**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 26–28 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)**
- 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
  - Adolescent pregnancy
  - 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

**Syphilis serology reactive?**

**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?**

**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

**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**

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**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

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

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**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 or equal to

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Queensland Clinical Guidelines: Syphilis in pregnancy. Flowchart version: F18.44.1-V4-R23