Congenital Syphilis in Aotearoa: Critical analysis of an epidemic.

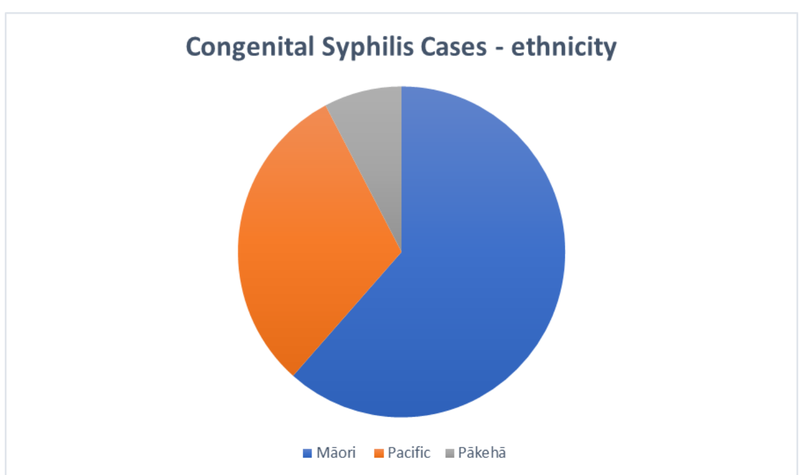
Te Whāriki Takapou

Background

In this critical analysis we focus on the growing concern related to the syphilis epidemic and its impact on whakapapa, namely, the rising number of congenital syphilis cases in Aotearoa and the disproportionate impact on Māori women and babies.[1] Men who have sex with men remain as the population most affected by syphilis. However, the Ministry of Health notes that the demographics of those affected by syphilis has become increasingly diverse with a growing number of cases contracted through heterosexual sex. In addition, shifting demographic trends show that while Pākehā women accounted for the highest number of syphilis cases among females prior to 2017, Māori women are now the most affected female population increasing from 19 percent in 2016 to 45 percent in 2018.

Congenital syphilis

Congenital syphilis is a serious infection passed from mother to baby that may cause death (stillbirth) or congenital abnormalities such as blindness, deafness or meningitis.[2] Within the context of the increasing and inequitable impact of syphilis on Māori women, congenital syphilis has become a growing concern. Available data shows that there have been thirteen cases of congenital syphilis recorded in Aotearoa since 2016. Nine of these cases have been confirmed while one is marked as probable and three are currently under investigation. Six stillbirths have been recorded during this time. Māori mothers and babies are the worst affected accounting for eight out of the thirteen cases. Pacific mothers and babies accounted for four of the recorded cases.[3] The exact number of congenital syphilis cases may also be higher than what the recorded numbers show.



Preventing congenital syphilis: complex realities and barriers to health care

Prior to 2016, cases of congenital syphilis were extremely rare in New Zealand. Sexual health professionals speaking out about the growing prevalence of congenital syphilis point to systemic failures in the planning and delivery of healthcare as key drivers of the current crisis. However, some sexual health professionals also highlight how worsening social conditions, such as growing poverty, compound the effects of failures in sexual healthcare provision making the pathway to solving the crisis complex and multifaceted.[4] For Indigenous peoples, the impact of social, economic and cultural determinants of health are disproportionate.[5] In terms of congenital syphilis, Indigenous communities in Aotearoa and Australia are carrying an unequal burden of this disease.[6] While the response to the congenital syphilis crises means ensuring that community and health service providers are aware of the urgent need for screening and treatment, there are groups who may be affected by barriers to accessing care that are uniquely complex. While working to develop a pathway forward, it is important that those who face the most complex barriers to healthcare in pregnancy are accounted for.

One example of how complex realities may impact on accessing antenatal health care relates to pregnant women who are or are more likely to be involved with Oranga Tamariki and other state agencies. The New Zealand College of Midwives (2017) notes that the surveillance of whānau for purposes of child protection are complicated by issues of social exclusion, poverty and the attitudes and beliefs of staff in state agencies. They advise that information sharing between agencies must not interrupt the relationship between whānau and the provider in ways that pose a risk to the provision of maternity care.[7] Similarly, in reviewing studies that focused on the experience of younger mothers, the Ministry for Women (2018) found that historical and ongoing relationships with Oranga Tamariki, the Police and Work and Income prevented some young mothers from accessing services. Young Māori mothers were also more likely to report having significant issues with health professionals.[8]

These complexities highlight the need for the planned approaches to addressing the syphilis epidemic in Aotearoa to include a consideration of how we are investing in services that are uniquely placed to reach the communities less likely to engage with health care providers. It also requires that agencies across sectors consider the role they play in facilitating or preventing access to antenatal care.

[1] Ministry of Health.(2019). *National syphilis action plan: An action plan to stop the syphilis epidemic in New Zealand*. Wellington, New Zealand: Author.
[2] https://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/syphilis
[3] Sherwood, J. (2019, November). *Increasing syphilis and gonorrhoea case numbers and sustained high chlamydia rates in New Zealand: how surveillance data can be used to support control efforts*. Paper presented at the 41st New Zealand Sexual Health Society Conference, Wellington, New Zealand.
[4] https://healthcentral.nz/nz-babies-dying-from-syphilis-our-health-care-systems-are-falling-over-say-experts/
[5] Ministry of Health. (2002). *Reducing inequalities in health*. Wellington, New Zealand: Author.
[6] Nogrady, B. (2018). Sixth child dies from congenital syphilis in northern Australia. *BMJ: British Medical Journal (Online), 360*. Retrieved from: https://www.bmj.com/content/360/bmj.k1272.
[7] https://www.midwife.org.nz/wp-content/uploads/2018/08/Submission_Children-Young-Persons-Their-Families-Oranga-Tamariki-Legislation-Bill_Feb2017-1.pdf
[8] Minstry for Women. (2018). *Mothers and their babies: women's experiences*. Wellington, New Zealand: Author. Retrieved from: https://women.govt.nz/sites/public_files/Mothers%20and%20their%20babies%20Women%27s%20experiences.pdf