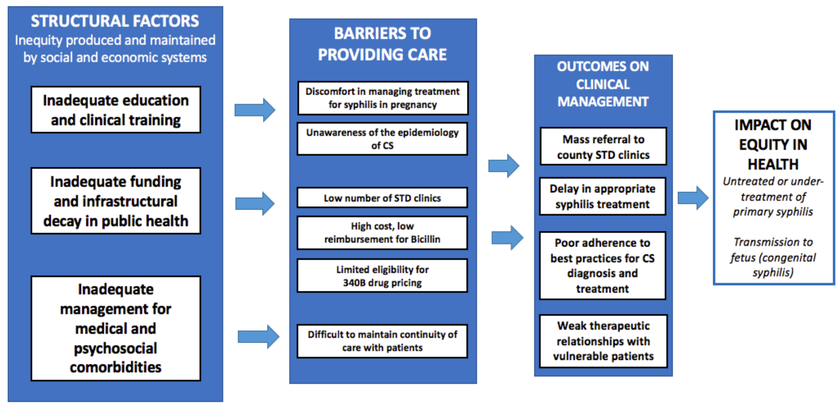


Figure 2. Provider-level structural factors leading to congenital syphilis vulnerability.



CONCLUSION

The response to congenital syphilis prevention will require an examination of the complex context of the structural and social determinants of health in which persons diagnosed with syphilis live in. We offer the following recommendations:

(1) alleviating burdens of poverty that make it difficult to access and utilize prenatal care services (co-pays, transportation, childcare)
(2) implementation of a reproductive justice agenda aimed to address disparities in reproductive health due to unequal treatment of persons who use illicit substances
(3) ensuring visibility, accessibility and continuity of public health insurance, such as through universal health care
(4) developing and implementing a standard sexual health education curriculum
(5) expanding screening guidance, surveillance and provider education on congenital syphilis
(6) expanding access to Bicillin® at 340B drug pricing, increasing monthly orders of Bicillin® by the Public Health Pharmacy to be distributed across STD clinics.

References

Kroeger K, et al. Pathways to Congenital Syphilis Prevention: A Rapid Qualitative Assessment of Barriers, and the Public Health Response, in Caddo Parish, Louisiana. Sex Trans Dis. 2018;45:7.
Harville E, et al. Congenital syphilis in East Baton Rouge parish, Louisiana: providers' and women's perspectives. . BMC Infect Dis. 2021;21(1):64.
Metzl J, Hansen H. Structural competency: theorizing a new medical engagement with stigma and inequality. Soc Sci Med. 2014;103:126-133.
Knight K, et al. Reproductive (In)justice — Two Patients with Avoidable Poor Reproductive Outcomes. N Engl J Med. 2019;381:593-596.

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