



Issue date

7 November 2022

Distributed to:

Chief Executives
Directors of Clinical Governance
Director, Regulation and Compliance Unit

Action required by:

Chief Executives
Directors of Clinical Governance
Public Health Network

We recommend you also inform:

Directors, Managers and Staff of:

- Maternity Services
- Emergency Departments
- Drug and Alcohol Units
- GP services and PHNs

Expert Reference Group

Content reviewed by:

Health Protection NSW-MoH
Health and Social Policy Branch- MoH
Centre for Population Health Branch - MoH

Clinical Excellence Commission

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Review date

November 2023

Increased universal screening for syphilis infection in pregnancy

Situation

- Infectious syphilis is increasing in the general population and has led to an increase in congenital syphilis cases in NSW.
- Based upon this change in epidemiology, the Chief Health Officer has recommended that **all pregnant women are screened for syphilis at least twice** during pregnancy.

Background

- Syphilis is a nationally notifiable sexually transmissible infection. Over the past five years, there has been an increase in infectious syphilis and confirmed and probable congenital syphilis notifications in NSW.
- Without effective treatment, mother-to-child transmission of syphilis (congenital syphilis) can be devastating, with over half of cases resulting in adverse outcomes including preterm birth, low birth weight, congenital anomalies, fetal loss or stillbirth, and neonatal death.
- Currently, pregnant women are routinely screened for syphilis once, at the first antenatal contact, unless assessed to be at high risk of infection.
- It should be noted that cases have occurred in persons who would not have traditionally been considered high risk.

Assessment

- Syphilis in pregnancy can be safely treated with antibiotics.
- Some cases of congenital syphilis have occurred in women not engaged in antenatal care.
- Second universal syphilis screening will improve detection and treatment rates, reducing adverse outcomes for mothers and babies.

Clinical Recommendations

- Screen all pregnant women for syphilis **at least twice** during pregnancy (serology at first antenatal visit and again at 26–28 weeks).
- All pregnant women who have received minimal or no antenatal care, or are at risk of missing an appointment, should be opportunistically screened at the service they present at, regardless of gestation.
- Consult sexual health or infectious disease clinician for all pregnant women with infectious syphilis. Aboriginal women should be offered culturally appropriate referral pathways.

Required actions for the Local Health Districts/Networks

1. Distribute this Safety Information to all clinicians, clinical departments or any healthcare service where pregnant women may access healthcare.
2. Include this Safety Information in relevant handovers and safety huddles
3. Integrate this advice into local policies and procedures.
4. For more information, please email moh-bbvsti@health.nsw.gov.au.