Screening for Syphilis Infection in Pregnant Women

The Task Force has issued a draft recommendation statement on Screening for Syphilis Infection in Pregnant Women. The Task Force reviewed the evidence to determine if screening pregnant women for syphilis can prevent congenital syphilis, which is syphilis infection passed from a pregnant woman to her baby during pregnancy.

The Task Force recommends screening all pregnant women for syphilis. Congenital syphilis can be prevented by screening pregnant women and treating them early in pregnancy.

This draft recommendation applies to all pregnant women.

What is Congenital Syphilis?

Pregnant women with syphilis can pass the infection to their babies at any time during pregnancy. If the baby gets syphilis from the mother, this is called congenital syphilis.

Facts about Congenital Syphilis and Syphilis

Congenital syphilis occurs when a pregnant woman who has syphilis passes the infection to her baby. This can happen at any time during pregnancy. Congenital syphilis in an unborn baby can lead to negative birth outcomes, such as death of the baby during pregnancy or within the first month after birth, premature birth, or low birthweight. Babies born with congenital syphilis also can have birth defects, such as bone deformities and blindness or deafness.

Syphilis can also be spread during sex between partners. A person who has syphilis may not have any signs or symptoms. Early symptoms can include one or more sores where the infection entered the body, a rash—especially on the palm of the hands or soles of feet, and flu-like symptoms such as slight fever, tiredness, sore throat, swollen glands, headache, and muscle aches.

The screening test for syphilis is a blood test. Penicillin is the standard treatment for pregnant women with syphilis.

Potential Benefits and Harms of Screening for Syphilis Infection in Pregnant Women

Screening pregnant women helps to identify syphilis infection. There is convincing evidence that treatment early in pregnancy helps prevent the baby from getting the infection.

There are few harms of syphilis screening and treatment. Screening may result in a positive test when there is no infection and the woman does not have syphilis. This can lead to unnecessary additional medical tests and anxiety. Harms of treatment include rare, negative reactions to penicillin.
The Draft Recommendation on Screening for Syphilis Infection in Pregnant Women: What Does It Mean?

Here is the Task Force’s draft recommendation on screening for syphilis infection in pregnant women. It is based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. It is also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force recommends a screening with high certainty (A Grade), it is because it has more potential benefits than potential harms.

Before you send comments to the Task Force, you may want to read the draft recommendation statement. The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An evidence document provides more detail about the scientific studies the Task Force reviewed.

1 The USPSTF recommends screening for syphilis infection in all pregnant women. (Grade A)

Notes

1 Syphilis is an infectious disease caused by a specific bacterium. It can be spread by any sexual contact and from a pregnant woman to her baby.
What is the U.S. Preventive Services Task Force?

The Task Force is an independent, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a draft recommendation statement. All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the Task Force Web site.

### USPSTF Recommendation Grades

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<thead>
<tr>
<th>Grade</th>
<th>Definition</th>
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<tr>
<td>A</td>
<td>Recommended.</td>
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<tr>
<td>B</td>
<td>Recommended.</td>
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<tr>
<td>C</td>
<td>Recommendation depends on the patient’s situation.</td>
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<tr>
<td>D</td>
<td>Not recommended.</td>
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<tr>
<td>I statement</td>
<td>There is not enough evidence to make a recommendation.</td>
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Click Here to Learn More about Congenital Syphilis and Syphilis

- Congenital Syphilis: CDC Fact Sheet (Centers for Disease Control and Prevention)
- Congenital Syphilis (MedlinePlus)
- Syphilis: CDC Fact Sheet (Centers for Disease Control and Prevention)
- Syphilis (MedlinePlus)

Click Here for Related Task Force Recommendation on Screening for Syphilis Infection

- Screening for Syphilis Infection in Nonpregnant Adults and Adolescents (June 2016)

Click Here to Comment on the Draft Recommendation

The Task Force welcomes comments on this draft recommendation. Comments must be received between February 6, 2018 and March 5, 2018. All comments will be considered for use in writing final recommendations.

Comment Period from February 6, 2018 to March 5, 2018

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