The Intersection of Syphilis and Substance Use in Pregnancy: Navigating Dual Challenges

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ANSCHUTZ MEDICAL CAMPUS

INTEGRATED CARE
FOR WOMEN AND BABIES

Objectives

1. Understand the intersection between congenital syphilis and substance use disorders (SUD) in pregnancy, including epidemiological trends and demographic disparities.
2. Identify key clinical challenges, systemic barriers, and opportunities in screening, diagnosis, and treatment of pregnant individuals experiencing syphilis and SUD.
3. Review integrated, trauma-informed approaches to prenatal care delivery, tailored specifically to the unique needs of pregnant patients affected by syphilis and substance use.

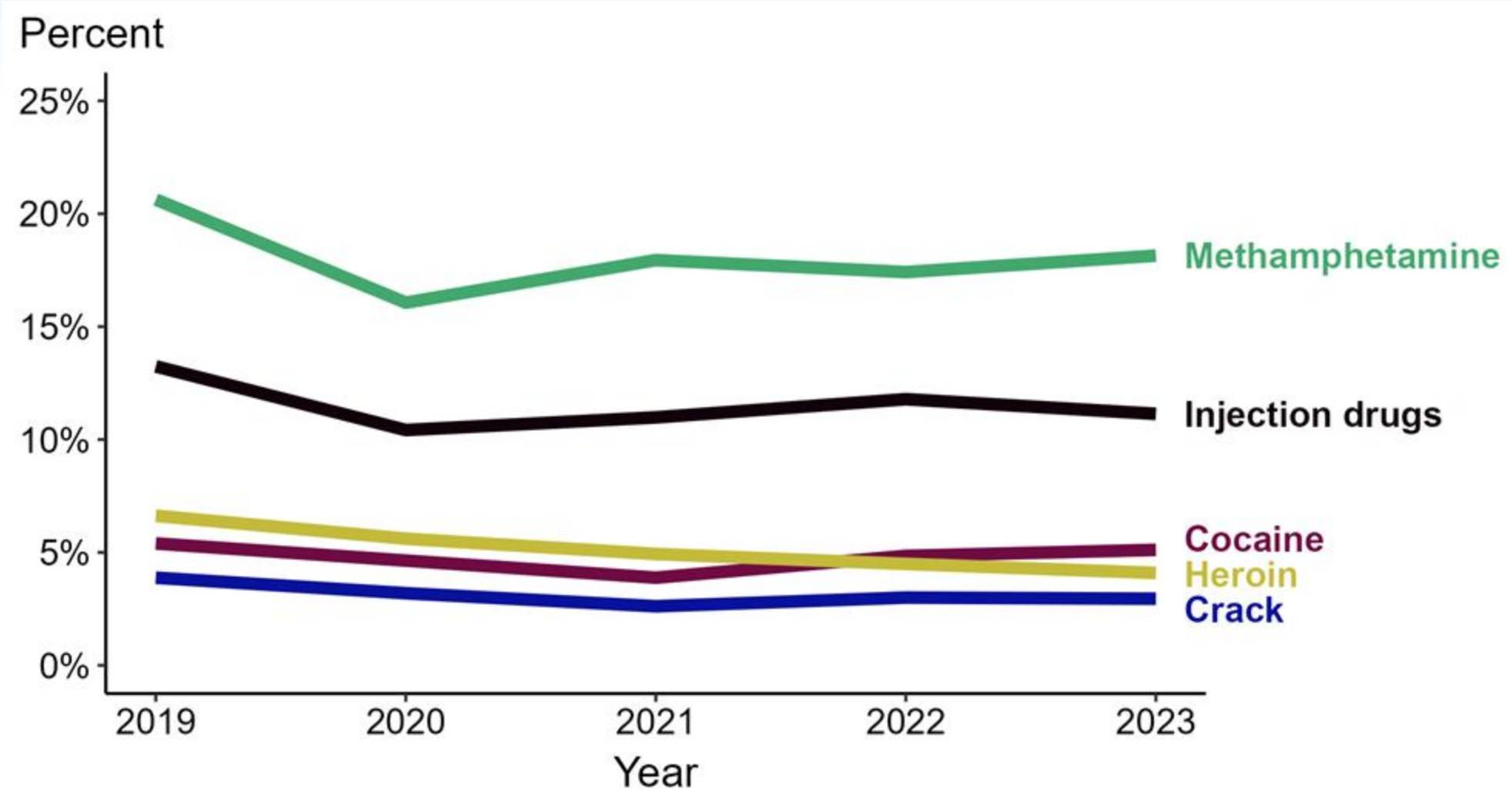
The State of Syphilis in Colorado

From 2019 to 2024, Colorado experienced a 127% increase in syphilis cases and a 520% rise in congenital syphilis cases, underscoring both widespread community transmission and critical gaps in prevention among pregnant individuals (Colorado Department of Public Health and Environment [CDPHE]; Gregory & Ely, 2024). These increases reflect broader national trends; recent CDC data show maternal syphilis rates rose significantly from 2016 to 2022, with Colorado among the six(6) states experiencing more than a 400% increase in incidence (Gregory & Ely, 2024).

In response, CDPHE issued a Public Health Order in April 2024 requiring syphilis testing at multiple stages during pregnancy (Ingold, 2024).January 14, 2025, 3rd trimester and at delivery testing became a part of the Board of health Rule

National Syphilis Data Trends

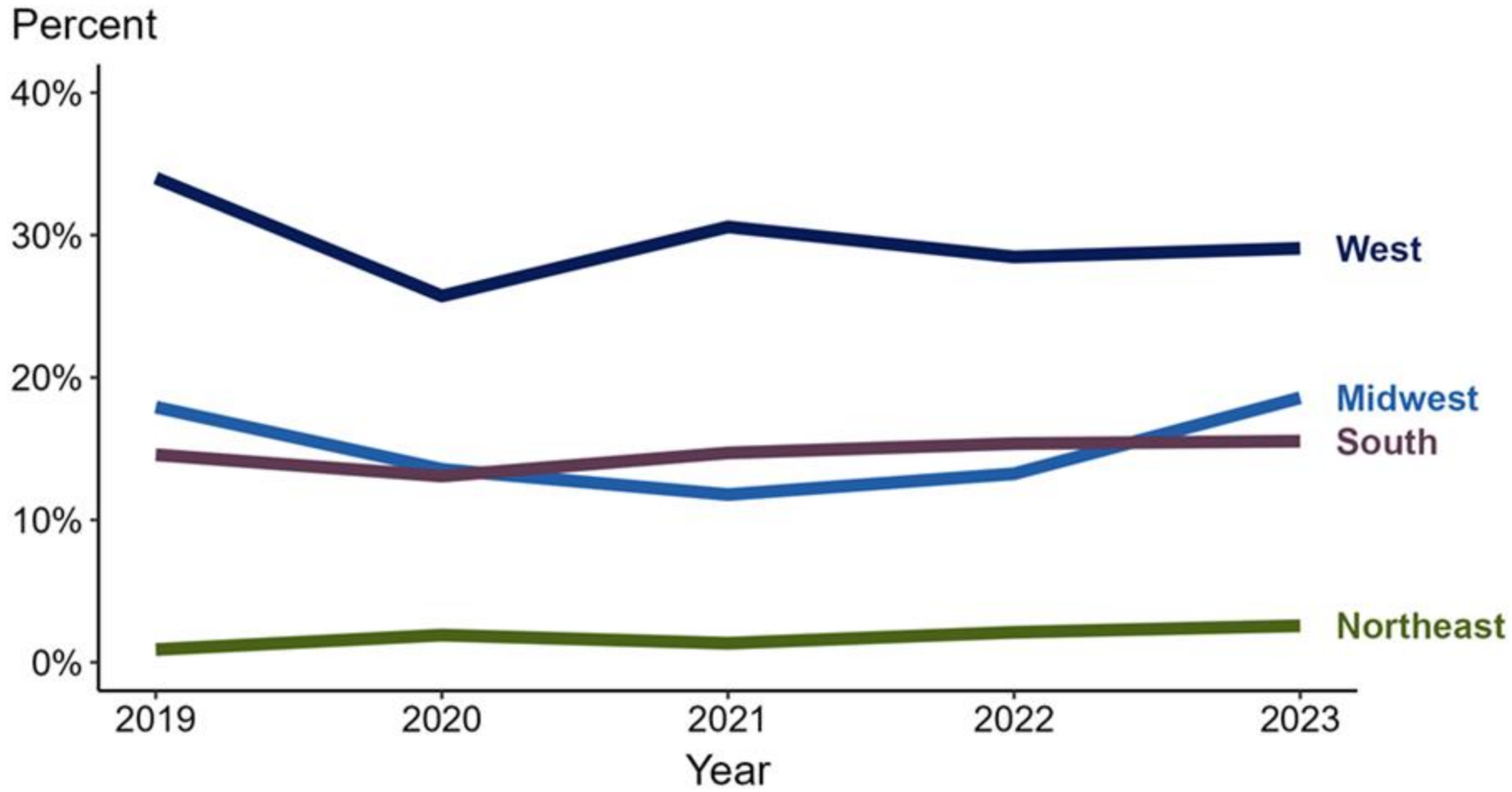
Primary and Secondary Syphilis — Percentage of Cases Reporting Selected Substance Use Behaviors* Among Women, United States,



CDC Syphilis Surveillance Supplemental Slides, 2019-2-23

*Percentage reporting injection drug use, methamphetamine use, heroin use, crack use, or cocaine use within the last 12 months calculated among cases with known data (cases with missing or unknown responses were excluded from the denominator).

Primary and Secondary Syphilis — Percentage of Cases Reporting Methamphetamine Use* Among Women by Region, United States, 2019–2023

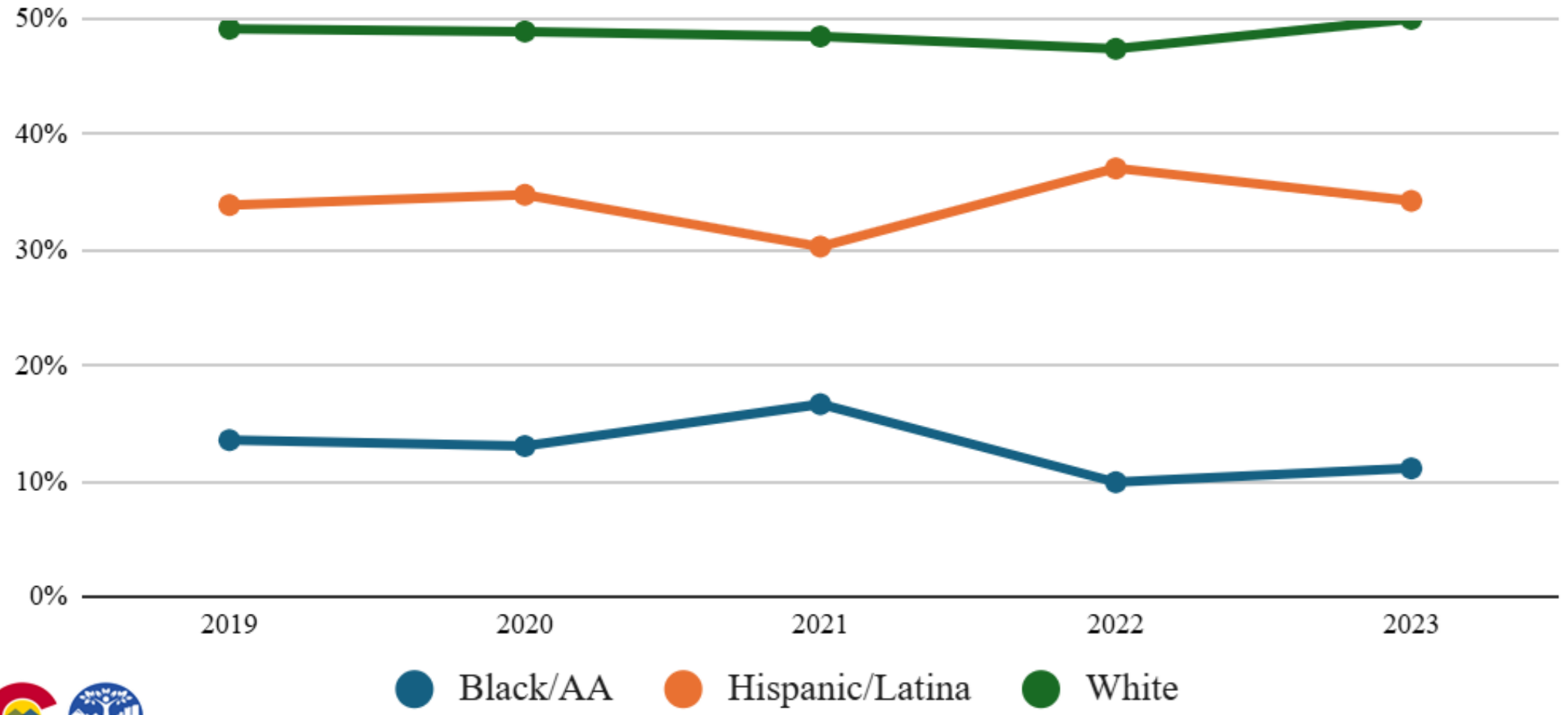


CDC Syphilis Surveillance Supplemental Slides, 2019-2-23

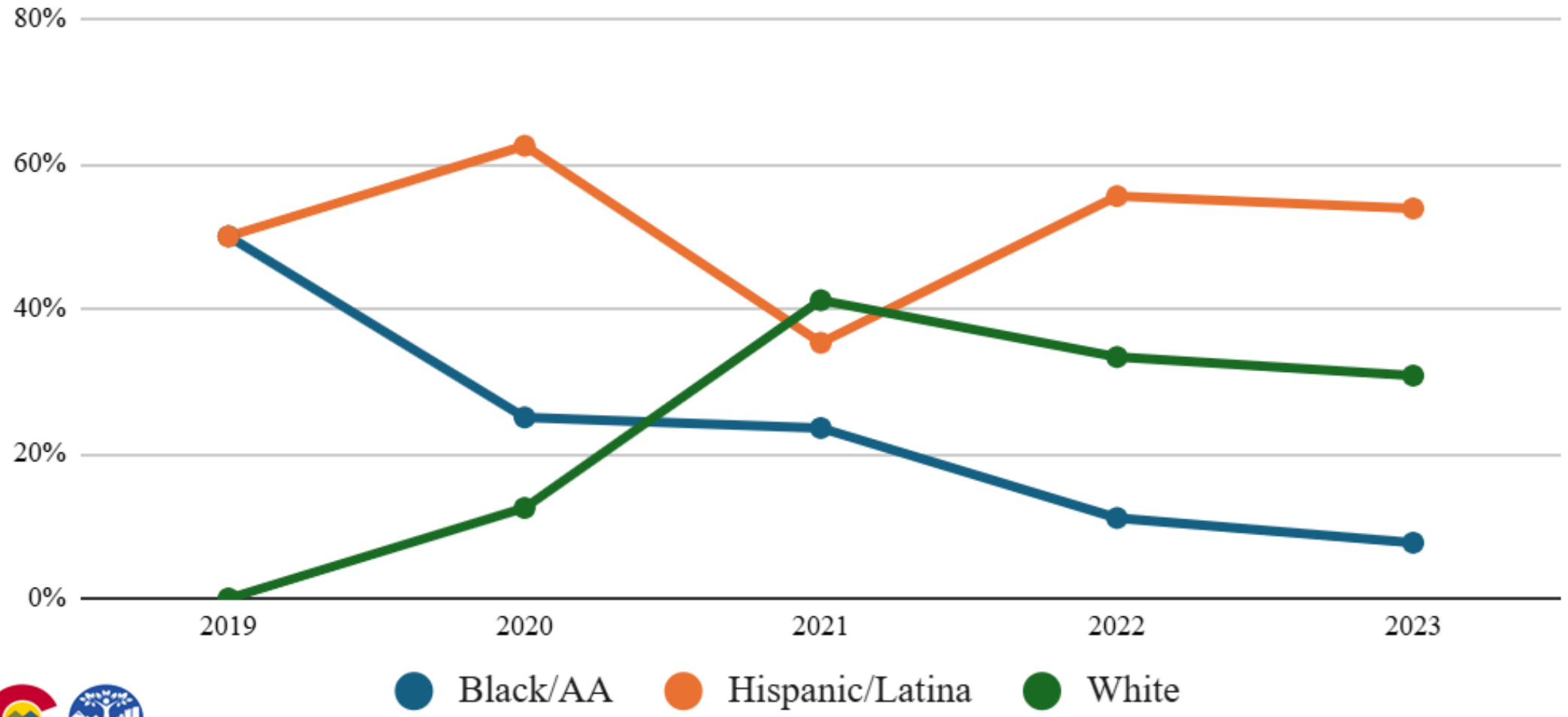
*Percentage reporting methamphetamine use within the last 12 months calculated among cases with known data (cases with missing or unknown responses were excluded from the denominator).

Colorado Syphilis Data Trends

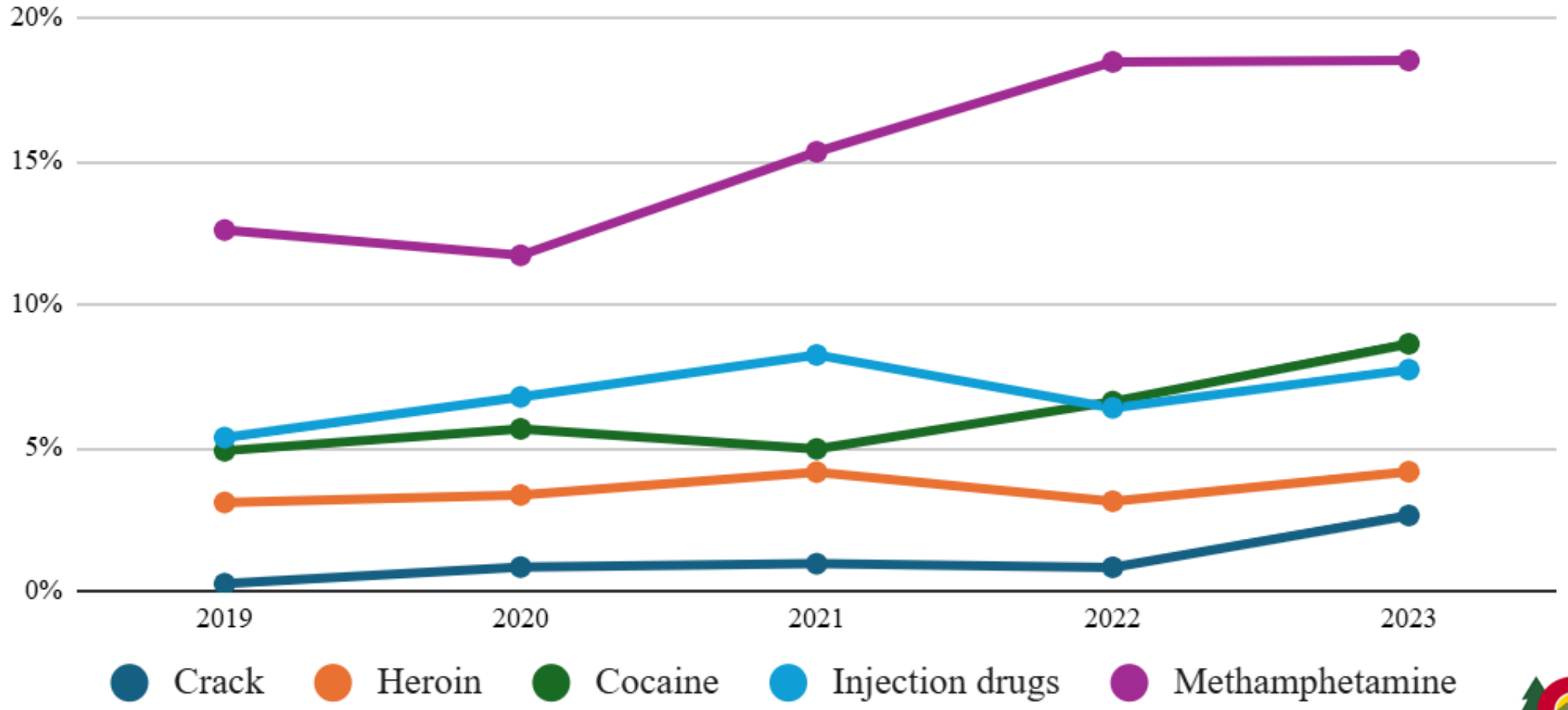
Primary & Secondary Syphilis - Percentage of Cases by Race/Ethnicity* Among Women, Colorado, 2019-2023



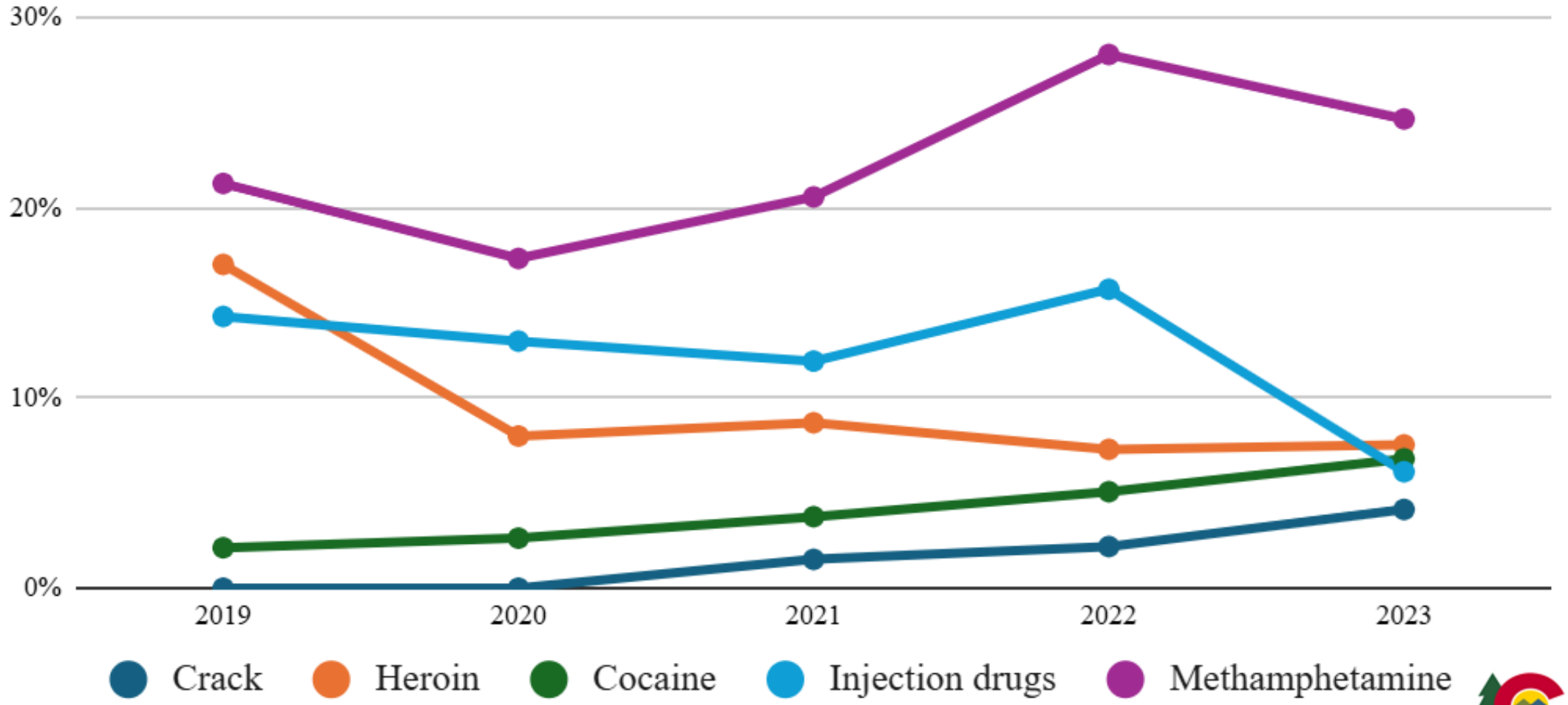
Primary & Secondary Syphilis - Percentage of Cases by Race/Ethnicity* Among Pregnant Women, Colorado, 2019-2023



Primary & Secondary Syphilis - Percentage of Cases Reporting Selected Substance Use Behaviors*, Colorado, 2019-2023



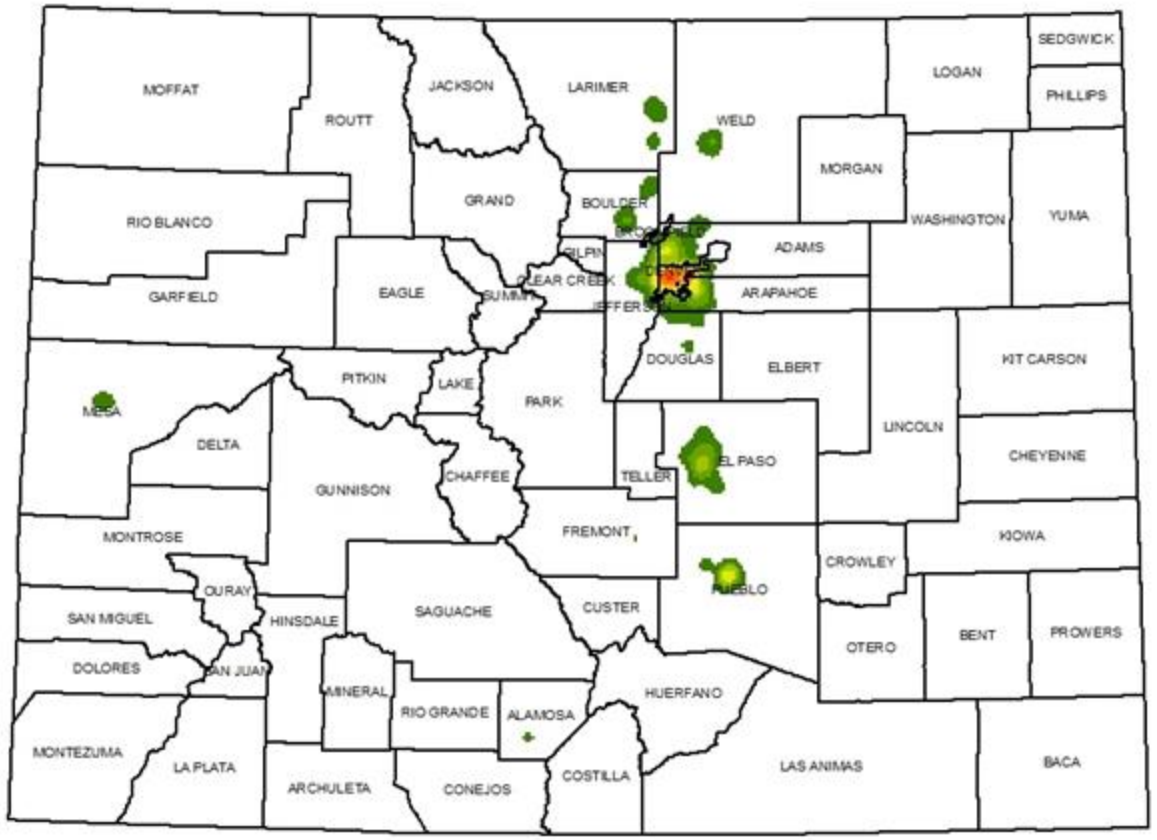
Primary & Secondary Syphilis - Percentage of Cases Reporting Selected Substance Use Behaviors* Among Women, Colorado, 2019-2023



Colorado Syphilis Data Trends

- **Substance use**
  - 1 in 3 Syphilis cases reported history of substance use
  - 2 in 3 Congenital Syphilis cases reported substance use in pregnancy
- **History of criminal justice involvement**
  - 1 in 3 women & 1 in 5 men had a history of criminal justice involvement
- **Stigma, shame and cultural silences**
  - Key informant interviews with women
    - Sex and Sexuality are not commonly discussed
    - Shame and stigmatizing labels
- **Provider awareness and training**
  - Provider survey and interviews - 18% reported need for more training
- **Treatment shortages**

Density of 2019 Syphilis (all stages*) Cases, State of Colorado



Lower Density — Higher Density

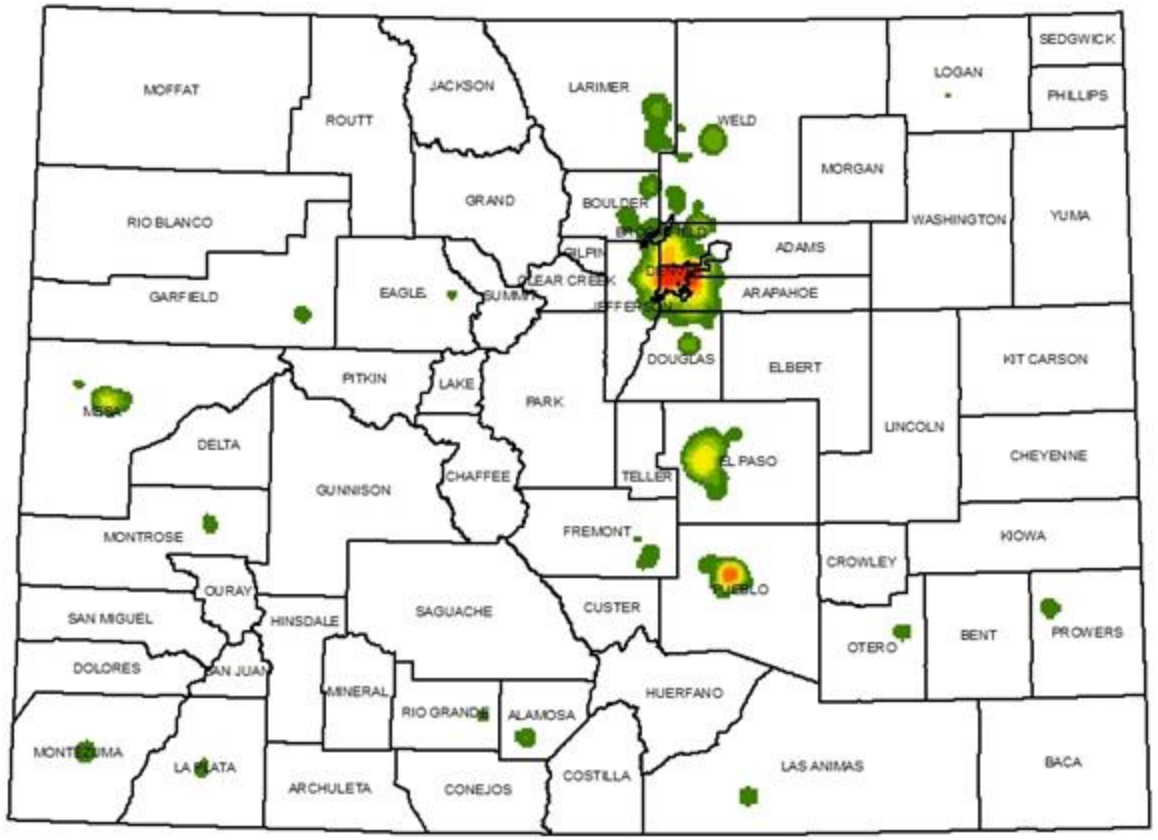
98.2% of cases were geocodable to at least a census tract level.

Data Source: NETSS 2019

*Does not include congenital syphilis

N 0 12.5 25 50 Miles

Density of 2024 Syphilis (all stages*) Cases, State of Colorado



Lower Density — Higher Density

98.2% of cases were geocodable to at least a census tract level.

Data Source: EpiTrax pulled 5/2/25

*Does not include congenital syphilis

N 0 12.5 25 50 Miles

Colorado’s Response

CDPHE'S RESPONSE

- Public Health Order
- Health Alerts(HAN)
- Syphilis provider Website
- Syphilis Community of Practice Group
- Provider Engagement Workgroup
- Field Delivery Therapy
- Bicillin Access program
- Point of Care testing
- Community Listening Session
- Congenital Syphilis Review
- Echo Education Sessions
  - New Sessions Begin in June

CDPHE Provider Engagement Resources

- Syphilis landing page
- General syphilis toolkit
  - LPHAs
  - Provider
- Congenital syphilis campaign materials *(crafted in advance of CORCC)*
  - Priority population flyers
  - Syphilis palm cards
- Rapid testing job aide

Conclusion

- Syphilis outcomes are influenced by many complex and interwoven social factors
- In response Colorado is implementing an interdisciplinary response
- Ongoing work is needed to identify key touch points for
- screening and treatment and to engage providers in this effort

How are cases getting missed?

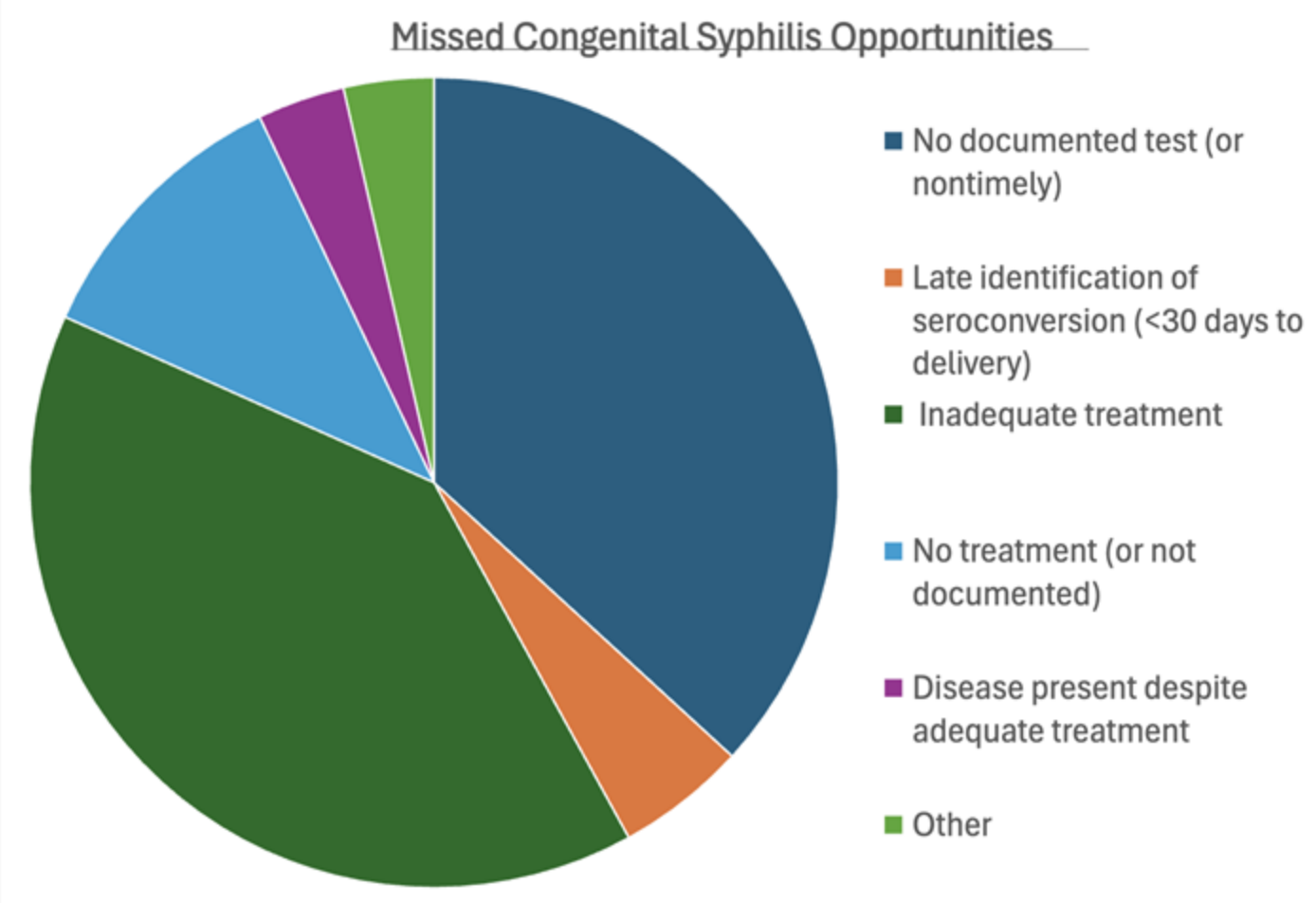
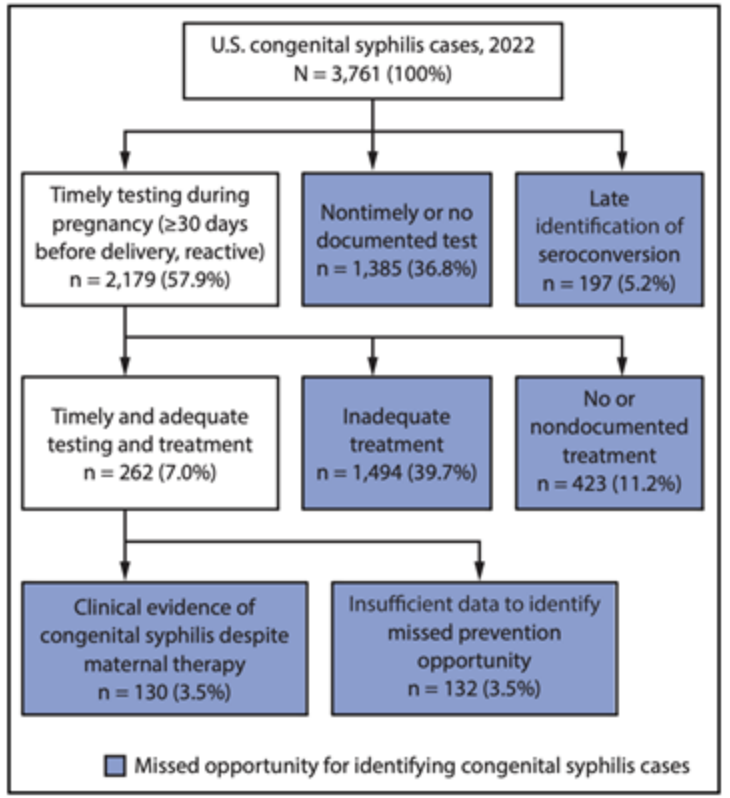


FIGURE 2. Distribution of congenital syphilis cases, by missed prevention opportunities*,†,§ — United States, 2022



* Timely testing is performed ≥30 days before delivery.
† Late identification of seroconversion is a new reactive syphilis test <30 days before delivery after a nonreactive test earlier in pregnancy.
§ Adequate treatment is receipt of a penicillin-based regimen, dosed and spaced appropriately for the stage of syphilis, and commenced ≥30 days before delivery.

(McDonald et al, 2023)

Experiences in care within the context of SUD
"I was treated differently"

Narrative qualitative research explored the **reproductive healthcare experiences** of women in Pueblo who had faced "upstream" **structural barriers:**

- The predominantly Hispanic/Latinx women described encountering **judgment** and **inadequate support** during their receipt of healthcare.
- Major themes included **stigmatization** in medical settings (especially related to drug use and motherhood), and **the need for compassionate, nonjudgmental care.**
- Interpersonal stigma from providers reinforced cultural views of **substance use as moral failure:** one participant described **a generalized feeling of dehumanization.**

(Hackett, 2024)

Barriers to care within the context of SUD

- **Transportation** services, as interviews reflected this is the primary cause of missed appointments; participants reflected that it is a constant struggle in navigating health care without a vehicle
- **Healthcare provider's understanding and training on substance use and dependence** was a noted weakness by participants
- **Need for increased structural support** when addressing unique healthcare needs; for those who are unhoused, they reported major difficulty in keeping appointments, with need for multiple **rescheduling of visits.** Participants also reported feeling stigmatized for their lack of housing.

(Hackett, Frank, Heldt-Werle, & Loosier, P. S., 2024; Hackett, 2024)

Recommended structural/systemic changes

- Routine **opt-out syphilis testing**, with access to point of care **rapid testing to avoid loss to follow-up.**
- Improve **treatment referral issues** as they lead to loss to follow-up; have Bicillin readily available free of cost.
- **Structural support** to address unique healthcare needs; housing support, rescheduling appointments, healthcare provider support, etc.

(Hackett, Frank, Heldt-Werle, & Loosier, P. S., 2024; Hackett, 2024)

Trauma-informed care: a thoughtful approach

"What is your relationship with substances?
Currently and in the past?"

ASK	PERMISSION	*Can we talk about...*
	OPEN QUESTION	*What do you think about...*
	CLOSED QUESTION	*Would you want to...*
TELL	EDUCATION	*We know that...*
	INFORMATION	*Some of the choices are...*
	RECCOMENDATIONS	*You might want to...*
LISTEN	APPRECIATE	*You know what you...*
	REFLECT	*You want to, but...*
	SUMMARIZE	*So your plan is...*

(National Harm Reduction Coalition, 2022)

Reflections from participants

Lived Experience: Stigma and judgment from providers

Stigma: Internalized with the experience of judgment from a provider due to substance use, being unhoused, and/or sexual practices.

- Judgment can be conveyed through providers' tone, body language, and attitude.

Participant Suggestions: For providers to learn to listen, suspend judgement, and get education on substance dependence

Suggestions:

- Providers can **show more care.**
- Desire for providers to be **explicitly compassionate** during a medical visit and to better understand that **"drug users are not bad people".**

(Hackett, Frank, Heldt-Werle, & Loosier, 2024)

Trauma-Informed Care

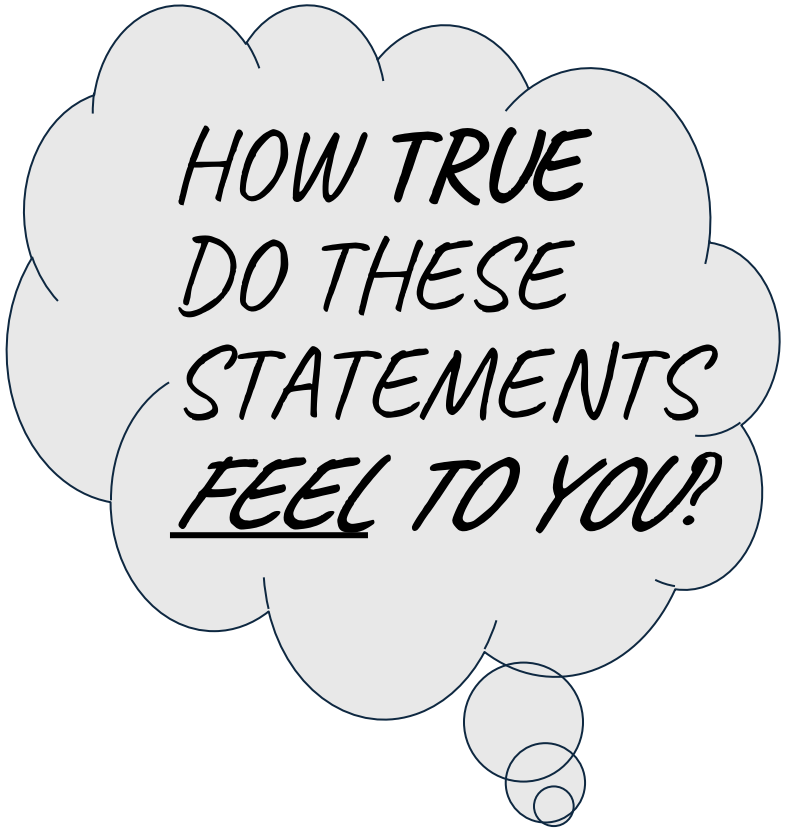
Emphasize a willingness to listen if and when they are ready.

Many people who use substances have experienced trauma in medical settings and from providers.

It is **essential** to create a safe space and trusting relationship with those who use a substance and are pregnant.

Otherwise, **patients risk falling out of care entirely.**

CONFRONTING **BIAS** AND **STIGMA** AROUND SUBSTANCE USE IN PREGNANCY



- ❑ Pregnant people who use substances do not care about the impact on the fetus or newborn
- ❑ Pregnant people who use substances need to just stop using if they really care about the "baby" (fetus/newborn)
- ❑ Pregnant people in active substance use have plenty of resources to support them in sobriety
- ❑ Pregnant people using drugs should not fear seeking prenatal and intrapartum care

Realities about substance use in pregnancy:

- There **is** persistent internalized **shame** and **guilt** for those who use drugs or depend on substances while pregnant
- Pregnant people often experience **profound fear** about the impact that substances may have on the fetus/newborn
- The impact of shame and subsequent **trauma that occurs within healthcare delivery** for pregnant people with SUD deeply affects patient's **perception of safety** in healthcare settings
- **Resources** for pregnant and postpartum people with SUD are **limited** but can be accessible through **advocacy**, especially when attempting to promote **couplet care**

Reminder:

Pregnancy is a **window of opportunity to support** those who are using substances or who have a history of SUD.

What **barriers** in care may be **impacting** "non-compliance" with prenatal care? Why might a pregnant person **NOT want** to access care?

- Is pregnancy care **a safe space** where we are dedicated to caring for pregnant individuals?
- Does respect exist for all those affected by SUD?
- What does risk reduction look like in practice?
- What are the “reporting” concerns surrounding SUD in pregnancy?

Addressing Syphilis Infection in Pregnancy

Identify	**Missed opportunities** for adequate and timely **testing** and **treatment** in pregnancy
Consider	How to **address barriers** to care related to substance use and/or social determinants of health
Provide	**Support**, resources, and **trauma-informed care** for people who use substances or have a history of substance use disorder

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Panel discussion topics

1. What are the most significant **challenges** you face in **diagnosing** and **treating** syphilis in pregnant individuals in your region?
2. What resources or **strategies** have you found **helpful** in **managing syphilis** cases among pregnant individuals?
3. How do you address issues related to **medication access** and adherence? **Partner treatment**?
4. Are there any **unique challenges** specific to your region that affect syphilis treatment and prevention?