

# Preventing Congenital Syphilis

## A Guide for Clinicians Providing Direct Care

The Montana syphilis epidemic is serious and spreading, with congenital syphilis among the most consequential health outcomes. Fortunately, the disease is preventable and treatable.

Screening and treating patients and their partners is critical to limiting spread. Failure to test and treat can lead to serious, life-altering illness, disability, or death. To that end, DPHHS recommends the following:

- Providers should screen all pregnant patients for syphilis. Triple screening during pregnancy is recommended among high-risk populations (e.g., initial visit, 28 weeks gestation, delivery).
- Any woman who lacked prenatal care before delivery or is at increased risk for acquiring syphilis during pregnancy should have the results of a serologic test documented before discharge.
- Parenteral penicillin G is the only known effective antimicrobial for treating fetal infection and preventing congenital syphilis.

Support for health care providers is available.

- See the attached Call to Action for more information on testing, treatment, and follow-up in Montana.
- For clinical consultation, support, and other resources, providers can also contact the **University of Washington STD Prevention Training Center**: <https://www.uwptc.org/consults>.
- Updated national guidelines for syphilis screening, treatment, and follow-up can be found on the **CDC's Syphilis web page**.
- **Sexually Transmitted Infections Treatment Guidelines**, 2021, from the CDC provides up-to-date guidance on syphilis treatment and follow up.
- **Syphilis Pocket Guide for Providers**, published by the CDC.
- Please contact Dr. Maggie Cook-Shimanek at [margaret.cook-shimanek@mt.gov](mailto:margaret.cook-shimanek@mt.gov) with additional questions.

Postnatal infant care is critical, especially for high-risk individuals.

- Providers caring for newborns should inquire about a history of maternal syphilis infection and document past treatment.
- Postnatal evaluation and management of infants born to mothers with untreated or inadequately treated syphilis is crucial.
- Any woman who has a fetal death after 20 weeks' gestation should be tested for syphilis.

Treatment is effective, but often requires significant follow-up and teamwork.

- Effective syphilis treatment is dependent on accurate disease staging.
- Writing a prescription for your patient is not enough. Partner treatment is critical for stopping patient reinfection and other transmission.
- Effective patient and partner management may require the engagement of non-traditional clinical resources (e.g., community health workers) for effective follow through, particularly for the treatment of late latent disease.
- Collaboration between health care providers, public health, and community organizations who serve vulnerable populations is critical to effective treatment and slowing the spread.
- All syphilis cases should be reported to local public health officials immediately to ensure initiation of timely case investigation.