

Syphilis During Pregnancy Toolkit

When to Test

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 Tests

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 Results

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 • Prior syphilis, treated or untreated • Very early infection
		2nd Treponemal Test Non-Reactive • False positive treponemal test • Very early infection*

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



Resources

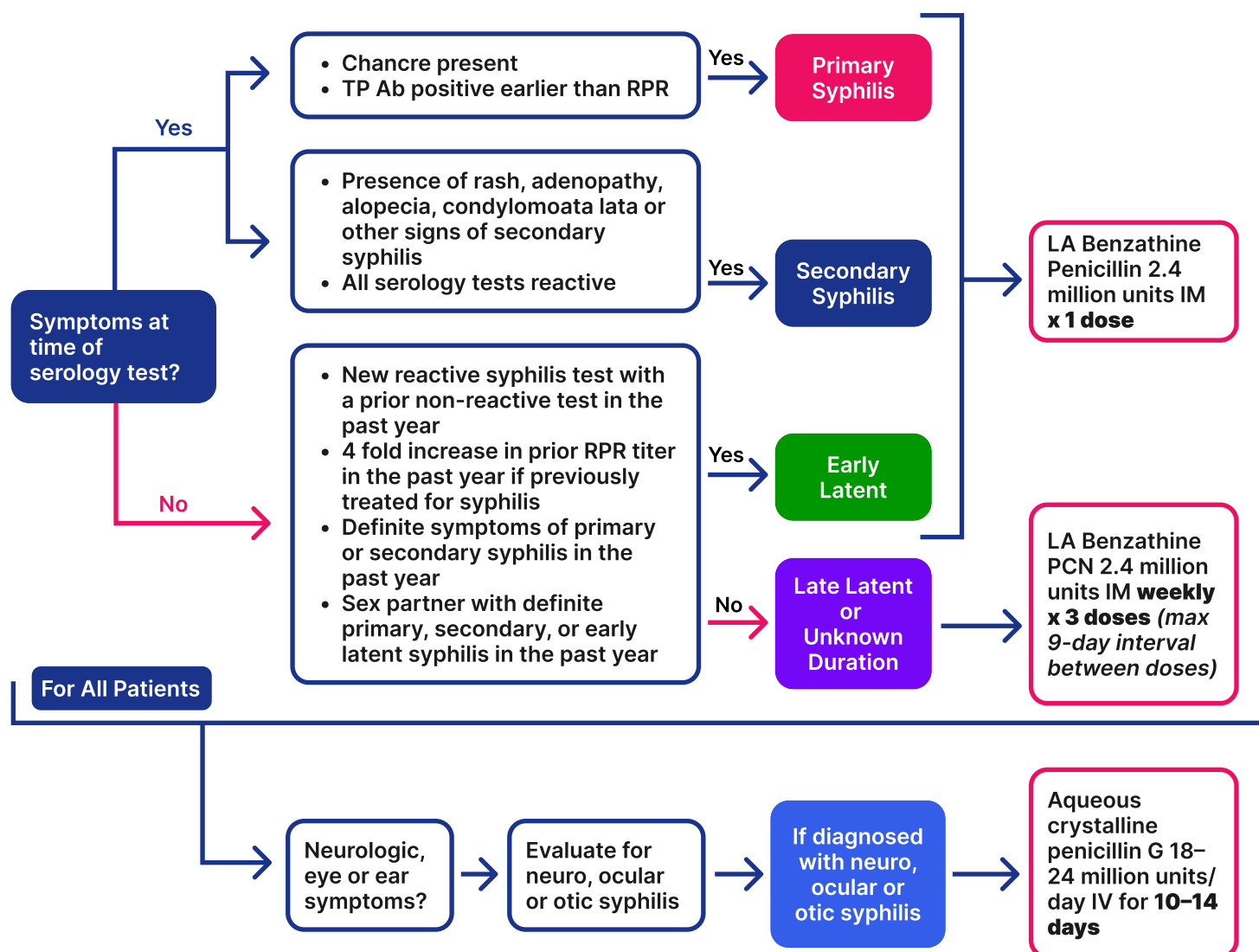
For Clinical Questions: CEI Line
1-866-637-2342

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



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Staging and Treatment Recommendations for a New Syphilis Diagnosis



Treatment During Pregnancy

- 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**

Follow-up After Treatment

- 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

