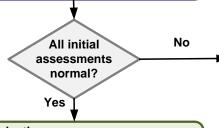
# Syphilis in pregnancy: Baby care

#### At risk baby

- · Mother had syphilis requiring treatment in this pregnancy (irrespective of \*adequacy of treatment) AND/OR
- Baby with clinical suspicion of syphilis:
  - o 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:
  - o Parallel 'syphilis serology' testing of mother's and baby's serum (a nontreponemal titre that is four-fold the maternal titre is diagnostic of CS)
  - o 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.



#### 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
  - o If possible co-ordinate with other health check opportunities
  - o 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 37.5 mg/kg (50,000 units/kg) IM once

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

#### 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 o 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

\*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

CNS: central nervous system. CSF: cerebrospinal fluid, CS: congenital syphilis. ELFT: electrolyte and liver function test, FBC: full blood count, IgM: Immunoglobulin M, IM: intramuscular injection, IV: intravenous, PCR: Polymerase Chain Reaction, QSSS: Queensland syphilis surveillance service, VDRL: venereal disease research laboratory, >: greater than

Queensland Clinical Guideline. Syphilis in pregnancy. Flowchart: F18.44-2-V2-R23



