Syphilis and pregnancy approach to care

Why is syphilis screening important?

- Syphilis infections and cases of congenital syphilis are increasing worldwide
- Vertical transmission causes congenital syphilis
- Prevention of congenital syphilis relies on detecting and treating maternal syphilis at least 4 weeks before birth

Universal testing

- Recommend testing for syphilis for all pregnant women:
  - Before 10 weeks (at confirmation of pregnancy or first antenatal contact)
  - 26–28 weeks gestation
  - 36 weeks gestation
- Check for and review results at each contact
- If syphilis status unknown at birth, recommend testing

Treatment

- Long acting benzathine benzylpenicillin is the only effective treatment during pregnancy
  - If penicillin allergy seek expert advice
- Confirm correct treatment is administered for stage of syphilis
  - May treat presumptively
- Follow-up and treatment of sexual contacts is vital
- Repeat serology 8 weeks after treatment or as agreed with an expert clinician

Develop an individual careplan

- Needs to be accessible to all team members (e.g. QSSS, primary maternity carer, expert clinician)
- Identify key actions (e.g. follow-up serology) and who is responsible
- Use the careplan to:
  - Document (results, treatment, contact management)
  - Communicate/share with stakeholders
  - Review and revise care at each contact in pregnancy
  - Plan for testing at birth
- Assess every baby born to a woman with syphilis in pregnancy for congenital syphilis

Reduce syphilis infection

QSSS: Queensland Syphilis Surveillance

Queensland Clinical Guideline. *Syphilis and pregnancy.* Flowchart: F24.44.4-V1-R29

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