Prenatal Syphilis
Screening, Staging, Treatment, & Monitoring for Congenital Syphilis
A Guide for Women’s Health Providers

Important Considerations for Screening Before Pregnancy

Include Syphilis in Routine STI Screening

- **Widely Recommended.** CDCs treatment and screening recommendations are endorsed by American College of Obstetricians and Gynecologists (ACOG), and the United States Preventive Services Task Force (USPSTF) concluded with high certainty that the net benefit of screening for syphilis infection in nonpregnant persons at increased risk for infection was substantial ("A" Recommendation).

- **Risk Factors May Not be Disclosed.** When deciding which patients to screen for syphilis, clinicians should be aware that the risk factors of the patient's sex partners are just as important as those of the patient themselves. Factors associated with increased prevalence are described in the table below.

- **Kansas is an Area of Increased Prevalence.** Since 2013, the rates of syphilis infections among women have more than doubled. Subsequently, reported rates of Congenital Syphilis cases have also increased substantially, with Kansas ranking 15th in the nation for Congenital Syphilis cases adjusted for population in 2018, despite ranking much lower in syphilis infections among adults.

Treatment and Follow-up Recommendations

Screen all patients at first prenatal visit, regardless of risk
Non-treponemal test such as RPR or VDRL, with reflex confirmatory treponemal test such as TP-PA

<table>
<thead>
<tr>
<th>SYphilis Diagnosis at Initial Prenatal Screening</th>
<th>Rescreening if First Test is Negative</th>
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| **Primary**
+ Chancre | **Late-Latent or Unknown Duration**
NO symptoms, and infection does not meet criteria for early latent² | **Neurosyphilis³**
+ CNS sign or symptoms + CSF findings on lumbar puncture (LP) |
| **Secondary**
+ Rash and/or other signs¹ | **Benzathine penicillin G**
2.4 Million Units, Intramuscularly (IM) Once | **Aqueous penicillin G**
3-4 Million Units Intravenously every 4 hours for 10-14 days |
| **Early-Latent**
NO symptoms and infection occurred within one year² | **Benzathine penicillin G**
2.4 Million Units IM every 7 days, for 3 doses (7.2 mu total) |

Repeat follow-up titers at 28 weeks. Consider monthly titers until delivery if at risk for reinfection.
Post-treatment serologic response during pregnancy varies widely. Many women do not experience a fourfold decline by delivery. If fourfold increase occurs after treatment completion, evaluate for reinfection and neurosyphilis.

Rescreen all patients at 28 weeks gestational age (regardless of risk). Also re-screen at delivery if patient at risk:
- Missed re-screen at 28 weeks
- Lives in high morbidity area
- HIV-positive
- Other STD diagnosed the past 12 months
- Illicit substance use
- Reports transactional sex
- Homeless/unstable housing
- History of incarceration within the past 12 months
- Multiple sex partners or partner with other partners
## Preconception Health

A Healthy Pregnancy Starts Before a Woman Gets Pregnant

A Guide for Women's Health Providers

<table>
<thead>
<tr>
<th>Women Should Avoid:</th>
<th>Assess &amp; Discuss:</th>
<th>Educate On:</th>
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<tbody>
<tr>
<td>• Drinking alcohol</td>
<td>• Client's overall physical and mental health</td>
<td>• Taking Folic Acid (400 to 800 mcg every day – based on woman's needs)</td>
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<tr>
<td>• Smoking or using tobacco/nicotine products</td>
<td>• Screenings needed (pap smear, STI [including HIV screen], depression screening, substance use screening, social determinants of health screening)</td>
<td>• A nutritious diet</td>
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<tr>
<td>• Illicit drugs or taking prescription medication for uses other than what they were intended</td>
<td>• Medical conditions that could cause risk to their pregnancy (diabetes, high blood pressure, obesity, asthma, dental decay)</td>
<td>• Regular physical activity that is right for the woman</td>
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<tr>
<td>• Highly stressful situations</td>
<td>• Vaccinations needed</td>
<td>• Healthy ways to reduce stress</td>
</tr>
<tr>
<td>• Exposure to toxic substances such as radiation, chemicals, cat or rodent feces</td>
<td>• Prescription medicines, over-the-counter medications, or supplements that may cause risk for pregnancy</td>
<td>• Strengthening client support system and positive relationships</td>
</tr>
<tr>
<td>• Unsafe sex, risk of STIs, or birth defects causing infections or illnesses (HIV, syphilis, diabetes, rubella, Zika)</td>
<td>• Sobriety support options for substance use, including alcohol, illicit drugs, and/or tobacco use</td>
<td>• Understanding insurance coverage and payment concerns (prenatal care, delivery services)</td>
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<td></td>
<td>• Family planning and birth control – deciding when and if to get pregnant is a woman's choice</td>
<td>• Health history of client or partner's family</td>
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<td></td>
<td>• Problems with any previous pregnancies (preterm birth or baby weighing less than 5 pounds 8 oz)</td>
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### Prenatal Syphilis: Additional Information and References

- For detailed treatment guidelines, including complete penicillin desensitization recommendations see the CDC 2015 STD Treatment Guidelines: [www.cdc.gov/std/tg2015](http://www.cdc.gov/std/tg2015)
- For clinical questions, enter your consult request online at the STDClinical Consultation Network: [www.stdccn.org](http://www.stdccn.org)

1. Signs of secondary syphilis also include condyloma lata, alopecia, and mucous patches. 2. Persons can receive a diagnosis of early latent if, during the prior 12 months, they had a) seroconversion or sustained fourfold titer rise (RPR or VDRL); b) unequivocal symptoms of P&S syphilis, or c) a sex partner with primary, secondary, or early latent syphilis. 3. Neurosyphilis can occur at any stage. Patients should receive a neurologic exam including ophthalmic and otic; LP is recommended if signs/symptoms present.