Syphilis in pregnancy: Antenatal care

Risk assess all women

Universal risk
- All pregnant women

Increased risk
- Woman or her partner identify as Aboriginal and/or Torres Strait Islander
- Adolescent pregnancy
- STI in current pregnancy or last 12 months
- Ongoing sexual links in high prevalence countries (woman or partner)

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)
- Dry swab (PCR) if lesions/chancre present
- Repeat if change in risk status

If increased risk
- Repeat serology at 26–28 weeks gestation

If high risk
- Repeat serology at:
  - 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)
- Woman is high risk
- Woman is increased risk AND:
  - No serology after 26 weeks
  - Preterm birth with most recent serology > 4 weeks before birth
  - Indicated following risk assessment

Syphilis 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
  - PCR swab of lesions

Treatment required?

No

Yes

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

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