

### Clinical Summary: Screening for Syphilis Infection in Pregnant Women

<b>Population</b>	<b>Pregnant women</b>
<b>Recommendation</b>	<b>Screen early for syphilis infection in all pregnant women.</b> <b>Grade: A</b>

<b>Risk Assessment</b>	All pregnant women are at risk. All pregnant women should be tested for syphilis as early as possible when they first present to care. If a woman has not received prenatal care prior to delivery, she should be tested at the time she presents for delivery.
<b>Screening Tests</b>	Screening for syphilis infection is a 2-step process. The traditional approach is to perform an initial “nontreponemal” antibody test (ie, Venereal Disease Research Laboratory [VDRL] test or rapid plasma reagin [RPR] test), followed by a confirmatory “treponemal” antibody detection test (ie, fluorescent treponemal antibody absorption test or <i>Treponema pallidum</i> particle agglutination test). A newer alternative is the reverse sequence screening algorithm: an automated treponemal antibody test (eg, enzyme-linked, chemiluminescence, or multiplex flow immunoassay) is performed first, followed by a nontreponemal VDRL or RPR test. If the test results are discordant, a second treponemal test is performed.
<b>Treatments and Interventions</b>	The Centers for Disease Control and Prevention recommend parenteral benzathine penicillin G for the treatment of syphilis in pregnant women.
<b>Relevant USPSTF Recommendations</b>	The USPSTF has made recommendations on screening for other sexually transmitted infections, including chlamydia and gonorrhea, hepatitis B virus, genital herpes, and HIV.

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to <https://www.uspreventiveservicestaskforce.org>.