

2024 Pregnancy Syphilis Screening Recommendations

Intended Audience

These guidelines are for any provider that has contact with pregnant people or newborns.

Providers should screen all pregnant people three times during pregnancy:

1. At first prenatal encounter – ideally during the first trimester

a. Pregnant people who are not accessing prenatal care and have not been screened for syphilis should be tested in **any** health care setting

2. Early in the third trimester (28-32 weeks' gestation)

a. Screening early in the third trimester is important to allow enough time for treatment to occur prior to delivery in order to prevent congenital syphilis

3. At delivery

a. Including pregnant people who experience a stillbirth (fetal death after 20 weeks' gestation, or fetus weighs greater than 500 g)

Important Considerations

- Providers should screen pregnant people, as per guidelines, in any health care setting (not limited to prenatal care), including emergency departments, urgent care centers, correctional facilities, substance use treatment facilities, and primary care clinics.
- The reverse algorithm is generally preferred for screening in pregnant people to detect early infection and late, untreated infection. However, either algorithm is acceptable, and local factors should be considered in determining clinical and laboratory approach to syphilis screening in pregnancy. If the traditional algorithm is used, consider also sending a treponemal test for pregnant people.
- Providers should review all syphilis results, including from-delivery, of the birthing person before birthing person and child leave the facility.
- Providers should test and treat sex partners of patients who test positive and encourage them to work with MDH Partner Services.

- In response to the increased burden of syphilis statewide in MN (among all genders and sexual orientations), providers should have a high index of suspicion for syphilis and should consider routine syphilis screening for sexually active adolescents and adults. Updated screening guidelines for non-pregnant people will be forthcoming from MDH in 2024.

For questions on past and current syphilis screening, diagnosis, or treatment in pregnancy, or to report cases (including syphilitic stillbirths) among pregnant persons, call the Minnesota Department of Health (MDH) at (651) 201-5414.

Frequently Asked Questions (FAQs)

Should testing be performed at other times?

Testing beyond the recommended three screening time points is recommended for anyone with:

- Signs or symptoms of primary or secondary syphilis
- Sexual partners recently diagnosed with syphilis or another STD
- At the time of screening for any STD
- Additional concern the patient should be screened, or if requested by the patient

What screening should be done?

- The reverse algorithm is generally preferred for screening in pregnant people to detect early infection and late, untreated infection. However, either algorithm is acceptable, and local factors should be considered in determining clinical and laboratory approach to syphilis screening in pregnancy. If the traditional algorithm is used, consider also sending a treponemal test for pregnant people.
- For more information on syphilis algorithm and interpretation, refer to the [California Prevention Treatment Center's Clinical Interpretation of Syphilis Screening Algorithms](https://californiaptc.com/resources/clinical-interpretation-of-syphilis-screening-algorithms/) (<https://californiaptc.com/resources/clinical-interpretation-of-syphilis-screening-algorithms/>).

What if the syphilis test in a pregnant person is reactive?

- For treatment and follow-up serology recommendations, refer to the [CDC STI Treatment Guidelines](https://www.cdc.gov/std/treatment-guidelines) (<https://www.cdc.gov/std/treatment-guidelines>) and the [MDH Pregnancy Syphilis Screening and Treatment Guide](https://www.health.state.mn.us/diseases/syphilis/hcp/index.html) (<https://www.health.state.mn.us/diseases/syphilis/hcp/index.html>).
- MDH partner services are available to support the management of sex partner(s) during pregnancy. For more information, please call (651) 201-5414.
- For questions on past and current syphilis screening, diagnosis, or treatment in pregnancy, or to report cases (including syphilitic stillbirths) among pregnant persons, call the Minnesota Department of Health (MDH) at (651) 201-5414.

Should birthing centers and home deliveries have syphilis testing at delivery?

- Birthing centers should have expedited syphilis testing available 24 hours a day.

- For deliveries outside of a hospital or birthing center, the birthing parent should still be tested at delivery.

What should be done after delivery?

Providers should review birthing parent syphilis results before parent or newborn leave the facility, including results from delivery. If not feasible, confirm syphilis test is performed and follow-up is assured. If pregnancy syphilis serology is reactive:

- Evaluation and treatment are completed for birthing parent and newborn, as indicated (refer to the [CDC STI Treatment Guidelines \(https://www.cdc.gov/std/treatment-guidelines/default.htm\)](https://www.cdc.gov/std/treatment-guidelines/default.htm)).
- Follow-up is arranged and results communicated to outpatient primary care providers.

What evaluation should be performed after a stillbirth?

- Pregnant people who experience a stillbirth should be tested for syphilis at the time of fetal demise. For a fetal demise before 20 weeks' gestation, consider syphilis screening.
- If the test is positive or there are other concerns for syphilis, further evaluation for syphilis as a cause of fetal demise is recommended, as well as assessment of appropriate treatment in the postpartum person. MDH is available for consultation and assistance.

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To obtain this information in a different format, call: (651) 201-5414