Syphilis in pregnancy: Antenatal care

Risk assess all women

Universal risk

· All pregnant women

High risk

- Sexual contact with infectious syphilis case
- Woman or partner identify as Aboriginal and/or Torres Strait Islander AND reside in an outbreak declared area
- Substance use particularly methamphetamine ('ice')
- · Woman's partner is MSM
- · Late, limited or no antenatal care
- · Engages in high risk sexual activity

Antenatal screening

All pregnant women

- Serology at first antenatal visit (preferably < 10 weeks gestation)
- · Repeat serology at:
 - o 26-28 weeks gestation
 - o 36 weeks gestation
- Dry swab (PCR) if lesions/chancre present
- · Repeat if change in risk status

If high risk

- Serology at first antenatal visit (preferably < 10 weeks gestation)
- Around 20 weeks gestation (opportunistically between 16–24 weeks)
- 26-28 weeks gestation
- 34-36 weeks gestation

Test at birth if (any of the following)

- All women not having 36 week screen
- Syphilis treated during pregnancy
- Woman is high risk
- If no serology after 26-28 weeks AND
 - Woman or her partner identify as Aboriginal and/or Torres Strait Islander
 - o Adolescent pregnancy
 - o STI in current pregnancy/last 12 months
 - Ongoing sexual links in high prevalence countries (woman or partner)
 - Preterm birth with most recent serology
 4 weeks before birth
- · Indicated following risk assessment

* If dose is missed or there is an interval of greater than 7 days considering restarting entire course in consultation with an expert practitioner

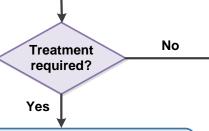
Expert practitioner: clinician with specialist knowledge and experience in the testing, result interpretation, management and treatment of syphilis in the pregnant woman and/or her baby

Syphilis No serology reactive? Yes

Discuss case with QSSS and expert practitioner

Assessment

- Obstetric history
- Sexual history
- · Previous diagnosis of syphilis
- History of previous treatment
- Symptoms of syphilis
- Clinical examination
 - o PCR swab of lesions



Develop and document plan of care with QSSS and expert practitioner to:

- Identify treatment appropriate for stage of syphilis and history
- Facilitate contact tracing/treatment
- Promote maternal and neonatal serological follow-up
- Monitor effect of maternal treatment

Treatment

- · Infectious syphilis
 - Benzathine penicillin 1.8 g (2.4 million units) IM once
- · Late latent or unknown duration
 - Benzathine penicillin 1.8 g (2.4 million units) IM weekly for three weeks*
 - Optimal interval is one dose every 7 days*

If penicillin allergy

Seek expert advice

Ongoing antenatal care

- Retest as per high risk women
- Perinatal assessment as indicated
- Discuss
 - Risk of reinfection and prevention
 - Symptoms of syphilis
- Importance of follow-up
- At birth, syphilis serology, placental histopathology and PCR

Routine care

IM: intramuscular injection, **MSM:** Men who have sex with men, **PCR:** Polymerase Chain Reaction **QSSS:** Queensland Syphilis Surveillance Service, **STI:** sexually transmitted infection, <: less than ≤ less than or equal to

Queensland Clinical Guidelines: Syphilis in pregnancy. Flowchart version: F18.44.1-V5-R23



