Summary of USPSTF Final Recommendation Screening for Syphilis Infection During Pregnancy

May 2025



What does the USPSTF recommend?



For pregnant women:

Provide early, universal screening for syphilis infection during pregnancy; if someone is not screened early in pregnancy, screen at the first available opportunity.



To whom does this recommendation apply?

This recommendation applies to all adolescents and adults who are pregnant, whether or not risk factors for syphilis are present.



What's new?

This recommendation is consistent with the 2018 USPSTF recommendation.



How to implement this recommendation?

- Perform screening as early in pregnancy as possible, when a pregnant patient first presents to care. If early screening was not done, screening should occur at the first opportunity, even if that is at presentation for delivery.
- Screening should include both a treponemal and nontreponemal test.



What additional information should clinicians know?

The Centers for Disease Control and Prevention (CDC), Women's Preventive Services Initiative (WPSI), American Academy of Pediatrics (AAP), and American College of Obstetricians and Gynecologists (ACOG) recommend initial screening for syphilis infection in all pregnant women at their first prenatal visit, even if previously tested. ACOG recommends universal rescreening during the third trimester and at birth and the CDC, WPSI, and AAP recommend rescreening at 28 weeks of gestation and again at delivery in women at high risk for acquiring syphilis.





Why is this recommendation and topic important?

- Untreated syphilis infection during pregnancy can be passed to the fetus, causing congenital syphilis.
- Congenital syphilis is associated with premature birth, low birth weight, stillbirth, neonatal death, and significant abnormalities in the infant such as deformed bones, anemia, enlarged liver and spleen, jaundice, brain and nerve problems (eg, permanent vision or hearing loss), and meningitis.
- In 2023, there were 3882 cases of congenital syphilis in the US, including 279 congenital syphilis-related stillbirths and neonatal/infant deaths, the highest number reported in over 30 years.
- Certain racial and ethnic groups in the US are disproportionately affected by syphilis. In 2023, congenital syphilis rates were:
 - 9.3 cases per 100,000 live births in Asian women
 - 222.0 cases per 100,000 live births in Black women
 - 125.0 cases per 100,000 live births in Hispanic/Latina women
 - 680.8 cases per 100,000 live births in Native American/Alaska Native women
 - 295.6 live births per 100,000 live births in Native Hawaiian/Pacific Islander women
 - 82.2 cases per 100,000 live births in multiracial women
 - 57.3 cases per 100,000 live births in White women



What are other relevant USPSTF recommendations?

The USPSTF has issued a recommendation on screening for syphilis in nonpregnant adolescents and adults, available at https://www.uspreventiveservicestaskforce.org/.



What are additional tools and resources?

A list of state prenatal syphilis screening laws and regulations and county-level data on syphilis infection rates are available from the CDC. The CDC also provides multilingual materials for patients on syphilis prenatal screening.



Where to read the full recommendation statement?

Visit the USPSTF website or the *JAMA* website to read the full recommendation statement. This includes more details on the rationale of the recommendation, including benefits and harms; supporting evidence; and recommendations of others.