FACTS ABOUT SYPHILIS DURING PREGNANCY

AMERICAN COLLEGE of NURSE-MIDWIVES

Rates of syphilis have been rising in the U.S. among people who are pregnant.

Testing early in pregnancy is recommended because when syphilis is cured with antibiotics before 30 weeks it greatly reduces the chance that a baby will get syphilis.

WHAT IS SYPHILIS?

- Syphilis is a systemic disease caused by the bacteria T.pallidum.
- There are four stages of syphilis: primary, secondary, latent, and tertiary (late).

HOW DOES IT SPREAD?

- It is most often spread through skin-to-skin contact with a syphilis sore or rash or through vaginal, anal, or oral sex.
- A person who is pregnant can pass syphilis to their baby during pregnancy or birth. This is called congenital syphilis.

WHAT HAPPENS IF SYPHILIS IS NOT TREATED?

- Without treatment syphilis can cause serious health problems that affect the heart, brain, and nervous system.
- During pregnancy, untreated syphilis can cause miscarriage, stillbirth, premature birth, low birthweight, and serious health problems for the baby such as bone, brain, or organ damage, and infant death.

WHAT ARE THE GUIDELINES FOR SYPHILIS TESTING IN PREGNANCY?

- ACNM follows the Centers for Disease Control and Prevention (CDC) guidelines for syphilis testing in pregnancy.
- The CDC recommends that all people who are pregnant be tested serologically for syphilis at their first prenatal care visit. This first test is required by most states.
- States, birth centers, and hospitals may have their own additional testing requirements or recommendations and the CDC advises care providers to follow their state's screening guidelines.
- The CDC recommends additional serologic testing for syphilis at 28 weeks' gestation and at admission/birth for pregnant people who:
  - live in communities with high rates of syphilis
  - are at risk for syphilis acquisition during pregnancy, due to:
    - multiple sex partners
    - sex in conjunction with drug use or transactional sex
    - late entry to prenatal care (e.g. first visit during the second trimester or later)
    - no prenatal care
    - methamphetamine or heroin use
    - incarceration of the birthing person or their partner
    - unstable housing or experiencing homelessness
    - new STI infection (for pregnant person or a current sexual partner)

COUNSELING ABOUT SYPHILIS TESTING & TREATMENT

- Use the companion *"Syphilis Testing & Treatment in Pregnancy"* document to review the basics of syphilis, testing, and treatment with pregnant patients.
- Consider starting the conversation by saying, "I'd like to talk to you about tests we recommend during pregnancy. Is that ok?"
- Remember: ask your patient whether they have ever tested positive for syphilis in the past. This will affect how you screen for syphilis.

MESSAGES FOR PATIENTS

- **Syphilis is an infection that can be passed to a baby during pregnancy, if the pregnant person is not treated.**
- **Syphilis is very dangerous but it can be easily and safely treated with antibiotics.**
- **Treatment of syphilis during pregnancy is safe and protects you and your baby.**
- **Testing is important because most people don't know they have syphilis. Many people have mild symptoms or no symptoms at all. Even when symptoms go away, syphilis remains in the body and needs treatment to be cured.**
- **Testing is the only way to know for sure a person doesn't have syphilis and can't pass it to their baby.**
- **In our state/facility we recommend testing [explain frequency/timing].**
- **Repeating the testing helps provide assurance that you and your baby are protected. You have access to timely and safe medication for treatment if it is needed.**