Prenatal Syphilis Screening

Quick reference guide for clinicians and the community birthing workforce

Syphilis is a sexually transmitted infection (STI) caused by a bacteria called *Treponema Pallidum.* It can be treated with penicillin or other antibiotics. The only way to know if a patient has syphilis is with a blood test. During pregnancy, babies can contract congenital syphilis if the birth parent is infected.

What testing is recommended?

The Centers for Disease Control and Prevention (CDC) and the Wisconsin Department of Health Services (DHS) recommends screening patients for syphilis three times during pregnancy. Clinicians at all health care facilities and medical settings (including urgent care and emergency department providers) are recommended to use the reverse sequence screening algorithm for syphilis on pregnant patients if no documented test results are on record.

When should patients be tested during pregnancy?

Testing is recommended three times during pregnancy:

- At time of pregnancy determination, or at first prenatal care visit
- At approximately 28 weeks of pregnancy
- At delivery

CDC and DHS recommend to not discharge any patients and neonates until the test results are documented, and any necessary treatment has been provided or begun.

If a fetal death occurs after 20 weeks gestation, it is recommended the adult patient get tested for syphilis.

How does syphilis impact a pregnant patient?

If syphilis goes untreated, it may cause medical complications, like damage to the brain, nerves, eyes, heart, blood vessels, liver, and bones and joints. Untreated syphilis, at any stage, can spread causing serious or life-threatening health problems.

How does congenital syphilis impact a baby?

Congenital syphilis can cause major health concerns for babies. The degree of impact may vary based on how long the birth parent has syphilis, or when treatment was given. Congenital syphilis can cause:

- Miscarriage.
- Stillbirth.
- Prematurity.
- Low birth weight.

Babies born with congenital syphilis may have:

- Deformed bones.
- Brain and nerve problems, like blindness or deafness.
- Severe anemia.
- Enlarged liver and spleen.

Infants with an infection may show no symptoms at birth. If left untreated in infants, syphilis can cause serious complications later in life.

What is the treatment for a pregnant person?

DHS recommends that all pregnant patients who test positive for syphilis be treated according to the 2021 CDC STI Treatment Guidelines. Copies of the treatment guidelines can be ordered from DHS through request via email to DHSDPHBCDSTIUnit@dhs.wisconsin.gov.

Why is testing important?

STIs are common and may cause serious health problems if left undetected. Bacterial STIs, like syphilis, may not have symptoms, making it hard to know if patients have an infection. Testing is often the only way to identify the infection. Regular testing is critical for sexually active people and is one part of taking care of sexual health. Offering an STI test, and specifically a blood test for syphilis, opens the door to sexual health conversations with patients. When patients know their provider is interested in supporting their sexual health, they may feel more comfortable asking questions at subsequent visits.

For testing and treatment guidance for syphilis and congenital syphilis, visit the CDC STI Treatment Guidelines.
(https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf)

Have questions? Contact the Wisconsin DHS STI Unit at 608-266-7365.