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 sexual 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. Reported rates of congenital syphilis cases have also increased substantially. Kansas ranks 18th in the nation for cases adjusted for population in 2019, despite ranking much lower in syphilis infections among adults.

Treatment and Follow-up Recommendations

<table>
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<th>SYphilis Diagnosis at Initial Prenatal Screening</th>
<th>Rescreening If First Test is Negative</th>
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| **Primary**<br>+ Chancre | **Late-Latent or Unknown Duration**<br>NO symptoms, and infection does not meet criteria for early latent² | **Neurosyphilis³**<br>+ CNS sign or symptoms<br>+ CSF findings on lumbar puncture (LP) | 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 |
| **Secondary**<br>+ Rash and/or other signs¹ | Benzathine penicillin G  
  2.4 Million Units IM every 7 days, for 3 doses (7.2 mu total) | **Aqueous penicillin G**  
  3–4 million units IV every 4 hours or continuous infusion for 10–14 days |
| **Early-Latent**<br>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.
### Women Should Avoid:

- Drinking alcohol
- Smoking or using tobacco/nicotine products
- Illicit drugs or taking prescription medication for uses other than what they were intended
- Highly stressful situations
- Exposure to toxic substances such as radiation, chemicals, cat or rodent feces
- Unsafe sex, risk of STIs, or birth defects causing infections or illnesses (HIV, syphilis, diabetes, rubella, Zika)

### Assess and Discuss:

- Client’s overall physical and mental health
- Screenings needed (pap smear, STI [including HIV screen], depression screening, substance use screening, social determinants of health screening)
- Medical conditions that could cause risk to their pregnancy (diabetes, high blood pressure, obesity, asthma, tooth decay)
- Current vaccinations and those needed
- Prescription medicines, over-the-counter medications, or supplements that may cause risk for pregnancy
- Sobriety support options for substance use, including alcohol, illicit drugs and/or tobacco use
- Family planning and birth control – deciding when and if to get pregnant is a woman’s choice
- Problems with any previous pregnancies (preterm birth or baby weighing less than 5 pounds 8 ounces)

### Educate On:

- Taking Folic Acid (400 to 800 mcg every day)
- A nutritious diet
- Regular physical activity
- Healthy ways to reduce stress
- Strengthening woman’s support system and positive relationships
- Understanding insurance coverage and payment concerns (prenatal care, delivery services)
- Health history of woman’s or partner’s family

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**Prenatal Syphilis: Additional Information and References**

- For detailed treatment guidelines, including complete penicillin desensitization recommendations see the CDC 2021 STI Treatment Guidelines: [cdc.gov/std/treatment-guidelines/syphilis.htm](http://cdc.gov/std/treatment-guidelines/syphilis.htm)
- For clinical questions, enter your consult request online at the STD Clinical Consultation Network: [stdccn.org](http://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.