SCOPE DEFINITION

Guideline Title: *Syphilis and pregnancy*

Scope framework	
Population	*Which group of people will the guideline be applicable to?* Pregnant women Newborn babies born to women with syphilis

Purpose	*How will the guideline support evidence-based decision-making on the topic?*
	
	• Identify relevant evidence related to:
	  ○ Assessment, diagnosis and management of syphilis
	  ○ Implications for maternity care of pregnant women with syphilis
	  ○ Initial assessment and management of newborn babies at risk of congenital syphilis

Outcome	*What will be achieved if the guideline is followed?*
	(This is not a statement about measurable changes/not SMART goals)
	
	• Support:
	  ○ Identification of testing regimens for the detection of syphilis in high and low risk populations
	  ○ Assessment, diagnosis and treatment of syphilis
	  ○ Maternity care provision for women with syphilis
	  ○ Contact tracing and management of pregnant women and sexual partners
	  ○ Initial assessment and management of newborn babies with possible, probable or confirmed congenital syphilis

Exclusions	*What is not included/addressed within the guideline* • Detailed contact management strategies • Routine antenatal, intrapartum and postpartum care of the woman and her newborn baby • Public health education including preventative strategies • Elements specific to Queensland Clinical Guideline *Standard care*

Clinical questions

Question		**Likely Content/Headings/Document Flow**
Introduction		Incidence Notifiable disease requirements Clinical standards

1.	What is the aetiology, transmission and classification of syphilis in pregnancy?	• Aetiology
		• Transmission
		• Definitions/classifications/stages
		  ○ Sexually acquired: primary; secondary latent (early/late); tertiary
		  ○ Congenital: early; late
		• Maternal and fetal outcomes (burden of disease)

2.	How is syphilis diagnosed in pregnancy?	• Clinical diagnosis
		  ○ Risk factors, clinical examination, history, presentation
		• Laboratory diagnosis
		  ○ Direct detection, serology tests, point of care/rapid diagnostic tests
		• Presumptive and confirmed diagnosis

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Question		Likely Content/Headings/Document Flow

3.	What are the recommendations for syphilis testing in pregnancy?	• Antenatal testing (frequency and interval)
		  ○ High risk versus low risk including criteria
		  ○ Specific groups
		  ○ Opportunistic testing (including other sexually transmitted infections)

4.	What is the best practice management of syphilis in pregnancy and immediately postpartum?	• Management
		  ○ Overview of treatment
		  ○ Access to expert advice/consultation
		• Implications for pregnancy and birth management
		  ○ Maternal and newborn baby assessment and investigation
		  ○ Contact management importance
		  ○ Risk of reinfection and preventative strategies

5.	What is the best practice management of babies born to mothers with syphilis	• Identification of babies at risk of congenital syphilis
		  ○ Clinical features
		  ○ Testing and investigations
		  ○ Diagnosis
		• Initial management and treatment
		• Discharge planning–follow up

Potential areas for audit focus (to be refined during development)

Audit items will relate to the desired outcomes and the clinical questions

1. What proportion of pregnant women were tested for syphilis in the first trimester?

2. What proportion of women who were identified as high risk (as defined in the guideline), including those who identify as Aboriginal and/or Torres Strait Islander, or whose partner identifies as Aboriginal and/or Torres Strait Islander were tested for syphilis–
   - In the first trimester
   - Around 20 weeks
   - Between 26–28 weeks gestation
   - At 36 weeks gestation
   - At birth (if antenatal testing not completed at 36 weeks gestation)?

3. What proportion of women who were identified as not high risk (as defined in the guideline) received antenatal testing for syphilis at ALL of the following–
   - In the first trimester
   - Between 26–28 weeks gestation
   - At 36 weeks gestation
   - At birth (if antenatal testing at 36 weeks gestation not completed)?

4. In what proportion of women where a positive syphilis serology result was obtained during pregnancy, is there documented evidence in the health record of access to expert advice/consultation?

5. What proportion of women diagnosed with syphilis in pregnancy, received adequate treatment (as defined in the guideline)?

6. What proportion of women diagnosed with syphilis in pregnancy at birth had:
   - Placental histopathology and PCR
   - Parallel syphilis serology testing of maternal and baby's serum
   - Serological testing for syphilis?

7. What proportion of at risk babies had:
   - Placental histopathology and PCR
   - Parallel syphilis serology testing of maternal and baby's serum
   - Serum IgM testing for syphilis
   - Clinical assessment for congenital syphilis?

8. What proportion of babies diagnosed with congenital syphilis were born to women who were:
   - Adequately treated for infectious syphilis in pregnancy
   - Inadequately or not treated, or not diagnosed with infectious syphilis in pregnancy?

9. What proportion of babies diagnosed with congenital syphilis received the recommended antibiotic treatment (dose, interval and duration)?

10. What proportion of babies born to women with infectious syphilis in pregnancy AND who did not have a diagnosis of congenital syphilis at birth, had at least two follow-up serological tests for syphilis within 9 months of discharge?

11. What proportion of pregnancies resulted in prenatal mortality or severe morbidity due to syphilis?