

Interim Guideline on Syphilis Screening in Pregnancy: Frequently Asked Questions for Obstetrical Care Providers

The following material is intended to support the *Interim Guideline on Syphilis Screening in Pregnancy* and accompanying *Interim Process Clinical Algorithm for Syphilis Screening in Pregnancy*.

1. Why is this interim guideline coming out at this time?

BC is experiencing the highest rates of infectious syphilis in the last 30 years and the Provincial Health Officer has declared a syphilis outbreak. While syphilis continues to disproportionately impact men who have sex with men (MSM), the epidemiology of syphilis in BC indicates that there have been significant increases in overall cases, including in females of reproductive age. There have been two cases of congenital syphilis so far in 2019, the first two cases reported since 2013. This has prompted concern for the possibility of increased syphilis infection in pregnant patients.

2. What are we being asked to do?

All maternity care providers are being asked to continue with the current practice of syphilis screening at the first prenatal visit. The new recommendation is to universally **repeat the screen at delivery (at the time of admission for delivery or any time after 35 weeks for those planning home births)** to optimize case identification and treatment. Screening at the time of delivery refers to screening pregnant individuals at any births occurring after 20 weeks gestation, including preterm and stillbirths. Evaluating the newborn for congenital syphilis and any potential management will be done in consultation and coordination with the BC Centre for Disease Control (BCCDC) and BC Children's Pediatric Infectious Diseases team.

In cases of home births, where accessibility to supplies and adequate storage of blood samples is limited, screening can take place at a lab, any time after 35 weeks, at a time that is most convenient for the woman.

3. What requisition do I use to order these screens?

Use the new BC Public Health Laboratory (PHL) [Serology Screening Requisition](#). Continue to check off Syphilis Antibody (1st Trimester) in the prenatal screening section, and check the box for Perinatal Syphilis for the 'at delivery' screen. If using any other requisition (e.g., outpatient maternity requisition), include the gestational age on the requisition.

4. Why are we screening at delivery?

Screening specifically at delivery is being recommended because:

- Delivery is a consistent point of contact with the health care system;
- It accounts for the late seroconversion of syphilis infection; e.g., a woman infected later in pregnancy would be missed by screening only in early pregnancy; and
- As a common point of contact, it allows an additional screen to pick up late infections within a timeframe that facilitates timely detection and treatment of both the mother and, if needed, the newborn.

5. The guideline says ‘Interim’. How long will we be doing this?

The plan is to have this increased screening guideline in place for one year, during which time there will be continued evaluation and review of the epidemiology and these recommendations.

6. Do I have to screen everyone?

Yes. This is because the outcomes of untreated syphilis for a mother and congenital syphilis for the newborn both have significant long-term effects. Appropriate intervention and treatment can markedly improve outcomes for both mother and newborn. Those who have screened positive in the first trimester will automatically continue to be followed and reassessed, as per a treatment plan that will be made in consultation with the BCCDC.

7. Why are we not doing HIV testing at delivery as well?

At this time we are responding to, and studying, an increase in the prevalence of congenital syphilis. As we learn more about the epidemiology of this curable infection, we can shift our efforts to increase our surveillance of other bloodborne infections at delivery. This does not, however, preclude any medical provider from ordering screens for additional infections at delivery based on a woman’s risk.

8. If a woman tests positive for syphilis, how does treatment and follow-up occur?

The BCCDC has a centralized system of syphilis case management. For every case of syphilis identified in BC, a member of the BCCDC Sexually Transmitted Infection (STI) physician team will contact the care provider to provide support and recommendations for treatment and ongoing monitoring, in collaboration with the BCCDC nursing team and the ordering/testing provider(s). Congenital syphilis cases may receive additional consultation and support from a BC Children’s Hospital’s (BCCH) Pediatric Infectious Diseases specialist.

For sites not stocking benzathine penicillin G (Bicillin LA), including physician offices, hospitals, and clinics, the BCCDC pharmacy will courier the medication free-of-charge for the treatment of syphilis.

As per their standard process of syphilis management, the BCCDC team will assist with locating and contacting all individuals with syphilis requiring treatment, as well as providing support for partner care and management. The syphilis nursing team has access to multiple clinical systems and is able to locate patients using any number of resources. For questions or support, please refer to the following two numbers:

- STI physician line: 604–707–5610
- Syphilis nursing team: 604–707–5607

9. What if a woman has screened positive at the first visit and/or seems like she is at increased risk for bloodborne infections (e.g., due to perinatal substance use)?

If you identify a patient as being at-risk for bloodborne infections during the course of antenatal care, it is up to your clinical discretion to screen more frequently. Screening may be advised in the second trimester since there is already other screening/testing (e.g., screening for gestational diabetes) happening at that time.

10. Is it safe to breastfeed if a mother is positive for syphilis?

It is safe for women with perinatal syphilis to breastfeed, provided there are no open lesions to which a baby may come in contact through feeding. If there are open sores/lesions present on the breast, then recommend pumping or hand-expressing milk until the sores heal. Pumping will help maintain milk supply and prevent the breast from getting engorged and painful. Pumped milk can be given safely to the baby if the breast pump parts, the flange, and the mother's hands during expressing do not come in contact with the sore(s). If this is not possible, recommend that they discard the milk. For additional information on expressing breastmilk and alternative feeding methods please refer to the following resources:

- <https://www.healthyfamiliesbc.ca/home/articles/topic/expressing-breast-milk>
- <https://www.healthyfamiliesbc.ca/home/articles/video-alternative-feeding-methods-newborns>

11. How long does it take to get syphilis results back?

The results depend on where the patient lives; the average time is roughly between 3 – 5 days. If a patient has left hospital and screens positive, the syphilis nursing team will contact the patient and someone from the STI physician team will contact you.

12. In the event that I haven't received any results, who is responsible for following up?

For all positive and equivocal screens, a member of the STI physician team will initiate contact; however, like all other tests that are ordered by an obstetrical care provider, the result of that test is ultimately the responsibility of the ordering care provider to follow up.