A Prenatal Care Model for Congenital Syphilis Prevention: The Pregnancy Connections Clinic Guide

Contents

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Acronyms

CBO	Community Based Organization
CDC	Centers For Disease Control and Prevention
CDI	Communicable Disease Investigator
CDPH	California Department of Public Health
CPS	Child Protective Services
CS	Congenital Syphilis
ED	Emergency Department
FM-OB	Family Medicine/Obstetrician Gynecology
FQHC	Federally Qualified Health Center
KII	Key Informant Interview
LAL	Look Alike
MA	Medical Assistant
MFM	Maternal Fetal Medicine
PConn	Pregnancy Connections Clinic
PTSD	Post Traumatic Stress Disorder
STI	Sexually Transmitted Infection
SUD	Substance Use Disorder

Executive Summary

Congenital syphilis (CS) is highly preventable via routine prenatal care, including syphilis screening and treatment when needed. Yet, CS has risen dramatically in the United States over the past decade, suggesting limited access to prenatal care for those most impacted by syphilis during pregnancy. In California and other states especially in the West, CS cases are associated with unstable housing and methamphetamine use during pregnancy.[1] Analyses of state surveillance data found that these factors were not significantly predictive of CS when prenatal care was accessed, suggesting prenatal care entry for those using substances and/or with unstable housing was a key to CS prevention across California.

This protocol delineates the steps and considerations needed to create a prenatal care clinic for pregnant patients who are unstably housed, use substances, and/or are diagnosed with syphilis during pregnancy. Such a clinic has its roots in community-oriented practice, in which care is delivered to a defined community for whom mainstream clinical services are mismatched with the community needs, necessitating systemic actions including care provision modifications. Epidemiologic methods and community input are keys to creating effective programing; care is given in multidisciplinary teams to address inequities in access.

These recommendations are based on a combination of public health research, expert consultation, and lessons learned via a pilot prenatal clinic, Pregnancy Connections (Pconn). The clinic is run by Family Medicine/Obstetrician Gynecology (FM-OB) physicians within a federally qualified health clinic look alike (FQHC LAL). PConn was created in collaboration with a local health jurisdiction experiencing high CS morbidity, epidemiologists and subject matter experts with the University of California, San Francisco, the CDPH Sexually Transmitted Diseases Control Branch, and the Centers for Disease Control and Prevention (CDC). Notably, while PConn was created to decrease CS, it achieved that goal via broadening prenatal care access for groups served by the program, and thus holds promise as a general tool for increasing prenatal care access for those who are unhoused and/or using substances.

Throughout this protocol, PConn is referenced as a case study. PConn tools are included as appendices to be used either verbatim or adapted as needed. This protocol aims to provide a template for creating

[1] Plotzker RE, Burghardt NO, Murphy RD, McLean R, Jacobson K, Tang EC, Seidman D. Congenital syphilis prevention in the context of methamphetamine use and homelessness. The American journal on addictions. 2022 May;31(3):210-8.

similar clinics that are adapted to a jurisdiction's local needs and culture.

Patient-Centered Frameworks for Prenatal Care

Harm Reduction and Trauma-Informed Care

Designing clinical programming relies on foundational frameworks that address clinical needs. Complex health care barriers exist for those navigating systemic and social marginalization such as unstable housing, criminalization, and/or substance use. Both harm reduction and trauma-informed care are valuable frameworks for lowering these barriers:

- Harm reduction: a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.
- Trauma-informed care: an approach to care that acknowledges that health care organizations and care teams need to have a complete picture of a patient's life situation — past and present — in order to provide effective health care services with a healing orientation.

Formal staff training on harm reduction and trauma-informed care prepares staff to apply anti-oppression values (e.g., anti-racism, gender inclusivity, destigmatizing drug use) to issues that arise for patients in the context of clinical care and case management. (See also, Additional Resources).

Key Informant Interviews for Patient-Centered Prenatal Care

When applying harm reduction and trauma-informed care to a prenatal program, a central component is to incorporate the patients' perspectives and self-defined priorities into the clinic's health care provision goals. Key informant interviews (KIIs) gather perspectives of people who would be clinic-eligible. Soliciting their input often reveals specific barriers and facilitators to care initiation. (See Appendix A, Key Informant Interview Form). These interviews can be conducted in collaboration with public health departments, community-based organizations (CBOs) serving similar populations, or via existing patients known to have had syphilis in pregnancy who are willing to be interviewed.

Case Study: PConn Key Informant Interview Findings

Twenty-one in-person KIIs were conducted with people who were unhoused and were or had recently been pregnant. These 20-minute interviews were performed by public health staff in collaboration with community-based organizations serving the interviewees.

When asked about what a "dream prenatal clinic" would be like, the following themes emerged:

Theme	KII Responses	Clinic Accommodation
Staff and Provider Attitudes	*Staff and providers who are compassionate, non-judgmental, and provide thorough care*	*Open-access system with appointment flexibility*
Communication	*Reminder calls, scheduling flexibility, access to providers outside of visits (e.g., follow up calls, on-call access)*	*Direct cell phone lines were procured for patient-facing clinic staff.*
Clinical Visit Experience	*Short wait times, comfortable waiting rooms/clinic space (e.g., art on the wall, play area for kids, magazines, vending machines), ultrasounds to see baby, with option to take home the picture*	*Shorter wait times for appointments and ultrasounds available in clinic as needed*
Outside Services, Assistance, Referrals	*Transportation support, housing assistance, WIC, food assistance, mental health/spirituality resources, substance use treatment, financial assistance, employment assistance, and parental education (e.g., pregnancy, breast feeding, parenting)*	*Services alongside prenatal care include substance use treatment, transportation assistance and in-depth case management including housing referrals.*
Pregnancy and Parenting Supplies	*Prenatal vitamins, clothing and shoes for parent and baby, diapers, stretch mark cream, strollers*	*New Patient and delivery gift baskets were given to every PConn*

Operational Considerations

Clinical Setting

A specialty prenatal care clinic can be embedded into any clinical setting where obstetric/gynecologic services are available, and where referrals may be made for Maternal Fetal Medicine (MFM) if needed. These could include – but are not limited to - municipal sexually transmitted infection (STI)/sexual health clinics, university- or county-run hospitals, FQHCs or their FQHC LAL counterparts.[2]

These settings should be equipped with supplies needed for routine prenatal care (e.g., fetal dopplers, portable ultrasound including abdominal and transvaginal probes, measuring tape, pH paper, microscope and slides) and phlebotomy that is preferably in clinic or on the facility's campus. In addition, benzathine penicillin G – the only treatment for syphilis in pregnancy – should ideally be available on site.

Staffing may include patient-facing staff (medical assistant, case manager, obstetrics provider(s)) and administrative staff (clinical practice coordinator and general administrator). Existing staff could be leveraged to serve the specialty clinic.

For programs embedded in larger health care systems such as county hospitals, coordinating with institutional leaders and administrators, preferably via the program's administrative and/or clinical lead, will garner valuable support and awareness of the program across departments. This has the added benefit of facilitating referrals and thus patient reach.

Appointment Scheduling

Lowering barriers to care entry is key for improved prenatal care access. Appointment flexibility, direct contact with clinic staff, rather than via schedulers for the hospital as a whole, and options for walk-in appointments all allow easier care initiation and lower no-show rates. While less feasible in high volume routine prenatal care, these accommodations are realistic for smaller specialty clinics. [3]

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[2] The defining legislation for Health Center Program Look-Alikes (under the Consolidated Health Center Program) is Section 1905(l)(2)(B) of the Social Security Act. Health Center Program Look-Alikes are community-based health care providers that meet the requirements of the HRSA Health Center Program, but do not receive Health Center Program funding. They provide primary care services in underserved areas, provide care on a sliding fee scale based on ability to pay and operate under a governing board that includes patients.

[3] Dantas LF, Fleck JL, Oliveira FL, Hamacher S. No-shows in appointment scheduling–a systematic literature review. Health Policy. 2018 Apr 1;122(4):412-21

Case Study: PConn Clinical Settings and Appointments

PConn is run by family medicine/obstetrician gynecology (FM-OB) physicians within the Family Medicine Department at San Joaquin General Hospital. Housed within the San Joaquin Health Center – a FQHC LAL located on the hospital campus - PConn has a direct connection with the delivering hospital and its emergency department. Patients with a wide variety of conditions are cared for within the clinic. Maternal Fetal Medicine (MFM) specialists are available for either chart review or patient evaluation in the context of a high-risk pregnancy. If a clinically complex patient is not appropriate for FM-OB care, they may be transferred to the OB/Gyn Department and or MFM.

The following structures were utilized in appointment scheduling:

- *Made via direct cell phone call or text message with clinic staff, who are available Monday through Friday during working hours (8:00am-5:00pm)*
- *Options for morning and afternoon appointments*
- *An "open access" model, in which established patients can walk in if necessary.*

The average no-show rate for clinic appointments at the conclusion of the project was 18.8 percent, lower than the average no-show rate of 23 percent reported by a systemic review article that considered 105 studies exploring no show rates and associated determinants.[3]

Modification of Patient Services

A clinic designed to serve pregnant people who are unstably housed and/or using substances should include multiple clinical and social services such as those listed below (ideally available through the clinic, or easily referrable and coordinated by clinic staff).

Clinical Services

(1) Substance Use Disorder (SUD) and Mental Health Services

Consider including the following services to support SUD and mental health:

- Opioid Use Disorder: For patients with opioid use disorder, patient management commonly includes buprenorphine or methadone.[4]
- Methamphetamine Use: While medical assisted therapy does not exist for stimulant use disorder, contingency management is an evidence-based treatment that may be explored as an option.[5] (See also Resources for further information on contingency management practices).
- Mental Health Services: Depression, anxiety, and post-traumatic stress disorder (PTSD) are common among those who are unstably housed and/or living with SUD. These conditions can be complicated or exacerbated during pregnancy, including postpartum depression. Therapeutic options (individual or group therapy modalities) and psychiatry should be available. For clinics where therapists are only available via telehealth, providing a private room with internet access may offer additional support for patients to receive therapy via telehealth in clinic.

(2) Maternal Fetal Medicine (MFM)

Medical conditions prior to pregnancy (e.g., cardiovascular disease secondary to methamphetamine use) are common and predispose patients to gestational complications (e.g., gestational hypertension, preeclampsia), which might need referral to MFM specialists. Moreover, patients diagnosed with syphilis after 20 weeks gestation are recommended to have an MFM consult and obstetrical ultrasound to evaluate for fetal abnormalities, without delaying treatment.

(3) Pediatric Infectious Disease Specialists

Pediatric infectious disease specialists may need to be contacted in advance of a patient's due date to

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[4] A waiver is no longer needed. Section 1262 of the Consolidated Appropriations Act, 2023 (also known as Omnibus bill), removes the federal requirement for practitioners to submit a Notice of Intent (have a waiver) to prescribe medications, like buprenorphine, for the treatment of opioid use disorder (OUD). All practitioners who have a current DEA registration that includes Schedule III authority may now prescribe buprenorphine for opioid use disorder in their practice if permitted by applicable state law. See the SAMHSA Waiver Elimination (MAT Act) (samhsa.gov/medications-substance-use-disorders/waiver-elimination-mat-act).

[5] Brown HD, DeFulio A. Contingency management for the treatment of methamphetamine use disorder: a systematic review. Drug and Alcohol Dependence. 2020 Nov 1;216:108307.

alert the department of a neonate exposed to syphilis in utero. This is particularly important if the patient will deliver at an outside hospital system (a hospital not affiliated with the prenatal clinic). To evaluate the infant appropriately, the department will need to be made aware of the prenatal diagnosis and treatment course and follow-up testing. (See Appendix B, Referral to Outside Hospital Pediatric Infectious Disease Specialist, Standard Operating Procedure; and Appendix C, Patient Prenatal Card).

(4) Partner Sexual Health Services

For patients diagnosed with a STI, partner testing and treatment is especially helpful for disease control as well as preventing reinfections. Expedited partner therapy is also an effective option for clinics who are unable to care for partners directly.[6]

Social Assistance

(1) Community Resources

Upon intake, a designated staff member (e.g., a case manager) should assess new patients for social service needs such as housing and/or transportation (See Appendix D, Patient Assessment Form) and be available to identify resources for patients, particularly those which will allow them to continue to access prenatal care up to delivery and into the postnatal period. Staff should also be available to assist in applications to obtain resources. Finally, various items can be provided to patients directly by the clinic. Examples include: baby books, gift cards provided at time of appointment attendance, maternity clothes, baby supplies, clothing and items for other children in the family (e.g., "big sibling" T-shirts, school supplies). This is also an opportune time to form partnerships with regional organizations that could provide such resources on an ongoing basis.

(2) Medical Care Coordination

A medical assistant (MA) can work closely with the case manager to coordinate medical appointments, considering scheduling flexibility needs and other appointments arranged by the case manager. Where possible, patients benefit from being able to reach MAs directly via a work cell phone by telephone call or text message. MAs can be trained in relevant health education around topics such as family planning and harm reduction to support the clinical team as needed.

[6] CDC Expedited Partner Therapy (cdc.gov/sti/hcp/clinical-guidance/expedited-partner-therapy.html)

Case Study: PConn Case Manager Resource Identification

The Most Common Resources Accessed by PConn Patients:

- *Transportation - PConn utilized Uber Health, a HIPAA-compliant transportation option, and payment is provided by the clinic. (See Appendix C, Transportation Voucher Standard Operating Procedure).*
- *Housing Referrals*

"While the doctor is seeing the patient, I review the assessment and use this time to prep all the resources before I talk to them in the room when the doctor is finished.
We talk about what they want and need and what their goals are. [Many] say they only want housing. I explain the housing situation in the county, the process of getting housing, including the waitlist, and how important it is for them to complete [the required forms]... and that I am here as a resource and will help and guide them through each step.
Based on the assessment form, I also recommend other social resources I think might be beneficial for them and could potentially help them reach their goal. For example, Woman Infants and Children (WIC), Home Visitation Programs, and Head Start...etc. These are parenting support programs and childcare preparation programs that can be beneficial for our patients. I usually start off small to not overwhelm our patients on their first visit, and on each visit, I would touch base with our patients and see how they are doing and gradually introduce community resources and ask patients if there is anything they need help with or want to be connected to."
- PConn Case Manager

Community Partnerships

Performing a landscape analysis during the planning phase will inform how to position the clinic in the context of the community, find service gaps the clinic might fill, plus allow staff and providers to help patients navigate already existing resources. Outreach to partners can be done via in-person visits, conferences, health fairs, webinars, etc. Periodic routine meetings with partners strengthen trusted collaborations and account for staffing turnover. Partnerships will likely include government, clinical, and community organizations. (See Appendix E: Clinic Handout Template to Community Partners).

Local Government Agencies

(1) Local Public Health Departments

Local health jurisdictions investigate priority syphilis cases, generally prioritizing syphilis during pregnancy to ensure treatment completion. For a prenatal clinic focused on CS prevention, collaboration with public health investigators (communicable disease investigators (CDIs) or disease intervention specialists (DIS)) is mutually beneficial and highly recommended. CDI/DIS support patients in arriving to appointments, getting treatment for syphilis, and ensuring treatment completion if multiple doses are required. Engaging public health departments early in the clinic's planning processes is an opportune time to incorporate the wide range of public health programs offered that can benefit patients, and co-plan outreach events. Finally, local epidemiology around prenatal syphilis (e.g., which groups are disproportionately impacted, what risk factors are associated with syphilis locally) should guide clinic programming, such that a clinic fits in the greater context of syphilis control and response.

Case Study: Collaboration with Public Health Departments

PConn was closely supported by both CDPH and the local health jurisdiction, San Joaquin County Public Health Services. CDPH initiated this pilot project and provided administrative support throughout. Local public health staff supported the clinic by conducting KIIs, assisting with patient transportation needs, coordinating community syphilis testing events, and including clinic staff in public health outreach efforts.

(2) Child Protective Services (CPS)

Prior research[7] indicates that unhoused pregnant people and those using substances may avoid prenatal care for fear of CPS removing their newborn or other children from the home. Such patients may have lost parental rights in the past, causing a trauma associated with prospective parenthood, thus necessitating trauma-informed service while pregnant. A main goal of engagement with CPS is for clinic staff to learn about CPS reporting criteria, protocols, and processes, which can vary by jurisdiction. Clinic staff can then have well-informed discussions with patients about concerns around parental

[7] Park E, Yip J, Harville E, Nelson M, Giarratano G, Buekens P, Wagman J. Gaps in the congenital syphilis prevention cascade: qualitative findings from Kern County, California. BMC Infectious Diseases. 2022 Feb 5;22(1):129.

rights, and help navigate CPS processes, should they occur in the postnatal period.

Case Study: Collaboration with Child Protective Services

PConn staff arranged two trainings with the county CPS, several months apart. These trainings allowed clinic staff to learn directly from CPS employees about their reporting criteria and how to navigate the local CPS process should their patients have questions.

(3) County Jails

Partnerships with jails allow pregnant people to be linked to specialty prenatal care upon release. This is especially useful for custody-involved patients who have arrests due to substance use, as well as those who are diagnosed with syphilis or confirmed pregnant while in jail.

Emergency Departments (EDs)

Pregnant patients not in prenatal care often rely on EDs for their immediate medical needs. Thus, they lack access to the syphilis screening and treatment provided via routine prenatal care. Such patients, regardless of their syphilis status, can be referred to a specialty prenatal clinic upon discharge from an ED visit. In addition, EDs within the same health system as the prenatal clinic can be made aware of clinic patients who might be lost to follow-up via flagging medical records, linking them back into lapsed prenatal care. If confirmation of syphilis status is unavailable for pregnant patients during an ED visit, particularly those without a prenatal care provider, ED clinicians should test and treat for syphilis when indicated, particularly in areas where CS rates are increasing. Finally, this is an advantageous collaboration for ED providers to consult with clinic providers who have expertise in prenatal syphilis management.

Community Based Organizations (CBOs)

An array of CBOs can help with community outreach and patient referrals. Beyond that, CBO-clinic partnerships allow the clinic to be incorporated into a network of various non-clinical services that benefit patients. CBOs may include sexual health and family planning clinics; substance use treatment programs for women and families; shelters; food pantries; syringe access programs; drop-in centers;

and public libraries. Once connected, regular meetings with partners strengthen collaborations through improved communication, updates, and developing referral systems.

Financing and Sustainability

Various funding opportunities exist and should be explored creatively. Foundations, public health grants, or internal institutional funding streams could provide fiscal backing. If funding is obtained under the auspices of a pilot program grant with a limited time (e.g., 3-5 years), it is crucial to consider long-term operational sustainability. For instance, if clinical roles are created and funded for a pilot program (e.g., a specialized case manager), explore positions those staff might fill if the pilot program is planned to be absorbed under the structure of a larger clinic in the future.

Consider capacity-building opportunities during the pilot period to better position staff to meet eligibility criteria for positions in the future. Consider the following questions during implementation:

- As the clinic enrolls patients, how can patient volume increase to meet the clinic's operational needs?
- Can additional patients be seen at the clinic, such as partners for syphilis treatment, infants for pediatric care, or people who could become pregnant at elevated risk for syphilis?
- Could the clinic be expanded to conditions co-morbid to syphilis that impact similar groups?

See Appendix F: Skeleton Operational Budget for an example of budget items to include.

Case Study: PConn Sustainability Planning

One year prior to the end of the PConn project, the team began monthly meetings to plan for the program's continuation after the grant period was over. Brainstorming sessions occurred. Relative value units were requested. Exploration for alternative funding ensued. Meanwhile, the FQHC-LAL that housed PConn underwent major changes in infrastructure and leadership, then in staffing. There were multiple periods of uncertainty. When one course of action seemed promising, another surprise complicated the plan. Unpredictability is normal, particularly in clinical settings where funding is beholden to the flux of local and federal public health systems. PConn learned to be very nimble. Ultimately, its survival was thanks to the staff's ability to incorporate the specialty services into the clinic at large. The team meticulously outlined which services were unique for PConn. Then, one by one, they determined which could be sustained and

how. The lead clinician advocated to preserve longer appointment times for specific patients and maintain the open access schedule. That was doable given the small volume of patients. Remaining gift baskets were held for future patients, which could be rationed. Most importantly, the FQHC-LAL had a social services program that was recently expanded to include a Birth Equity initiative. This allowed PConn to maintain their case management and medical assistant under that umbrella, and they would also contribute to the clinic at large.

Sustainability depends on the individual clinic in which programs are housed. It is crucial to think one, three or five years in advance, and solicit engagement from leadership early on to garner support. If a program is symbiotic to the clinic, it is likely to be integrated and preserved.

Monitoring, Evaluation, and Quality Improvement

Monitoring and evaluation can tell the story of how a clinic has changed over time and paint a portrait of the clinic's achievements, challenges, and lessons learned. Once goals are established in the planning period, evaluations should reflect the initial goals, exploring for evidence of its effectiveness and impact. Qualitative and quantitative methods can be combined to evaluate the clinic, using interviews with providers, staff, and patients, as well as data extracted from electronic medical records and chart reviews to gauge program implementation and outcomes. Conducting comprehensive evaluations requires both time and expertise. However, evaluation results can communicate the value of the clinic to garner future support and contribute to improvements.

Internally, ongoing monitoring guides the clinical team to understand their own performance, revealing gaps that can be iteratively addressed through quality improvement projects. Factors such as patient wait times, appointment times, use of different services offered, no show rates and cancellations are examples of quantitative areas that can be explored and addressed. In addition, characteristics of the patient population (e.g., demographics, syphilis treatment completion) can be compared to local health jurisdiction syphilis surveillance data to determine if groups most impacted by prenatal syphilis in the community at large are being reached by the clinic's services.

Quantitative metrics are best tracked at regular intervals, extracted from the medical record (See Appendix G Tracking Tables for suggested matrices). Qualitative data are extremely useful in

understanding the patient perspective, resonating with a harm reduction approach to prenatal care. Most importantly, evaluation results should be acted upon. If patient enrollment is slipping, what might be the cause? If patient surveys report high satisfaction with staff communication, how can that best be maintained in the future? (See Appendix H: Patient Satisfaction Survey).

Additional Resources

Note: Listing of these resources does not imply endorsement by the California Department of Public Health

- **CS in the Media**
  - Syphilis is resurging in the U.S., a sign of public health's funding crisis - National Public Radio Story, 2021
- **Syphilis and Congenital Syphilis (CS) Clinical Resources**
  - National STD Curriculum – Syphilis
  - National STD Curriculum Podcast - Episodes on CS
  - CDC 2021 STI Treatment Guidelines, Congenital Syphilis
- **Patient-Centered Care**
  - National Harm Reduction Coalition Webpage includes resources for issues ranging from fentanyl overdose to policy change to end the HIV epidemic.
    - Free self-paced, NHRC online learning modules
  - Recovery Incentives Program: California's Contingency Management Benefit Webpage
  - Academy of Perinatal Harm Reduction Webpage
    - Pregnancy and Substance Use: A Harm Reduction Tool Kit
    - Academy of Perinatal Harm Reduction YouTube Channel
  - Podcast: Coming Together for Sexual Health
    - Podcast Episode: Trauma Informed Pregnancy Care with Becca Schwartz (Team Lily co-founder)
  - Article: "Your Words Matter – Language Showing Compassion and Care for Women, Infants, Families, and Communities Impacted by Substance Use Disorder"
    - Article Includes CME/CE
  - Perinatal Mental Health Learning Community Webpage
    - Webinar: Substance Use Disorders and Perinatal Mental Health
    - Webinar: Child Abuse Reporting and Perinatal Mental Health
  - National Health Care for the Homeless Webpage

- Video: Women and Infant Substance Help (WISH) Center: Options for Treatment During Pregnancy

- **Public Health Trainings**
  - CDC TRAIN Learning Network
    - Series: Public Health 101
    - Improving Your Communication Skills
    - Sexual Orientation and Gender Diversity
    - Gender Diversity 101: Meeting Clients Where They are to Prevent HIV
    - Transgender Health 101-103: A Foundation Course on Transgender People and Public Health
    - Introduction to Trauma Informed Care for DIS
    - Introduction to Public Health Detailing
  - California Prevention Training Center
    - Self-Disclosure
    - Motivational Interviewing
    - Moving from Bias to Engagement Using Cultural Humility
    - Sexual Health Educator Training for Non-Clinicians

Appendices

Appendix A: Key Informant Interview Guide

Date Time Interviewer

Location:

(Bolded items are instructions for the interviewer)

First, read the following paragraph to the interviewee:

Introduction: Thank you for agreeing to speak with me today. We are working with the public health department to create a prenatal clinic for people who are unstably housed or using substances. Your answers to these questions will help us understand barriers that make it difficult for pregnant people in those circumstances to access prenatal care. Your answers can also help us understand what can be done to improve access to care. What you say will be kept anonymous – in other words, your name will not be connected with anything you tell us. I will ask you questions about your previous pregnancies, and interaction with health providers. These are personal questions, and your comfort is our priority. If at any point you feel uncomfortable, need to take a break, or do not want to answer a question, please let me know. We can skip any question you do not wish to answer, and you can ask to stop the interview at any time. I am not going to record this interview, but I will be taking notes. As a reminder, we will not include your name or other information that can identify you in our notes. Do you have any questions before we begin?

First I have a few brief questions:

<u>Short answers</u>

- What is your age?
- Please describe your current housing status

- How many babies have you had?
- Have you ever had a stillbirth?
- Of those (including stillbirths, if any), how many pregnancies did you see a doctor or provider for your pregnancy before delivery?
- Do you currently have a doctor or clinic you go to for gynecology visits, like Pap Tests? (☐Yes/ ☐No)
- Do you have a doctor or clinic you go to for STD/STI tests? (☐Yes/ ☐No)

*****Check in with participant as appropriate, based on signs of discomfort. If interviewee is engaging and seems comfortable, move on to the Discussion Questions on Page 2. First, ask open ended question and take notes on the answers. Then ask the probes if interviewee does not answer clearly or you would like to gather more specific information.**

Discussion Questions

Now I'd like to ask you some questions about your experiences when you were pregnant in the past.

-If interviewee did see a doctor or clinic in any prior pregnancies, ask 1a. If not applicable, write "N/A" and skip to 1b):

1a. You told me you saw a doctor or prenatal clinic when you were pregnant. What was that experience like?

Probes: How were you treated? How often did you visit your provider for prenatal care? If you only went a couple times, is there a reason you didn't go more frequently or stopped going? How did you feel about the prenatal care you received? What did you like about the care you got? What didn't you like? Did you feel comfortable asking questions?

If interviewee did not receive prenatal care OR did not attend all prenatal visits for any prior pregnancies ask 1b and 1c. (If not applicable, write N/A and skip to question 2):

1b. You mentioned there were some pregnancies that you did not get prenatal care. What were the reasons you didn't receive health care services for that pregnancy?

Probes: Insurance (having/not having insurance, and/or difficulty finding provider who accepts insurance), costs, domestic/intimate partner violence, substance use, housing and homelessness, cultural reasons/alternative care, fear, transportation, prior negative experiences with medical/clinical care, concerns about parental rights

1c. What would have made it easier for you to get prenatal care then?

2. Now, imagine you are pregnant again and decide to go to prenatal care. What would your perfect prenatal care look like today?

Probes: How is your relationship with doctor? Location/hours? What would make you likely to go there? What would the clinic waiting room or exam rooms look like?

3. In addition to prenatal care, what support could your perfect prenatal clinic offer you that would be helpful to you while you were pregnant?

Probes: Food, therapy, transportation, maternity clothing, other medical services, dental, etc.

4. We plan to house the clinic in the San Joaquin County Clinic in French Camp. Have you heard of it? (☐Yes/ ☐No)

- If yes: What do you think about it?
- Have you been there before? (☐Yes/ ☐No)
- If yes OR no: Would you go there for prenatal care if you were pregnant? (☐Yes/ ☐No)

Thank you so much. If you know anyone who you think would be good for us to talk with, let us know the best way to connect. We are grateful for your time, and for your contribution to public health!

Appendix B: Referral to Outside Hospital System Pediatric Infectious Disease Specialist, Standard Operating Procedure

Who: Patients diagnosed with syphilis during pregnancy and are transferred to an outside hospital system (OHS) for their delivery.

Standard Operating Procedure

- Document patient information on patient's care card at each prenatal visit.
- Identify and contact Pediatric Infectious Disease specialist at the hospital where patient is being transferred to inform them that we are transferring a pregnant patient who has been diagnosed with and/or treated for syphilis and provide the following information
    - Name
    - Date of Birth (DOB)
    - Syphilis diagnosis including stage of disease and relevant lab work
    - Treatment history including dates of administration
    - Any other pertinent medical history
- Inform patient to bring their care card to the delivery and any other appointments at the OHS
- Inform the local public health department of the transfer of care and inform them of the hospital the patient is being transferred to (which may be in a different local health jurisdiction).

Appendix C: Patient Prenatal Card

Side 1:

Age: **G:** **P:** **Dated by:**
Term: **Preterm:** **AB:** **Living:**
LMP: / / **Init EDD:** / / **Final EDD:** / /
Last pap: / /

Delivery plan: □ SVD □ TOLAC □ pCD □ rCD
Pain control: □ Epidural □ IV □ Natural
Contraception: _____ **BTL papers signed:** / /
Feeding plan: □ Breast □ Formula □ Both

PMH: **GynHx:**

PSH: **OBHx:**

All:

SHx:

FHx: **Largest baby:** **Complications:**

ULTRASOUNDS

Date	EFW	%	US EGA	Placenta	Lie	Notes

MEDICATIONS

Rx	Dose	Freq	Start date	Indication

Immunizations:
Flu: / / Tdap: / /
COVID: / / (#1) / / (#2) / / (#3)

Problem List/Notes:

PRENATAL LABS

Lab	Date	Result	Lab	Date	Result
ABO/Rh			NIPT		
Antibody			AFP4		
Hgb/Hct			Carrier Scr		
Plt			GTT		
A1c					
HBSAg			Hgb/Hct		
HCV Ab			HIV Ab		
Rubella Ab			Syphilis Scr		
HIV Ab			GBS		
Syphilis Scr					
CT			AST/ALT		
GC			Cr		
Hgb Eval			24H uPr		
Pap			Plts		
Ucx					
TSH					

APPOINTMENTS/VITAL SIGNS

Date	T	WT	BP	P	O2	Comment

YOUR NEXT APPOINTMENTS

DATE	TIME	DETAILS

Please bring this card with you to each office visit and any hospital or triage visit. If you are unable to keep an appointment, please call our office to cancel and reschedule: 626-669-5046

WARNING SIGNS

Call or go to OB triage if you have any of the following:

- Contractions that are strong, frequent, and persistent
- Gush of fluid from your vagina (water breaks)
- Vaginal bleeding
- Decreased movements (less than 10 movements in 2 hours)
- Chills or fever (temperature over 100.4 degrees)
- Burning when urinating
- Abdominal cramping or pain
- Persistent vomiting and not able to drink fluids
- Severe continuous headache
- Flashes of bright spots in your vision
- New swelling of the hands or face

Side 2:

YOUR BIRTH CONTROL OPTIONS

Nexplanon: implant in the arm
- Most effective method of birth control (> 99%)
- Lasts up to 3 years
- You can become pregnant as soon as it is removed
- Can cause irregular periods or spotting, or may have no period at all

Progestin IUD (intrauterine device): implant in the uterus
- Very effective method of birth control (> 99%)
- Lasts up to 5 years
- You can become pregnant as soon as it is removed
- Can improve period cramps and cause lighter bleeding or no period at all

Copper IUD (intrauterine device): implant in the uterus
- Very effective method of birth control (> 99%)
- Lasts up to 10 years
- You can become pregnant as soon as it is removed
- Can cause stronger period cramps and heavier bleeding during your period

Vasectomy: male sterilization (cutting the tubes that transport sperm)
- Very effective method of birth control (> 99%)
- Permanent procedure – often cannot be reversed
- Can be done in the office

Tubal ligation: female sterilization (cutting tubes that transport eggs)
- Very effective method of birth control (> 98%)
- Permanent procedure – often cannot be reversed
- Minor abdominal surgery that has to be done in the hospital

Depo injection: injection every 3 months
- 96% effective
- May cause weight gain, depression, hair or skin changes, change in sex drive
- Effects may last up to 6 months after the last shot

Birth control pill: take a pill every day at the same time
- 93% effective
- Cannot miss doses
- Can improve mood swings associated with your periods, bleeding during your period, and acne
- May cause nausea, weight gain, headaches, change in sex drive

Condoms:
- 87% effective
- Easily obtained over-the-counter at many stores or pharmacies
- Reduces risk of HIV or sexually-transmitted infections
- Can break or slip off, and may cause decreased sensation

Other options including the patch, the ring, diaphragms, spermicide, and natural family planning are available as well – ask your provider if you are interested in any of these options.

BREASTFEEDING

"Breastfeeding is the best source of infant nutrition."
– American Academy of Pediatrics (AAP)

Benefits for Baby:
- Makes the immune system stronger
- Less risk of infections, including ear infections and pneumonia
- Less chance of sudden infant death syndrome (SIDS), diabetes, asthma, inflammatory bowel disease, obesity, and allergies
- Easy to digest
- Helps baby gain wait at a healthy pace

Benefits for birth parent:
- Less vaginal bleeding after delivery and faster uterine recovery
- Lowers risk of breast, ovarian, and uterine cancer
- Lowers risk of heart disease and diabetes
- Burns up to 500 calories a day (may help with weight loss)
- Reduces stress and risk of depression
- Less financial cost

Pregnancy Connections Clinic

SAN JOAQUIN COUNTY Clinics

Call or text:
626-669-5046

Your prenatal clinic:
Pregnancy Connections Clinic at San Joaquin County Clinics
Cesar Chavez Family Medicine Center
500 W. Hospital Road
French Camp, CA 95231
Hours: Tuesday 9 AM to 12 PM
Thursday 1 PM to 5 PM

Labor and Delivery at San Joaquin General Hospital
500 W. Hospital Road
French Camp, CA 95231
Open 24/7

Your San Joaquin County Clinic Medical Record Number:

_____

Appendix D: Patient Assessment Form

Patient Name: **DOB:**
Date Completed

Transportation	General: Medical Visit:
Substance Use	Type: Last time used:
Food Availability	
Living Situation (Housing)	☐ Unstable housing/ homeless ☐ Stable housing ☐ Live alone ☐ Live with someone:
Support System	☐ Has family support ☐ Has other support, not family Name of support person/organization: Relationship: ☐ None
Employment (source of income)	

Additional comment:

[Clinic Name]

Now accepting patients!

[CLINIC LOGO HERE]

(Brief Description of the clinic and who it serves; example below)

"Pregnancy Connections is an open-access prenatal clinic serving pregnant people who are unhoused, using substances, and/or have been diagnosed with syphilis. This clinic is housed within the Family Medicine department at San Joaquin County clinic.

Pregnancy Connections offers patient-centered prenatal care, drop-in hours, resource referrals, and transportation support. The clinic physicians are supported by a dedicated case manager and medical assistant and collaboration with San Joaquin Public Health."

Who should I refer?

Refer any pregnant patient with any of the following:

- ☐ Unstable housing or homelessness
- ☐ Active or prior syphilis
- ☐ Substance use disorder

What hours does this clinic run?

- Day 1 [Hours #:##AM-#:##AM]
- Day 2 [Hours #:##PM-#:##PM]

Additional drop-in hours available throughout the week on an as-needed basis

How can I refer a patient?

Call our dedicated phone line (phone number here) and schedule with [Name] our medical assistant

I want more information! How can I learn about [Clinic Name]?

- Please contact Dr. [Physician Contact] via Messaging system, phone, email, etc.

Appendix F: Operational Budget Considerations

Personnel

- Pregnancy provider(s) -- additional time with patients that may not be billable, along with administration of the clinic
- Medical Assistant
- Case Manager
- Administrative support/program coordinator

Supplies

1. Laboratory supplies for community testing if clinic does outreach or field testing (e.g., rapid syphilis and HIV test kits, pregnancy tests, hazard waste disposal, personal protective equipment). Note: Testing, treatment, and other care in the clinic may be funded through billing insurance, such as Medicaid.
2. Program supplies for patient needs (e.g., car seats, diaper bags, prenatal vitamins)

Travel

- Local travel to community events, outreach to patients, and outreach to community partners to promote the clinic

Other Costs

- Transportation, such as UberHealth or other on-demand transportation service
- Gift card incentives and supports (e.g., groceries, restaurants, locations where patients can buy pregnancy/infant supplies)
- Cell phones and plans for medical assistant and case manager
- Training costs for clinic staff (e.g., trauma-informed care, perinatal harm reduction)

Appendix G: Tracking Tables

The following may be used in a tracking spreadsheet; columns are entered at regular intervals (e.g., monthly)

PATIENT TRACKING

Patient Recruitment, Enrollment and Retention
Total # of referred patients
Total # of referred patients who were eligible
Total # of patients ever seen by clinic
Total # of patients who had at least two visits (established)
Total # of established patients no longer active: (# completed program, # Lost to follow-up)
# of current active patients (contacted or seen in clinic in the past three months, not discharged or transferred from the program)
Patient Syphilis Data
Total # of patients diagnosed with late-latent or unknown duration syphilis in clinic (pregnant and nonpregnant)
Total # of patients diagnosed with late-latent or unknown duration syphilis who completed treatment (pregnant and non-pregnant)
Total # of pregnant patients diagnosed with syphilis in this pregnancy
Total # of pregnant patients screened and initiated treatment for syphilis >30 days before delivery
Total # of pregnant patients confirmed repeat syphilis infections during pregnancy identified by clinic
Total # of pregnant patients with presumed reinfection/empiric re-treated during pregnancy identified by clinic
Total # of patients who used hotel stay to ensure syphilis treatment completion
Baby Outcomes
Total # of babies delivered to both patients with and without syphilis in this pregnancy
# of babies delivered exposed to syphilis
Total # of babies exposed to syphilis admitted to NICU for IV Penicillin
Appointment (appt) Data
Total # of appts scheduled (include past and future)
Total # of appts attended (as of date pulling data)
Total # of no shows
Total # of appt cancelations
No show rate

GIFT CARD TRACKING

Gift Card Log
Gift Card Type/Brand
Gift Card #
Denomination/ Amount
Date Purchased
Reason for Distribution
Issued to (Name of individual)
Date provided

TRANSPORTATION TRACKING

Transportation Log
Patient Name/ID
Date
Time
Cost
Origin to Destination (“Home”, “Clinic”)
Noted

Appendix H: Patient Satisfaction Survey

Example introduction:

Pregnancy Connections & Sexual Health Clinic (PCONN) is an open-access prenatal and reproductive care clinic at San Joaquin General Hospital/Health Center that aims to provide quality care to support your reproductive health and parenting goals.

Your experience at the Pregnancy Connections & Sexual Health Clinic (PCONN) is important to us. Please answer the questions below to help us continue to improve our services. This survey is anonymous, so please be as honest as possible when sharing your feedback. The survey should take no more than five minutes.

Clinic Space

1. **PCONN clinic was easy to locate.**
   ☐ Yes ☐ No ☐ Unsure
   If no, do you have suggestions for improving your visits?

2. **Did you feel the PCONN clinic environment was welcoming?**
   ☐ Yes ☐ No ☐ Unsure
   If no, do you have suggestions for improving your visits?

Patient experience with PCONN staff

3. **Did you feel that the PCONN staff treated you with respect?**
   ☐ Yes ☐ No ☐ Unsure
   If no, do you have suggestions for improving your visits?

4. **Did you feel comfortable sharing personal information with the doctors and medical assistant?** ☐ Yes ☐ No ☐ Unsure
   If no, do you have suggestions for improving your visits?

5. **Did you feel like your question were answered?**

☐ Yes ☐ No ☐ Unsure

If no, do you have suggestions for improving your visits?

Referrals

6. **Did you receive any of the following referrals or recommendations for additional services from PCONN staff? (Please check ALL that apply)**

☐ Did not receive a referral
☐ Housing (Housing Authority, etc)
☐ Substance use services
☐ Food assistance (WIC, etc)
☐ CalWORK
☐ JourneyWORK
☐ Head Start San Joaquin
☐ Other (please specify):

Accessibility

7. **Was it easy to contact PCONN staff outside of your visit?**

☐ Yes ☐ No ☐ Unsure

If no, do you have suggestions for improving your visits?

8. **Did you feel like you could find an appointment time that worked for your schedule?**

☐ Yes ☐ No ☐ Unsure

If no, do you have suggestions for improving your visits?

9. **Did you use UberHealth to attend any of your appointments at PCONN?**

☐ Yes ☐ No ☐ Unsure

10. **If you used this service, was it helpful for attending your appointments at PCONN?**

☐ Yes ☐ No ☐ Unsure

If no, do you have suggestions for improving your visits?

Patient recommendation

11. **Are you likely to recommend the PCONN clinic to a friend?**

☐ Yes ☐ No ☐ Unsure

If no, what could we do differently?

Please share any other feedback about your experiences at PCONN here:

Thank you for taking the time to complete our patient satisfaction survey.

Your feedback will help us improve our services.

After completing the survey, you will receive a gift card.