Syphilis in pregnancy: Baby care

**At risk baby**
- Mother had syphilis requiring treatment in this pregnancy (irrespective of adequacy of treatment) **AND/OR**
- Baby with clinical suspicion of syphilis:
  - Rash
  - Hepatomegaly
  - Rhinitis
  - Lymphadenopathy
  - Other signs/symptoms

**Initial assessments**
- Perform all of the following:
  - Parallel ‘syphilis serology’ testing of mother’s and baby’s serum
  - IgM of baby’s serum
  - Clinical examination of the baby
  - Placental histopathology and PCR
  - Review adequacy of maternal treatment

**Communication**
- Document need for follow-up
- Advise local services of follow-up needs

**Follow-up**
- Clinical assessment at each opportunity
- Serology at 3 and 6 months of age
  - If possible co-ordinate with other health check opportunities
  - If follow-up difficult, aim for 2 tests by 6 months of age, (> 4 weeks apart)
  - If serology remains non-reactive, no further action

**Precautionary single dose at discharge**
- Expert practitioner may consider single precautionary dose of antibiotic if serological follow-up is uncertain and congenital syphilis considered unlikely (but cannot be excluded with certainty)

**Drug of choice**
- Benzathine penicillin 50 mg/kg IM once

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**Plan and document all care, investigations and treatment in conjunction with an expert practitioner**

**Additional investigations**
- FBC, ELFT
- Chest x-ray
- Long bone radiographs
- CSF
- Neuroimaging
- Ophthalmologic exam
- Auditory brain stem response

**Treatment for congenital syphilis**
- **0–7 days of age**
  - Benzyl penicillin 50 mg/kg IV 12 hourly for 10 days
- **8–30 days of age**
  - Benzyl penicillin 50 mg/kg IV 8 hourly for 10 days
- **> 30 days of age**
  - Benzyl penicillin 50 mg/kg IV 4–6 hourly for 10 days

**Follow-up**

**Communication**
- Document need for follow-up
- Advise local services of follow-up needs

**Clinical assessment**
- At each opportunity

**Serology**
- At 3, 6 and 12 months of age
  - If follow-up difficult, aim for 2 tests by 6 months of age (> 4 weeks apart)
- If serology persistently reactive at 12 months seek advice from expert practitioner
- If at birth CNS or CSF abnormal, repeat CSF at 6 months for VDRL, cell count and protein

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