

Paediatric Infectious Diseases, St Mary's Hospital

Syphilis in pregnancy and newborn babies

Information for parents

Introduction

Your medical team has diagnosed you with syphilis during your pregnancy. This leaflet provides information on syphilis in pregnancy, and how to prevent the infection from being passed on to your baby before being born. It also provides information on the follow-up and possible treatment of your baby after birth. This information is not intended to replace your doctor's advice but offers further support. Please read this information carefully.

If you have any questions, please feel free to contact the Paediatric Infectious Diseases clinical nurse specialist (CNS) 075 0083 5509, or the department of Paediatric Infectious Diseases on 020 3312 1013, or the midwifery team imperial.annb.screening@nhs.net

What is syphilis?

Syphilis is a sexually transmitted infection which can cause serious and long-term health problems if left untreated. However, enough treatment at the right time, the infection can be cured, and long-term complications prevented. Syphilis develops in stages, and treatment will vary according to the stage of the disease. In pregnant women, treatment also varies according to the stage of pregnancy they are in.

What is congenital syphilis (CS)

CS occurs when the syphilis infection from the mother is passed on to the infant either across the placenta during pregnancy, or during childbirth.

How can congenital syphilis affect the baby

If untreated in pregnancy, syphilis can lead to very serious complications including loss of the pregnancy, still birth, premature delivery, and death of the baby shortly after birth. In a newborn infant, congenital syphilis may cause different problems, such as:

- rashes
- bone abnormalities
- anaemia (low blood count)

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- enlargement of the liver and spleen
 - jaundice (yellowing of skin and eyes)
 - nasal discharge
 - meningitis (inflammation around the brain)
 - neurological problems affecting hearing, vision, and learning.

Most babies do not have any signs and symptoms of congenital syphilis when they are born, and in these babies, health problems may develop in the first few weeks of life, or even years later.

What is the risk of the baby becoming infected?

The risk of transmission of syphilis from mother to baby is greater if the mother has only recently been infected, and is in the early stages of syphilis. If left untreated during pregnancy adverse outcome for the baby may occur in about half of all pregnancies.

Congenital syphilis can be prevented

Successful treatment of the mother during pregnancy is an important step to preventing infection of the baby. Without infection in the mother, the baby cannot get congenital syphilis.

If the screening test for syphilis in pregnancy, taken at booking, is positive, further assessment by the sexual health team is required to decide on the most appropriate treatment.

- antibiotic treatment will be prescribed according to the stage of the disease, and the stage of pregnancy
- follow-up will be arranged to ensure the treatment has worked
- discuss the need to assess and treat sexual partner(s) to prevent reinfection

Treatment can greatly reduce the risk of congenital syphilis. Adequate treatment and prevention of reinfection are important factors determining the risk to the baby.

The baby is at very **low risk** if:

- the mother has been adequately treated for syphilis during pregnancy

The baby is at **high risk** if:

- the mother was treated for syphilis less than four weeks before delivering the baby
- the mother's treatment was incomplete
- the mother has not been treated at all

A birth plan will be completed to ensure adequate management of the baby after birth. This will summarise the mother's treatment, the risk of congenital syphilis to the baby, and the baby's treatment plan.

How is the baby assessed for congenital syphilis?

Diagnosing congenital syphilis can be difficult. The risk category (low vs. high as above) for a baby is assigned in the birth plan, and this determines the clinical assessment and tests needed after birth.

In **all babies**, regardless of the risk, a blood sample will be taken from baby and mother after birth and both samples will be tested together for syphilis.

If a baby is **low risk**, and normal on clinical examination, and both baby and mother are well, they can be discharged home after the blood sample has been taken.

The baby will have a follow-up appointment with the paediatric infectious diseases team 3 months after birth. The blood test will be repeated.

Depending on the result of the blood test and the clinical assessment at 3 months, there are three possible outcomes:

- the baby may be determined as not having congenital syphilis and be discharged from follow-up
- the test results may be inconclusive, and the baby may require further testing at six months of age.
- very rarely, the test results and/or clinical examination may suggest congenital syphilis and the baby will have to undergo additional tests and treatment like those in babies categorised as high risk (see below)

If a baby is **high risk**, it will be examined after birth to assess for any signs of congenital syphilis.

If the baby is **high risk** but has **no signs of congenital syphilis**: a blood sample will be taken from baby and mother. This will be used to test for syphilis. If both baby and mother are well, they can go home

The baby will have a follow-up appointment with the paediatric infectious diseases team 4 weeks after birth. The blood test will be repeated.

Further management will depend on the results of the blood test and clinical assessment. It can either be similar to the management of low-risk babies (see above) or high-risk babies with signs of congenital syphilis (see below).

If the baby is **high risk** and **has signs of congenital syphilis** on examination, then he or she will be referred to the specialist paediatric infectious diseases team. The baby will undergo further investigations to find out how severe the infection is.

The baby will be treated with antibiotics through a drip. They will have follow-ups with the paediatric infectious diseases team at regular intervals for at least one year.

What is the treatment for congenital syphilis?

Babies with signs of congenital syphilis at birth are treated with antibiotics through a drip for 10 days, as soon as possible after birth. The antibiotic treatment will be started while the baby is admitted to hospital, but may continue at home to complete the 10 days.

The antibiotic treatment will either be penicillin or ceftriaxone through a drip.

All babies who have received treatment will be followed-up by the paediatric infectious diseases team for at least one year to ensure the treatment has worked.

What is the long-term outcome for a baby with congenital syphilis?

The earlier the diagnosis of congenital syphilis is made, and treatment is started, the better is the outcome for the child.

Very rarely, a woman's syphilis infection is not treated in pregnancy, and the baby has no signs and symptoms at birth, and congenital syphilis may only be detected later in childhood. By then the child may have developed long-term health problems affecting hearing, vision or learning. The child may still be treated to prevent further problems.

However, with early diagnosis and treatment, a baby will be cured, and have no long-term consequences.

Your baby's treatment and follow-up plan

Before the delivery of your baby, you can have a copy of the birth plan if you want one.

The neonatal team will assess your baby after birth, and take the first blood test. They will also make the appointment for your baby in the Paediatric Infectious Disease clinic.

See the contact details below for our specialist nurses, if you have any questions.

Who you can contact

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have.

The contact details for the Paediatric Infectious Diseases clinic are via Joan Farrell on 020 3312 1013, or the infection CNS on 075 0083 5509.

Contact the sexual health team on 020 3312 7586 or imperial.shipteam@nhs.net.

Email the antenatal and newborn screening midwives' team on imperial.annb.screening@nhs.net.

Please contact us at any time if you have any concerns.

How to make a comment about your visit

If you have any suggestions or comments about your visit, please either speak to a member of staff or contact the patient advice and liaison service (PALS) on 020 3312 7777 (10.00 – 16.00, Monday to Friday). You can also email PALS at imperial.pals@nhs.net. The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street
London W2 1NY

Email: ICHC-tr.Complaints@nhs.net

Telephone: 020 3312 1337 / 1349

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:

imperial.communications@nhs.net

Wi-fi

Wi-fi is available at our Trust. For more information, visit our website: www.imperial.nhs.uk

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