



# The Congenital Syphilis Morbidity & Mortality Review Toolkit

## A PREVENTION TOOL FOR LOCAL HEALTH JURISDICTIONS

This toolkit is intended for use by local health jurisdictions to conduct in-depth multidisciplinary review of congenital syphilis cases to identify missed opportunities for prevention and potential upstream interventions to prevent future cases.

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## Background

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Congenital syphilis (CS), a preventable and potentially devastating disease, is increasing in California. From 2012 to 2019, female syphilis cases increased over 750% and CS cases increased over 1,200%, from 33 cases in 2012 to 446 cases in 2019. This is the highest number of reported CS cases since 1993. Local health jurisdictions (LHJ) should consider examining each CS case for missed opportunities and upstream interventions to prevent future cases. The California Department of Public Health (CDPH), Sexually Transmitted Diseases Control Branch (STDCB) has prepared this Congenital Syphilis Morbidity & Mortality (CS M&M) Review Toolkit to provide tools and strategies for local STD programs to conduct in-depth examination of CS cases, with consultation and technical assistance as needed from CDPH STDCB. The goal for conducting CS M&M Reviews is to review information outside of regular syphilis case reporting to identify patterns of missed opportunities among CS cases to inform structural changes in community provider practices and/or LHJ response that could prevent future cases.

## Instructions

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- Identify primary preparer of cases for discussion.
- Select cases. The goal is to review cases with missed opportunities for prevention.
  - Note: Consider prioritizing cases that meet the following criteria for review: syphilitic stillbirth, CS cases born to a Black/African American birthing parent, CS/perinatal HIV coinfecting cases, and perinatal HIV cases regardless of CS coinfection.
- Identify case(s) for review. Review birthing parent/mother, infant, and partner/father records in the California Reportable Disease Information Exchange (CalREDIE). If either birthing parent or partner/father names additional partners, those incidents should also be reviewed.
- Compile information. Consider the following data sources: CalREDIE incident record, medical records, syphilis interview record, case investigation notes, and nursing case management notes, if applicable.
  - Note: if key data elements are not readily available in CalREDIE data fields, conduct a thorough review of available data in the electronic filing cabinet (EFC) within CalREDIE, such as medical records, supplemental questions for pregnant females with syphilis, and full investigative history.

- Input data on infant, birthing parent/mother, and partner/father into face sheet, as follows (see [Appendix I. CS M&M Review Face Sheet Template](#)):
  - **Maternal information (section A in Appendix I. CS M&M Review Face Sheet Template)**, including demographics, stage of syphilis, risk factors, estimated date of delivery (EDD), gravidity (number of time a person is or has been pregnant)/parity (the number of times a person has carried the pregnancies to a viable gestational age) (G/P), prenatal care, syphilis testing/treatment, information from supplemental interview questions for pregnant females with syphilis, etc.
  - **Maternal timeline (section B in Appendix I. CS M&M Review Face Sheet Template)**, which covers any documented health care encounter chronologically prior to or during pregnancy leading up to delivery. For each encounter, determine gestational age (GA), syphilis laboratory test results, syphilis signs/symptoms, syphilis treatment, HIV testing/treatment, chlamydia/gonorrhea testing/treatment, and other relevant information.
  - **Infant information (section C in Appendix I. CS M&M Review Face Sheet Template)**, including newborn weight, vital status, other relevant diagnoses, and apgar scores (a test given to newborns that checks heart rate, muscle tone, and other signs that is usually administered at one minute and five minutes after birth and is scored between 0 and 10).
  - **Infant timeline (section D in Appendix I. CS M&M Review Face Sheet Template)**, including syphilis laboratory test results at birth, clinical findings, treatment, HIV testing, etc.
  - **Partner/Father information (section E in Appendix I. CS M&M Review Face Sheet Template)**, including demographics, stage of syphilis, syphilis treatment information, risk factors, etc.
  - **Partner/Father timeline (section F in Appendix I. CS M&M Review Face Sheet Template)**, including any documented health care encounter chronologically prior to infant delivery. For each encounter, determine syphilis laboratory test results, syphilis signs/symptoms, syphilis treatment, HIV testing/treatment, chlamydia testing/treatment, and other relevant information.

- **Relevant prenatal and postpartum disease investigation and enhanced case management notes (section G in Appendix I. CS M&M Review Face Sheet Template).**
  - **Case discussion questions (section H in Appendix I. CS M&M Review Face Sheet Template)** to stimulate brainstorming on missed opportunities, bright spots, and potential interventions to prevent future cases.
  - **HIV Testing/Treatment Information** is included in Sections A, C, and E of Appendix I. CS M&M Review Face Sheet Template.
- Convene multidisciplinary group to examine case(s) for missed prevention opportunities and areas for follow-up. Group should include the primary preparer of the case(s) for discussion, disease intervention specialist (DIS), or other field investigator who worked the case, DIS supervisor, clinician, epidemiologist, and STD controller and/or additional LHJ leadership. LHJs are encouraged to include partners within their organization (e.g., Maternal, Child & Adolescent Health, Behavioral Health). LHJs may also want to consider including partners from outside their organization (e.g., community health care providers), which requires additional de-identification of cases presented to ensure anonymity. Representatives from CDPH STDCB are available to participate in these discussions, upon request. See [Appendix IV. Sample Meeting Agenda](#).
- Capture missed opportunities for prevention, bright spots, and action items that were identified during the CS M&M review session (See [Appendix II. CS M&M Review Notes Template](#) and [Appendix III. Case Examples of Missed Opportunities Identified & Follow-up Actions Taken](#)).
- After the M&M session, finalize notes/action items and distribute to the attendees. Ensure follow-up on action items identified during reviews. It may be helpful to institutionalize checking on the status of action items from the last meeting at the start of each M&M review session.

## Resources

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- [California Department of Public Health, Congenital Syphilis Webpage:](http://www.cdph.ca.gov/Programs/CID/DCDC/Pages/CongenitalSyphilis.aspx)  
([www.cdph.ca.gov/Programs/CID/DCDC/Pages/CongenitalSyphilis.aspx](http://www.cdph.ca.gov/Programs/CID/DCDC/Pages/CongenitalSyphilis.aspx))
- [Centers for Disease Control and Prevention's Syphilis 2018 Case Definitions:](https://ndc.services.cdc.gov/case-definitions/syphilis-2018/)  
([ndc.services.cdc.gov/case-definitions/syphilis-2018/](https://ndc.services.cdc.gov/case-definitions/syphilis-2018/))
- [Centers for Disease Control and Prevention's Congenital Syphilis Report Algorithm:](http://www.cdc.gov/std/program/Congenital-Syphilis-Form-2013.pdf)  
([www.cdc.gov/std/program/Congenital-Syphilis-Form-2013.pdf](http://www.cdc.gov/std/program/Congenital-Syphilis-Form-2013.pdf))
- [Centers for Disease Control and Prevention's MMWR Sexually Transmitted Infections Treatment Guidelines, 2021:](http://www.cdc.gov/mmwr/volumes/70/rr/pdfs/rr7004a1-H.pdf)  
([www.cdc.gov/mmwr/volumes/70/rr/pdfs/rr7004a1-H.pdf](http://www.cdc.gov/mmwr/volumes/70/rr/pdfs/rr7004a1-H.pdf))

*For questions about the CS M&M Review Toolkit or for technical assistance with conducting CS M&M Reviews in your jurisdiction, please contact CDPH STDCB ([STDCB@cdph.ca.gov](mailto:STDCB@cdph.ca.gov)).*

## Appendices

### Appendix I. CS M&M Review Face Sheet Template

Note: a customizable version of the [CS M&M Review Face Sheet Template](#) is available online.

#### Congenital Syphilis Morbidity & Mortality (CS M&M) Review Face Sheet Template [Enter Local Health Jurisdiction] | Review Date: [Enter Month DD, YYYY]

**Acronyms:** EDD: Estimated date of delivery; DOB: Date of birth; MOB = Mother of Baby; MSM = Men who have Sex with Men; EDD = Estimated date of delivery; PNC = Prenatal Care; ED = Emergency Department; UC = Urgent Care; WIC = [Special Supplemental Nutrition Program for] Women, Infants, and Children; SNAP = Supplemental Nutrition Assistance Program; RPR = Rapid Plasma Reagin; ART = antiretroviral therapy.

**Abbreviations:** Pos = Positive; Neg = Negative

Case [Enter Case Number]   Maternal CalREDIE ID: [Enter ID Number]   Infant CalREDIE ID: [Enter ID Number]		
<b>A. Maternal Information</b>		
<b>1a.</b> Age at delivery: Choose an item. <b>1b.</b> Race/ethnicity: Choose an item. <b>1c.</b> Stage of syphilis: Choose an item. <b>1d.</b> Insurance: Choose an item.	<b>2a.</b> Gravida [X] Para [X] <b>2b.</b> EDD: [MM/DD/YYYY] <b>2c.</b> Infant DOB: [MM/DD/YYYY], [XwXd] GA <b>2d.</b> MOB adequately treated before delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Interview conducted: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason interview not conducted: [X]		
4. Maternal risk factors within the last 12 months:		
<input type="checkbox"/> alcohol use <input type="checkbox"/> marijuana use <input type="checkbox"/> methamphetamine use <input type="checkbox"/> opioid use <input type="checkbox"/> other drug use; specify: [X]	<input type="checkbox"/> had sex while on drugs or intoxicated <input type="checkbox"/> had anonymous sex partners <input type="checkbox"/> had sex with person known to be MSM <input type="checkbox"/> maternal history of syphilis <input type="checkbox"/> maternal history of incarceration <input type="checkbox"/> partner history of incarceration	<input type="checkbox"/> homelessness <input type="checkbox"/> had a gang association <input type="checkbox"/> given money/drugs for sex <input type="checkbox"/> received money/drugs for sex <input type="checkbox"/> other: [X]
5. Supplemental Questions for Pregnant Females with Syphilis (CalREDIE Form):		
<b>5a.</b> Which barriers to get prenatal care did the client report? [X]		
<b>5b.</b> Which barriers to getting benzathine penicillin G (Bicillin L-A) treatment for syphilis did the client report? [X]		
<b>5c.</b> Which health care services, other than prenatal care, did the client report accessing during pregnancy? [X]		
<b>5d.</b> Which social/support services did the client report accessing during pregnancy? [X]		
<b>6a.</b> Total partner(s) during pregnancy: [X] <b>6b.</b> Initiatable partner(s): [X] ( <i>complete partner table(s) below</i> ) <b>6c.</b> Un-initiatable partner(s): [X]; reason: [X]	<b>7a.</b> Prenatal Care (PNC): Choose an item. <b>7b.</b> Number of PNC visits: [X] <b>7c.</b> Trimester of PNC initiation: Choose an item. <b>7d.</b> First known PNC visit: [MM/DD/YYYY], [XwXd] GA	
<b>8a.</b> First syphilis test in pregnancy: Choose an item. <b>8b.</b> Tested for syphilis at/before first PNC visit: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>8c.</b> Result of first syphilis test in pregnancy: <input type="checkbox"/> Pos <input type="checkbox"/> Neg <b>8d.</b> If first syphilis test result positive, adequately treated: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>8e.</b> If adequately treated after positive first syphilis test, reinfected during pregnancy: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>8f.</b> If first syphilis test result negative, tested in early third trimester (28-32 weeks): <input type="checkbox"/> Yes <input type="checkbox"/> No		

<p><b>9a.</b> Tested for syphilis during third trimester (28-32 weeks): <input type="checkbox"/>Pos <input type="checkbox"/>Neg <input type="checkbox"/>No Test</p> <p><b>9b.</b> If early third trimester test result positive, adequately treated: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><b>9c.</b> If adequately treated after positive early third trimester test, reinfected during pregnancy: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><b>9d.</b> If syphilis status unknown at delivery, tested at delivery: <input type="checkbox"/>Pos <input type="checkbox"/>Neg <input type="checkbox"/>No Test</p> <p><b>9e.</b> If tested positive at delivery; adequately treated post-delivery: <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
<p><b>10a.</b> Documented ED visit during pregnancy: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><b>10b.</b> Tested for syphilis at ED: <input type="checkbox"/>Pos <input type="checkbox"/>Neg <input type="checkbox"/>No Test</p> <p><b>10c.</b> If positive, empirically treated at ED: <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p><b>11a.</b> Documented Urgent Care (UC) visit during pregnancy: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><b>11b.</b> Tested for syphilis at UC: <input type="checkbox"/>Pos <input type="checkbox"/>Neg <input type="checkbox"/>No Test</p> <p><b>11c.</b> If positive, empirically treated at UC: <input type="checkbox"/>Yes <input type="checkbox"/>No</p>
<p><b>12a.</b> Documented incarceration (e.g., jail) during pregnancy: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><b>12b.</b> Tested for syphilis during incarceration: <input type="checkbox"/>Pos <input type="checkbox"/>Neg <input type="checkbox"/>No Test</p> <p><b>12c.</b> If positive, confirmatory testing performed while incarcerated: <input type="checkbox"/>Yes <input type="checkbox"/>No Test result: <input type="checkbox"/>Pos <input type="checkbox"/>Neg</p> <p><b>12d.</b> If positive, treatment initiated in correctional facility: Yes <input type="checkbox"/> No <input type="checkbox"/> Treatment completed in facility: <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
<p><b>13.</b> Post-partum birth control plan: Choose an item.</p>	<p><b>14.</b> Post-delivery RPR test: [MM/DD/YYYY]</p>
<p><b>15.</b> Chlamydia test during pregnancy: <input type="checkbox"/>Pos <input type="checkbox"/>Neg <input type="checkbox"/>No Test; adequately treated: <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
<p><b>16.</b> Gonorrhea test during pregnancy: <input type="checkbox"/>Pos <input type="checkbox"/>Neg <input type="checkbox"/>No Test; adequately treated: <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
<p><b>17a.</b> Documented HIV test during pregnancy: <input type="checkbox"/>Pos <input type="checkbox"/>Neg <input type="checkbox"/>No Test</p> <p><b>17b.</b> Date of first positive HIV test in pregnancy: [MM/DD/YYYY]; [XwXd] GA</p> <p><b>17c.</b> Trimester of first positive HIV test in pregnancy: Choose an item.</p>	
<p><b>18a.</b> If negative during pregnancy, offered HIV PrEP: <input type="checkbox"/>Yes <input type="checkbox"/>No; begun HIV PrEP: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><b>18b.</b> If negative throughout pregnancy, tested 4-6 weeks post-delivery: <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
<p><b>19a.</b> If positive during pregnancy, started on ART during pregnancy: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><b>19b.</b> If yes, viral load undetectable during third trimester/at delivery? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
<p><b>20.</b> Date of most recent HIV test: [MM/DD/YYYY]; viral load: [X]</p>	
<p><b>21.</b> What social services referrals were provided by health department staff <u>during the course of</u> disease investigation or enhanced case management:</p>	
<p><input type="checkbox"/>Maternal, Child, &amp; Adolescent Health (MCAH)</p> <p><input type="checkbox"/>Public Health Nursing/case mgmt. program</p> <p><input type="checkbox"/>Black Infant Health (BIH)</p> <p><input type="checkbox"/>Adolescent Family Life Program (AFLP)</p> <p><input type="checkbox"/>Child Protective Services (CPS)</p> <p><input type="checkbox"/>California Children's Services (CCS)</p> <p><input type="checkbox"/>Social Work Services</p> <p><input type="checkbox"/>Housing</p> <p><input type="checkbox"/>Transportation assistance</p> <p><input type="checkbox"/>Health insurance eligibility/enrollment services</p>	<p><input type="checkbox"/>Financial assistance/CalWORKS</p> <p><input type="checkbox"/>Women, Infants, &amp; Children Program (WIC)</p> <p><input type="checkbox"/>CalFresh/Supplemental Nutrition Assistance Program (SNAP)</p> <p><input type="checkbox"/>HIV Care</p> <p><input type="checkbox"/>Mental health services/treatment</p> <p><input type="checkbox"/>Domestic/interpersonal violence services</p> <p><input type="checkbox"/>Drug treatment/substance use disorder services</p> <p><input type="checkbox"/>Syringe exchange/harm reduction services</p> <p><input type="checkbox"/>Other; specify: [X]</p>



**A. Maternal Timeline**

Please include all healthcare encounters chronologically in the maternal timeline table that relate to this case, including preconception/interconception encounters – this may include healthcare encounters where syphilis testing or treatment were not conducted, syphilis lab results and treatment from prior surveillance incidents, and/or syphilis lab results and treatments after delivery. Please also include HIV testing results where available. Additional rows can be added to the table as needed for each healthcare encounter.

<b>Date</b>	<b>GA</b>	<b>EIA</b>	<b>Non-trep results (i.e., RPR, VDRL)</b>	<b>Trep results (i.e., TPPA, FTA-ABS)</b>	<b>Syphilis diagnosis &amp; clinician observed signs &amp;/or symptoms</b>	<b>Syphilis treatment</b>	<b>HIV info (i.e., test results, HIV PrEP offered if negative, HIV viral loads, ART initiation date + ART regimen)</b>	<b>Chlamydia/ gonorrhea testing + treatment</b>	<b>Notes</b>
Preconception/ interconception healthcare encounters									
LMP: [MM/DD/YYYY]									
1st Syphilis Test in Pregnancy: [MM/DD/YYYY]									
Delivery: [MM/DD/YYYY]									
Post Delivery RPR: [MM/DD/YYYY]									

<b>B. Infant Information</b>			
<b>1a.</b> Infant DOB: [MM/DD/YYYY], [XwXd] GA	<b>2a.</b> Apgar scores: [X/X]	<b>3a.</b> Justification for CS case classification: Choose an item.	
<b>1b.</b> Stillbirth: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>2b.</b> Weight: [enter weight] g	<b>3b.</b> Other relevant diagnoses: [X]	
<b>If infant is born to HIV-positive birthing parent:</b>			
<b>4a.</b> Infant begun on ART regimen at delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>5.</b> Infant bottle-fed and MOB advised NOT to breastfeed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>4b.</b> List medications: [X]			
<b>6.</b> HIV viral loads performed:			
At delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No	14-21 days: <input type="checkbox"/> Yes <input type="checkbox"/> No	1-2 months: <input type="checkbox"/> Yes <input type="checkbox"/> No	4-6 months: <input type="checkbox"/> Yes <input type="checkbox"/> No
Viral load: [X]	Viral load: [X]	Viral load: [X]	Viral load: [X]

<b>C. Infant Timeline</b>						
Please include syphilis lab results and treatments during and after delivery until the RPR becomes non-reactive. Please also include HIV testing results where available; info sources include: LDET, LISA, LEDI, CalREDIE HIV incident "Adult Case Report Form".						
† Please include red blood cell count when reporting on CSF protein and white blood cell count or VDRL to facilitate clinical interpretation.						
‡ Please include information relevant to the <a href="#">Diagnosis of HIV Infection in Infants and Children</a> to the notes column if applicable.						
Date	Non-treponemal results (i.e., RPR, VDRL)	Treponemal results (i.e., TPPA, FTA-ABS)	Syphilis treatment	Other clinical findings (e.g., physical exam, CSF VDRL, CSF protein/white blood cell count†, x-ray, etc.) †	HIV testing & treatment	Notes (Syphilis treatment and evaluation appropriate? Concern for HIV vertical transmission?) ‡
DOB: [MM/DD/YYYY]						
POST DELIVERY RPR: [MM/DD/YYYY]						

<b>D. Partner Information</b> (delete or duplicate tables E-F as needed)		
<b>1a.</b> Partner CalREDIE ID: [ENTER ID NUMBER] <b>1b.</b> Age: [X] <b>1c.</b> Race/Ethnicity: Choose an item. <b>1d.</b> Stage of syphilis: Choose an item.	<b>2a.</b> Interview conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>2b.</b> If no, reason interview not conducted: [X]	<b>3a.</b> Adequately treated? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>3b.</b> Treatment notes/reason treatment not completed: [X]
<b>4. Risk factors within the last 12 months:</b>		
<input type="checkbox"/> alcohol use <input type="checkbox"/> marijuana use <input type="checkbox"/> methamphetamine use <input type="checkbox"/> opioid use <input type="checkbox"/> another drug use, specify: X <input type="checkbox"/> had sex while on drugs or intoxicated	<input type="checkbox"/> had anonymous sex partners <input type="checkbox"/> [females only] had sex with person known to be MSM <input type="checkbox"/> [males only] had sex with any pregnant partners <input type="checkbox"/> history of syphilis <input type="checkbox"/> history of incarceration <input type="checkbox"/> partner history of incarceration	<input type="checkbox"/> homelessness <input type="checkbox"/> had a gang association <input type="checkbox"/> given money/drugs for sex <input type="checkbox"/> received money/drugs for sex <input type="checkbox"/> other: [X]
<b>5a.</b> HIV test: <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> No Test <b>5b.</b> Date: [MM/DD/YYYY], viral load: [X]	<b>6a.</b> If positive, connected to HIV care? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>6b.</b> If negative, offered HIV PrEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>E. Partner #1 Timeline</b>									
Please include all healthcare encounters in the partner table that relate to this case – this may include healthcare encounters where syphilis testing or treatment were not conducted or syphilis lab results and treatment from prior surveillance incidents. Please also include HIV testing results where available. Please add additional rows to the table as needed for each healthcare encounter.									
Date	GA	EIA	Non-trep results (i.e., RPR, VDRL)	Trep results (i.e., TPPA, FTA-ABS)	Syphilis diagnosis & clinician observed signs &/or symptoms	Syphilis treatment	HIV info (i.e., test results, HIV PrEP offered if negative, HIV viral loads, ART initiation date and ART regimen)	Chlamydia/ gonorrhea testing + treatment	Notes

<b>F. Relevant Disease Investigation and Enhanced Case Management Notes</b>
Relevant DIS Investigation Notes <ul style="list-style-type: none"> <li>• [X]</li> </ul>
Relevant Enhanced Case Management Notes (e.g., STD public health nurse or MCAH referral for prenatal or infant case management beyond standard DIS work) <ul style="list-style-type: none"> <li>• [X]</li> </ul>

<b>G. Discussion</b>
Bright Spots: clinical, disease investigation, other
Missed Opportunities: clinical, disease investigation, other
Action Items (assign to individual): on this case and/or to prevent a similar case from happening

## Appendix II. CS M&M Review Notes Template

Note: a customizable version of the CS M&M Review Notes Template is available online.

### CONGENITAL SYPHILIS MORBIDITY & MORTALITY (CS M&M) REVIEW NOTES TEMPLATE [LOCAL HEALTH JURISDICTION] | REVIEW DATE: [Month Day, Year]

#### Attendance:

- Local Health Jurisdiction: [ENTER TEXT]
- California Department of Public Health (CDPH): [ENTER TEXT]
- Other partners (e.g. Maternal, Child & Adolescent Health (MCAH), behavioral health, local hospital or prenatal care providers, etc.): [ENTER TEXT]

#### Case #

**Mother CaIREDIE ID:** [ENTER ID NUMBER] **Baby CaIREDIE ID:** [ENTER ID NUMBER]

- Missed opportunities
  - [ENTER TEXT]
  - [ENTER TEXT]
  - [ENTER TEXT]
- Bright spots
  - [ENTER TEXT]
  - [ENTER TEXT]
  - [ENTER TEXT]

#### Case # Action Items:

- [ENTER TEXT]
- [ENTER TEXT]
- [ENTER TEXT]

#### Meeting Action Items:

- Draft & send out meeting notes with action items assigned  
Due: [ENTER DATE], Assigned to: [ENTER NAME]
- Schedule next CS M&M review  
Due: [ENTER DATE], Assigned to: [ENTER NAME]

Note: this template covers one case, but it can be replicated to capture review of multiple CS cases.

### **Appendix III. Case Examples of Missed Opportunities Identified & Follow-up Actions Taken**

- **Disease Intervention Opportunity:** Pregnant person with syphilis was lost to follow-up after positive RPR results returned; no treatment administered.
  - Follow-up action: Offer provider assistance with locating pregnant people with syphilis who are lost to follow-up and bringing them to treatment.
- **Clinical Missed Opportunity:** Prenatal provider misdiagnosed syphilis during prenatal care visit.
  - Follow-up action: Provide prenatal provider with training on syphilis diagnosis and treatment, and/or encourage and participate in a M&M with that provider or facility detailing the specifics related to this sentinel-event CS case to consider documented missed opportunities, medical errors, or policies that need to be changed to prevent future cases.
- **Other Opportunity:** Mother had contact with the local jail during pregnancy and no screening was conducted.
  - Follow-up action: Meet with jail to explore the feasibility of implementing syphilis screening.

#### **Appendix IV. Sample Meeting Agenda**

1. **Welcome & introductions:** names, role/title, organization
2. **Action item check-in:** review action items from previous review meeting and provide/request updates on progress and/or completion from attendees
3. **Case presentation\*:** walkthrough face sheet for each case; display for all participants to see, e.g., via screenshare
4. **Case discussion\*:** missed opportunities, bright spots, and action items
5. **Action item review\*:** list all action items identified and confirm assignees
6. **Closing:** Share date of next meeting

*\* Repeat steps #3-5 for each case.*