



Antenatal and Postnatal Syphilis Screening Guideline

1. Guiding Principles

This guideline has been prepared to assist WACHS clinical staff in applying best practice to reduce the risk of adverse outcomes related to syphilis in pregnant women by increasing the frequency of antenatal and postnatal syphilis screening. This is in the context of other preventative efforts such as health promotion and sexual health education, access to health hardware (such as condoms), and access to culturally secure health services.

Congenital syphilis is a preventable disease with severe outcomes. Efforts should be made by health care providers to ensure women in regional and remote Western Australia (WA) are provided with appropriate health information along with antenatal and postnatal care to reduce the risk of this occurring. The Communicable Diseases Network Australia (CDNA) have prioritised infectious syphilis in a pregnant female as requiring urgent (action within 24 hours) attention (CDNA, 2018).

More detailed information on the clinical management of syphilis including in pregnant women and follow-up care of the neonate can be found in the:

- [WA Department of Health \(2021\) Guidelines for Managing Sexually Transmitted Infections \(Silver Book\)](#)
- [WHNS Obstetrics and Gynaecology Guidelines \(Sexually Transmitted Infections: Syphilis\)](#)
- [CDNA \(2018\) Syphilis – CDNA National Guidelines for Public Health Units \(SoNG\).](#)
- [WNHS Statewide Maternity Shared Care Guidelines](#)

2. Guideline

2.1 Background

Syphilis is a common sexually transmitted infection with global impact. In the antenatal setting, it impacts the developing foetus and is associated with stillbirth, premature birth and long-term developmental problems in the child. Early and regular syphilis screening of pregnant women and prompt treatment if positive can reduce the risk of adverse outcomes.

In 2015, the CDNA formed the Multijurisdictional Syphilis Outbreak Group (MJSO) to respond to increasing rates in Aboriginal and Torres Strait Islander people living in regional, rural and remote areas, particularly across northern Australia. In WA, the Western Australian Syphilis Outbreak Response Group (WA SORG) oversees the local response. In October 2020, the WA SORG expanded the response to a state-wide approach and updated the WA SORG Terms of Reference to reflect the broadened membership. Information on the WA response can be found on the [WA Syphilis Outbreak Response webpage](#).

The recommendations made in this guideline are based on:

- the [WA Syphilis Outbreak Response Action Plan](#),
- best practice and a
- review of literature and guidelines from WA, other states and nationally.

2.2 Epidemiology

Increasing rates of syphilis were first noted in WA in the Kimberley region in June 2014, Pilbara region 2018 and the Goldfields region 2019. The outbreak has since been identified across multiple regions of Western Australia including the Metropolitan and South West region. The WA Chief Health Officer in 2020 authorised a state-wide public health response to the outbreak and this is outlined on the [WA Syphilis Outbreak Response webpage](#).

Increased notifications for syphilis across the state have prompted recommendations to increase the frequency of antenatal and postnatal syphilis screening.

Detailed information on syphilis notifications can be found in the following:

- [Infectious Syphilis Notifications, WA Department of Health](#)
- [The Kirby Institute Annual Surveillance Report](#)
- [The Department of Health Multi-jurisdictional Syphilis Outbreak Surveillance Reports](#)

2.3 Syphilis infection

Specific details about syphilis including transmission, incubation, clinical presentation and investigations can be found under relevant sections of the [WA Department of Health Silver Book](#).

2.4 Impact of syphilis during pregnancy

Syphilis can cross the placenta and be transmitted from mother to foetus at any time during pregnancy. The risk of transmission is very high in primary or secondary syphilis, with a transmission rate approaching 100% (Berman 2004).

Transmission of syphilis during the first trimester of pregnancy often results in more severe consequences in the developing foetus. Maternal syphilis can also increase the risk of vertical transmission of HIV and other STIs.

Resulting adverse pregnancy outcomes can include prematurity, miscarriage, stillbirth or neonatal death. Syphilis in the neonate is associated with neurological and developmental delays and musculoskeletal problems which may not be clinically apparent at birth.

2.5 Screening for syphilis in pregnancy

Research has shown that women and their partners who are tested and appropriately treated for syphilis in the first two trimesters of pregnancy are more likely to have a healthy baby than those who are treated in the third trimester (Hawkes 2013).

Therefore, the earlier a woman identifies as being pregnant and presents for health care and STI screening including a blood test for syphilis, the more likely she is to have a healthy pregnancy and baby. This is an important health promotion measure to strongly promote in the community.

As of 26 March 2021 all women in WA are screened for syphilis among other STIs with their routine first trimester antenatal blood tests and again at 28 and 36 weeks. Maternity care clinicians should request “syphilis serology” on the pathology form. For the most up to date STI screening recommendations in pregnant and post-partum women refer to the [WA Department of Health Silver Book](#) in the [Syphilis and Pregnancy](#) section easily identified on the Silver Book home page by the below graphic.



2.6 Point of Care Testing (PoCT)

PoCT is being introduced in selected health services within outbreak regions and can reduce time to initiation of treatment in positive cases. However, PoCT only indicates whether a person has ever had syphilis in their life, and does not indicate current infection or whether prior treatment has been adequate.

When available PoCT is recommended for women who are not known to be previously positive at every point syphilis serology is taken.

[WA Syphilis Point of Care Testing Guidelines](#) have been developed including the requirement to obtain serology for testing at the time the PoCT is done, to more accurately assess the level of infectivity and treatment requirements.

2.7 Interpretation of syphilis serology results

Results should always be interpreted in the context of testing and treatment history and the presence of any clinical signs. The [WA Department of Health Silver Book](#) outlines syphilis serology tests and their interpretation.

2.8 Management of positive syphilis results in pregnancy

Pregnant women with positive serology results should be considered infected and requiring treatment unless there is documented evidence of previous adequate treatment and no evidence of reinfection.

Follow-up is URGENT and should include obtaining testing and treatment history. The case's history informs the decision making around treatment and follow-up. Some historical information may be available through the local Public Health Unit.

The [WA Department of Health Silver Book](#) outlines management of syphilis during pregnancy under the 'Syphilis during pregnancy' section.

2.9 Treatment

Details on treatment regimens can be found in the [WA Department of Health Silver Book](#), under the "Treatment" section. Penicillin is classified by the [Therapeutic Goods Administration](#) as a Category A drug in pregnancy.

Treatment is considered adequate if it is completed at least 30 days prior to delivery and if there is a fourfold drop in RPR titre. If these conditions are not met, the neonate should be referred for a specialist paediatric review.

2.10 Consumer advice

All pregnant women should receive written information about the increase in syphilis in WA. A fact sheet for women is available ([Appendix 1](#)).

Posters about the syphilis outbreak are available from the WA Department of Health [WA Syphilis Outbreak Response webpage](#).

The [WA Department of Health Silver Book](#) outlines education, counselling and follow-up requirements for people diagnosed with syphilis.

2.11 Treatment of sexual partners

Contact tracing and prompt treatment is a critical strategy to prevent reinfection of the woman, protect the developing foetus and to reduce the burden of syphilis in the community. The [WA Department of Health Silver Book](#) includes a section on the management of partners. Further information about the process of contact tracing can also be found in the [Australasian Contact Tracing Manual \(ASHM, 2010\)](#).

The local Public Health Unit can advise and assist with this process if needed.

3. Definitions

Adequate treatment	Treatment for syphilis in pregnancy is considered adequate if there has been a regime of the recommended penicillin dose/s completed 30 days or more prior to giving birth, and there is a documented fourfold drop in RPR titre.
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Contact tracing	The process of identifying sexual contacts of a case over a set timeframe to enable testing, treatment, follow-up and education.
Infectious syphilis	Includes primary, secondary and early latent stages of syphilis (duration less than two years).
Screening	The process of testing groups of asymptomatic individuals with the aim of identifying unknown cases.

4. Roles and Responsibilities

Director Population Health

The Director Population Health is responsible for liaising and communicating with WACHS Central Office Executive, Communicable Disease Control Directorate and Nursing and Midwifery Directorate as appropriate.

Regional Director Population Health

The Regional Population Health Director is responsible for:

- ensuring resources are used to have strategies in place to support local and regional responses in relation to this guideline
- leading or delegating to the Public Health Manager and/or Public Health Physician the overall regional response to the risk of congenital syphilis in the context of the increasing notifications of syphilis in WA according to this guideline and in partnership with the SORG and its working groups
- escalating high-risk individual cases as required
- liaising and communicating with respective WACHS Regional Directors and other regional executive staff.

Regional Public Health Team

Regional Public Health Teams are responsible for:

- promoting awareness amongst the community that pregnant women should attend early and regularly for antenatal care in order to protect themselves and their baby
- working with local health care providers to ensure all pregnant women are screened according to the guidelines
- working with local health care providers to support an adequate response is provided for cases of antenatal syphilis
- working with local health care providers to circulate and promote use of this guideline, providing education and training within WACHS and for external health care providers where necessary.

Maternity clinicians

Clinicians (Aboriginal Health practitioners, nurses, midwives and doctors) providing care for pregnant and postnatal women are to ensure that the additional screening, follow-up management and referrals are undertaken according to best practice, as outlined in this guideline.

Other clinical staff

Staff in other WACHS regions who are caring for pregnancy and postnatal women should also follow this guideline.

5. Compliance

This guideline relates to the [Public Health Act 2016](#).

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS. WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

The Stork Perinatal Data Management System (“STORK”)

Stork is a tool used primarily by midwives to capture and report on data related to pregnancy, labour and birth. Maternity hospital midwives should enter all syphilis screening performed into the health screening section and include GP follow-up screening for the mother at six weeks in the discharge summary if indicated.

National Woman-Held Pregnancy Record (NWHPR)

The [National Woman-Held Pregnancy Record](#) is updated at each clinical service. A WACHS NWHPR antenatal syphilis sticker is available for application to page 15 of the record which reflects the increased frequency of antenatal and postnatal syphilis screening.

Community Health Information System (CHIS)

For WACHS staff utilising CHIS, the recording of syphilis testing should align with the CHIS Data Entry Standards and CHIS Clinical User Guides available at [WACHS Intranet: CHIS Resources](#).

Notification

Infectious syphilis is a notifiable disease as per the Public Health Act (2016). Notification of a case of infectious syphilis in a pregnant woman is URGENT and must be sent to the local Public Health Unit within 24 hours using the mandated [Infectious and Related Diseases Notification Form](#). Public Health staff will follow up with the health care provider to obtain more detailed information for an Enhanced Syphilis Notification form, and offer any assistance and information that may be needed. Effective surveillance methods ensure outbreaks are identified and responded to promptly, preventing larger outbreaks and pandemics from occurring.

All records both clinical and non-clinical are to be stored in the approved Electronic Documents and Records Management System and in line with the following policies:

- [Records Management Policy](#)
- [Health Record Management Policy](#)

7. Evaluation

Data collected through STORK and the WA Notifiable Infectious Diseases Database (WANIDD) will provide details on number of screening tests offered, number of cases of maternal syphilis diagnosed and incidence of congenital syphilis.

Reports and feedback will be provided to the WA SORG Syphilis Outbreak Action Plan Monitoring Framework through existing systems, working groups and health services. Representatives on the WA SORG will collect, collate and report relevant information to the group. This group then reports progress to the MJSO.

The WACHS Population Health Leadership Team will review and revise this guideline as necessary every three years or sooner if necessary.

8. Standards

[National Safety and Quality Health Service Standards](#) - 1.10, 1.27, 1.28, 2.10, 4.4, 5.4, 6.11

9. Legislation

[Public Health Act 2016](#) (WA)

[Health Services Act 2016](#) (WA)

10. References

1. Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM). [Australian STI Management Guidelines for Use in Primary Care](#) (2018) [Accessed: 31 March 2021]
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4. Australian Government, Department of Health. [Clinical Practice Guidelines: Pregnancy Care](#) (2019) [Accessed: 31 March 2021]
5. Australian Government, Department of Health. [Multijurisdictional Syphilis Outbreak Surveillance Report: Oct 2020](#) [Accessed: 31 March 2021]
6. Australian Government, Department of Health Therapeutic Goods Administration. [Australian categorisation system for prescribing medicines in pregnancy](#). [Accessed: 31 March 2021]
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9. Government of Western Australia, Department of Health. [Guidelines for Managing Sexually Transmitted Infections \(Silver Book\)](#) (2019) [Accessed: 31 March 2021]

10. Government of Western Australia, Department of Health. [WA Guidelines for Review of Congenital Syphilis Cases](#) (December 2020) [Accessed: 14 July 2021]
11. Government of Western Australia, Department of Health. King Edward Memorial Hospital. [KEMH Obstetrics and Gynaecology Guidelines \(Sexually Transmitted Infections: Syphilis\)](#) [Accessed: 31 March 2021]
12. Government of Western Australia, Department of Health. [Structured Administration and Supply Arrangement: Treatment of Syphilis Infection by Registered Nurses. \(SASA\)](#) [Accessed: 31 March 2021]
13. Government of Western Australia, Department of Health. [Syphilis \(Infectious\) Notifications](#) [Accessed: 31 March 2021]
14. Government of Western Australia, Department of Health. [WA Syphilis Outbreak Response Action Plan](#) (May 2020) [Accessed: 31 March 2021]
15. Government of Western Australia, Department of Health. [WA Syphilis Outbreak Response webpage](#) [Accessed: 31 March 2021]
16. Hawkes SJ, Gomez GB and Broutet N. Early antenatal care: does it make a difference to outcomes of pregnancy associated with syphilis? A systematic review and meta-analysis. Plos One 2013;8(2):e56713-e
17. Kirby Institute. [Bloodborne viral and sexually transmissible infections in Aboriginal and Torres Strait Islander people: annual surveillance report 2018](#). Sydney: Kirby Institute, UNSW Sydney; 2018. [Accessed: 31 March 2021]

11. Related National and WA Resources

[AHPPC Action Plan – Enhanced response to addressing sexually transmissible infections \(and blood borne viruses\) in Indigenous populations \(Nov 2017\)](#) [Accessed: 31 March 2021]

[AHPPC National strategic approach for enhanced response to the disproportionately high rates of STI and BBV in Aboriginal and Torres Strait Islander people \(Dec 2017\)](#) [Accessed: 31 March 2021]

Australian Government, Department of Health [CDNA National Guidelines for Public Health Units, Syphilis](#) [Accessed: 31 March 2021]

Australian Government, Department of Health [Fifth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2018-2022](#) [Accessed: 31 March 2021]

Government of Western Australia, Department of Health, [IDEMP Infectious Disease Emergency Management Plan 2017](#) [Accessed: 31 March 2021]

Government of Western Australia, Department of Health – Public Health Division, [Agreed roles and responsibilities in the control of communicable disease and health care associated infections 2018](#) [Accessed: 31 March 2021]

Government of Western Australia, Department of Health [WA Sexually Transmissible Infections \(STI\) Strategy 2019-2023](#) [Accessed: 31 March 2021]

Government of Western Australia, Department of Health [WA Aboriginal Sexual Health and Blood-Borne Virus Strategy 2019-2023](#) [Accessed: 31 March 2021]

South Australian Health & Medical Research Institute [Young deadly free website](#)
[Accessed: 31 March 2021]

12. Related Forms

Department of Health [Infectious and Related Diseases Notification Form](#)
WACHS [MR8A National Woman-Held Pregnancy Record](#)

13. Related Policy Documents

WACHS [Documentation Clinical Practice Standard](#)
WACHS [Maternity and Neonatal Consultation and Referral Guideline for Clinical Service Levels](#)

14. Related WA Health System Policies

Nil

15. Policy Framework

[Clinical Governance, Safety and Quality](#)
[Public Health](#)
[Clinical Services Planning and Programs](#)

16. Appendices

Appendix 1 [Fact Sheet – Syphilis and Pregnancy – What you need to know to keep your baby safe](#)

This document can be made available in alternative formats on request for a person with a disability

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Appendix 1



Government of **Western Australia**
WA Country Health Service

Fact Sheet

Syphilis and Pregnancy – What you need to know to keep your baby safe

In WA, we are seeing a lot of people with syphilis. Syphilis is an illness spread by having sex (vaginal, anal or oral) with someone who has it. You may not know you have it.

If you have syphilis and it's not treated quickly, you could lose your baby or it could be born very sick. The earlier you get treatment, the less likely it is to harm your baby.

Testing for syphilis is required with your other antenatal blood tests at:

- your first antenatal visit
- 28 weeks
- 36 weeks

Additional screening may be required at:

- delivery
- 6 weeks after having your baby.

What if I have syphilis?

- Treatment is urgent in pregnancy to reduce the risk to your baby.
 - You may need one or more penicillin injections.
 - For treatment to work properly it's important to not miss any appointments for injections. Otherwise it needs to be started over again.
- It's best not to have sex for at least seven days after both you AND your partner are treated. If you have any sores you must wait until they are completely gone.
- Your baby will need some extra checks and follow-up tests when it's born.
- Your sexual partner/s will need to be treated as well, so you don't get syphilis back again. Your doctor or nurse can help you with this.

Ways to reduce your risk:

- Use condoms
- Have one long-term sexual partner
- Have fewer sexual partners in your lifetime
- Have regular STI check-ups.

Where to get more information and help:

Your midwife or clinic nurse
Community Health Nurses
Public Health staff
Your GP or Obstetrician
Your local Aboriginal Medical Service