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
  - 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
  - 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

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

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

**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

**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

**No**

**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

**No**

Routine care

**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

**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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