

# Antenatal assessment for syphilis

## UNIVERSAL testing for syphilis

### During pregnancy (all women):

- Before 10 weeks (at confirmation of pregnancy or at first antenatal visit)
- 26–28 weeks gestation
- 36 weeks gestation

### If lesions/chancere

- Dry swab syphilis PCR and serology

### Opportunistically repeat serology

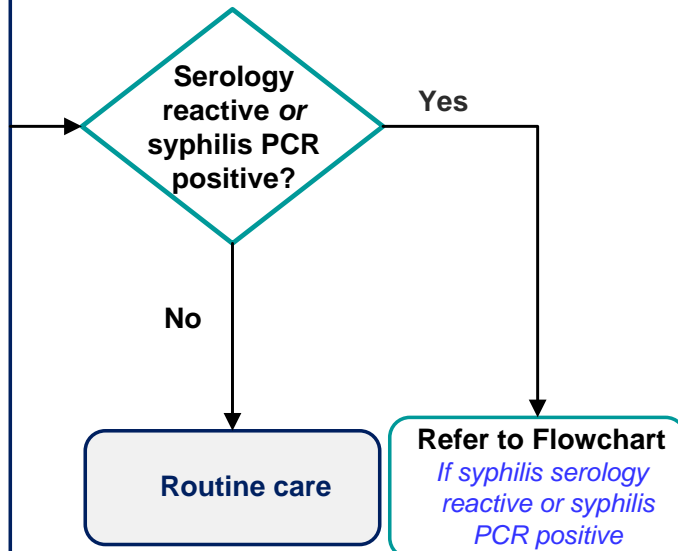
- If indicated following identification of risk
- Upon request

### Test mother at birth if (any of):

- No serology at 36 weeks gestation
- Preterm birth with most recent serology more than 4 weeks before birth
- Indicated following identification of risk

### Test mother and baby in parallel at birth if:

- Syphilis treated in this pregnancy (irrespective of treatment history)



## Assess all pregnant women for risk of syphilis infection

### At each contact during pregnancy

- Check syphilis serology results
  - Offered as per recommendations?
  - Results reviewed and actioned?
- Actively consider risk of syphilis infection
  - Normalise discussions (i.e. discuss STI with everyone)
  - Offer opportunistic testing if indicated
- Consider discussion about:
  - Importance for own and baby's health
  - Prevention (safe sex practices)
  - Partner testing
  - Testing at birth
  - Culturally appropriate care

### Increased risk of syphilis

- High risk sexual activity\*
- History of STI in last 12 months
- Complex social circumstances— may include (but not limited to):
  - Limited healthcare engagement
  - Adolescent pregnancy
  - Drug or alcohol use impacting health
  - Domestic and family violence
  - Financial hardship (e.g. poverty, homelessness, coercion)
  - Discrimination/intergenerational trauma
  - Incarceration (of woman or sexual partner)
  - Concern for mental health

\*High risk sexual activity: Oral, anal or vaginal intercourse without a condom or other barrier method with new, multiple or anonymous people or with a sexual partner who has other concurrent sexual contacts

PCR: polymerase chain reaction, STI: sexually transmissible infection

