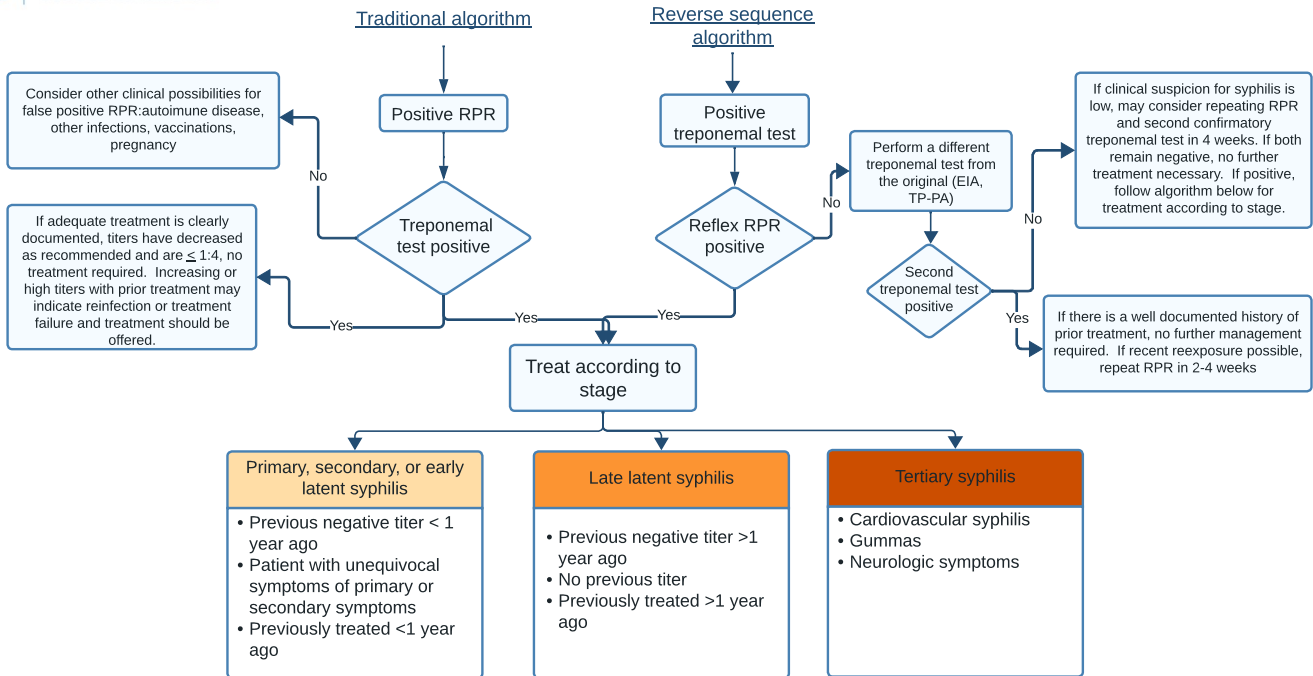


Screening for Syphilis



Treatment	Primary, secondary or early latent syphilis	Benzathine penicillin G (Bicillin) 2.4 million units IM x 1 dose ^{1,2}
	Late latent syphilis or unknown duration of disease	Benzathine penicillin G (Bicillin) 2.4 million units IM q week x for 3 weeks ¹
	Tertiary syphilis	ID consult

1. If penicillin allergic, hospitalize on L&D for penicillin desensitization prior to first injection

2. May consider second dose of benzathine penicillin G 2.4 million units IM 1 week after initial dose during pregnancy

Treatment considerations

- If diagnosed >20 weeks, refer to MFM for targeted ultrasound to evaluate for congenital syphilis.
- Sonographic signs of congenital syphilis (hepatomegaly, ascites, anemia, placentomegaly) may indicate greater risk of treatment failure. Would strongly consider second dose of Bicillin one week after treatment if treated for primary, secondary or early latent syphilis.
- If >20 weeks, should advise patients to seek care after treatment with fever, contractions, or decreased fetal movement due to risk of Jarisch- Herxheimer reaction. May consider admission to L&D for first dose of Bicillin, especially if treating for primary syphilis.
- If there is >9 days between doses during treatment for late latent syphilis, the full course of therapy should be repeated.
- If ever unclear regarding treatment, would refer to local health department, ID or MFM for consultation.

Follow-up

- If syphilis is diagnosed and treated ≤ 24 weeks, titers should not be repeated less than 8 weeks after treatment unless reinfection or treatment failure is suspected. Repeat titers again at delivery.
- If treated > 24 weeks, titers should be repeated at delivery
- A fourfold increase after treatment (ie 1:4 to 1:16) that is sustained for >2 weeks is indicative of treatment failure or reinfection.
- Inadequate maternal treatment is likely if: delivery is <30 days after treatment, clinical signs of infection are present at delivery, maternal antibody titer at delivery is fourfold higher than pretreatment titer.
- If suspicion of inadequate treatment, would refer to health department or ID for consult
- Notify pediatrician of maternal condition.

References

Syphilis During Pregnancy. Centers for Disease Control and Prevention website, accessed 9/23/2023.
<https://www.cdc.gov/std/treatment-guidelines/syphilis-pregnancy.htm>

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities. The algorithms remain the intellectual property of the University of North Carolina at Chapel Hill School of Medicine. They cannot be reproduced in whole or in part without the expressed written permission of the school.

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