

Syphilis During Pregnancy Toolkit

When to Test¹

Syphilis Testing Required During Pregnancy (NYS Public Health Law)

- 1st trimester (or first visit)
- 3rd trimester (28-32 weeks; ideally at 28 weeks)
- Delivery
 - a. If pregnant patient has reactive RPR, then must test infant
 - b. Do not use cord blood (associated with false positive and false negative tests)

**Test
3 Times**

In addition, it is best practice to test with symptoms of syphilis, exposure to syphilis or in setting of diagnosis of another STI

Types of Tests²

| Test Type | Treponemal | Non-Treponemal |
|-------------------|--|--|
| Detects | Syphilis specific antibodies | Non specific lipoidal antibodies that increase in syphilis |
| Examples | TPPA, Syphilis EIA, ELISA, CMIA, FTA-ABS | RPR, VDRL |
| Reported As | Reactive / non-reactive (NR) | Reactive with quantitative titer* or NR |
| Changes Over Time | Remains reactive for life for most persons (with or without treatment) | Declines over time and with effective treatment* of syphilis |

*RPR results are used to monitor response to therapy. A change in titer is considered meaningful when the titer changes by 2 dilutions or four fold (e.g. 1:16 to 1:4).

Interpreting the Results³

| Treponemal Test (e.g. TP-EIA) | Non-Treponemal Test (e.g. RPR) | Possible Interpretation |
|-------------------------------|--------------------------------|---|
| Reactive | Reactive | Syphilis; treated or untreated |
| Non-Reactive | Non-Reactive | Not consistent with syphilis* |
| Non-Reactive | Reactive | False positive RPR* |
| Reactive | Non-Reactive | Perform different treponemal test to assess further |
| | | 2nd Treponemal Test Reactive <ul style="list-style-type: none">• Prior syphilis, treated or untreated• Very early infection |
| | | 2nd Treponemal Test Non-Reactive <ul style="list-style-type: none">• False positive treponemal test• Very early infection* |

***If concern for primary syphilis (chancere), consider empiric treatment or repeat testing in 2 weeks.**

For Clinical Questions: CEI Line **1-866-637-2342**

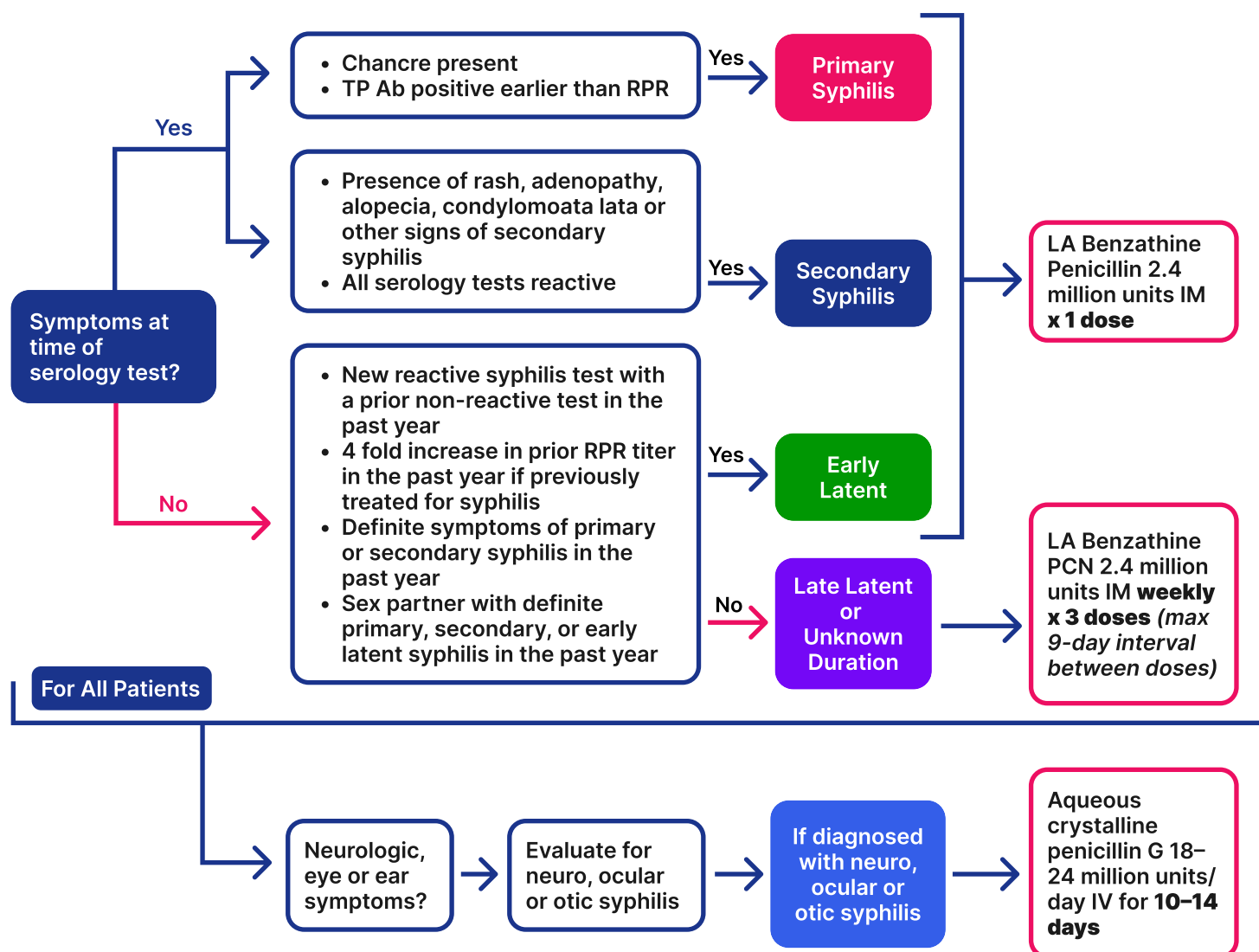
CEI Training/Materials: <https://ceitraining.org/>

1. <https://www.health.ny.gov/publications/21452.pdf>
2. <https://www.cdc.gov/mmwr/volumes/73/rr/rr7301a1.htm>
3. <https://npin.cdc.gov/publication/diagnosis-management-and-prevention-syphilis>
4. <https://www.cdc.gov/std/treatment-guidelines/syphilis.htm>
5. <https://www.cdc.gov/std/treatment-guidelines/syphilis-pregnancy.htm>
6. https://www.health.ny.gov/diseases/communicable/std/partner_services/accessing_partner_services.htm
7. <https://www.cdc.gov/std/treatment-guidelines/syphilis-pregnancy.htm>



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Staging and Treatment Recommendations for a New Syphilis Diagnosis⁴



Treatment During Pregnancy⁵

- Penicillin is the only recommended treatment for syphilis during pregnancy
- Consult an expert when there is an allergy or other contraindication to penicillin
- Treatment must begin 30 days or more prior to delivery to be effective therapy for the neonate
- Report a new diagnosis of syphilis to the **local health department**⁶

Follow-up After Treatment⁷

- Follow-up testing is used to monitor response to treatment and assess for re-infection
- Titers may remain stable or decline but should not increase by 2 dilutions
- **WARNING:** An increase in RPR titer by 2 dilutions which persists over 2 weeks suggests reinfection or treatment failure. The patient needs further evaluation and may require additional treatment

