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 and/or other signs and symptoms

Initial assessments
- If *inadequate maternal treatment, or suspicion of syphilis
  - Treat (do not wait for results)
- Perform all of the following:
  - Parallel 'syphilis serology' testing of mother’s and baby’s serum (a non-
    treponemal titre that is four-fold the maternal titre is diagnostic of CS)
  - IgM of baby’s serum (positive IgM strongly indicative of CS)
  - Clinical examination of the baby
  - Placental histopathology and PCR
  - Review *adequacy of maternal treatment

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

Additional investigations
- Consider
  - 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 30 mg/kg IV 12 hourly for 10 days

8–30 days of age
- Benzyl penicillin 30 mg/kg IV 8 hourly for 10 days

> 30 days of age
- Benzyl penicillin 30 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

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 37.5 mg/kg (50,000 units/kg) IM once

- Adequate treatment: treatment may be considered adequate if a stage-appropriate penicillin regimen was completed 30 days or more prior to birth and all antenatal and birth pathology investigations were performed and results verified and there is no evidence of re-infection

- 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


Queensland Clinical Guidelines