

Congenital Syphilis Infection

Patient Information Series – What you should know, what you should ask.

What is syphilis?

Syphilis is a sexually transmitted infection caused by a bacterium called *Treponema pallidum*.

What is congenital syphilis (CS)?

Congenital syphilis (CS) is a disease that occurs when a mother with syphilis passes the infection to her baby during pregnancy.

How can you get syphilis?

You can get it when you have sex without a condom with a person who has the infection, through anal sex, vaginal sex, or oral sex. Even if you have had a syphilis infection in the past and have been properly treated, you can get it again, as it does not provide lifelong protection.

CS can cause:

- Miscarriage (losing the baby during pregnancy).
- Stillbirth (the baby is stillborn)
- Neonatal Death (Death of the baby shortly after birth)
- Up to 40% of babies born to women with untreated syphilis may be stillborn or die of the infection soon after.

Babies born with CS may have:

- Bone deformity
- Severe anemia (low red blood cell count)
- Enlarged liver and spleen
- Jaundice (yellow skin or eyes)
- Meningitis and nerve problems, such as blindness or deafness
- Rash

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Do all babies born with the infection have signs and symptoms?

No. Babies with CS can be born without symptoms (asymptomatic). However, if left untreated, they may develop serious problems, which can appear years later, but usually appears in the first few weeks after birth. Babies who are not treated and develop symptoms later may die from the infection. They may also have developmental delays or seizures.

How common is CS?

After a steady decline from 2008 to 2012, data show a significant increase in the rates of CS. In 2015, cases reached the highest level seen since 2001.

Public health professionals across the country are very concerned about the increasing number of congenital syphilis cases. That is why it is so important to make sure you are tested for syphilis during pregnancy.

I'm pregnant. Do I need to be tested for syphilis?

Yes. All pregnant women should be tested for syphilis at their first prenatal visit. If you do not get tested at the first time, be sure to ask your health care provider to test you at a future follow-up visit.

Keep in mind that you may have syphilis and not know it. The symptoms of syphilis may be very mild or similar to signs of other health problems. The only way to know for sure if you have syphilis is to get tested.

Is there treatment for syphilis during pregnancy?

Yes, you should receive antibiotic treatment. Currently, the only treatment indicated for pregnant women with syphilis is penicillin. Your doctor should do follow-up tests at least once a year to make sure the treatment has worked.

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Is there treatment for my baby if he or she is born with a diagnosis of congenital syphilis?

Yes, babies who have CS need to be treated right away, otherwise CS can cause serious health problems. Depending on the type of CS infection your baby has, your baby may be given antibiotics in the hospital for 10 days or, in some cases, the infection may be cured with an injectable antibiotic. The antibiotic treatment is Penicillin. After this, follow-up is also essential.

How will my doctor know if my baby has CS?

Your doctor will consider several factors including the results of the syphilis screening test in your blood, whether you were diagnosed with syphilis, and whether you were treated during pregnancy. Your baby may also have a blood test, a physical exam, or other complementary tests, such as a spinal tap or x-ray.

How can I reduce the risk of my baby getting CS or having the health problems associated with it?

There is no vaccine against syphilis. The most important thing is prevention of the risk of contracting it yourself; in the absence of maternal infection no transmission to the baby is possible. Early detection of maternal infection is essential to appropriate management of the newborn.

Therefore:

1. Get tested for syphilis at your first prenatal visit.
2. Reduce your risk of contracting syphilis before and during your pregnancy.
3. Talk to your health care provider about your risk for syphilis. Have an open and honest conversation about your sexual history and any STD tests you have had. Your doctor can give you the best advice about the tests and treatment you might need.

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1. If you are pregnant and have a syphilis infection, you can still reduce the risk of SC complications for your baby during gestation. Getting tested and treated for syphilis can prevent serious complications; prenatal medical care is essential. Even if you have been tested for syphilis in the past, you should be retested when you become pregnant. If you test positive, you will need to be treated immediately, do not wait until your next prenatal visit. It is also important that your sexual partner(s) receive treatment.

You can become re-infected even after you have been effectively treated. For this reason, you should continue to take steps that will reduce your risk of becoming infected again.

2. Preventing syphilis in women and their sexual partners is the best way to prevent CS.

If you are sexually active, you can do the following to reduce your chances of getting syphilis:

- Have sexual relationship with a partner who has been tested for syphilis and tested negative.
- Use latex condoms correctly every time you have sex. Although condoms can prevent transmission of syphilis by preventing contact with sores, keep in mind that sometimes syphilis sores can occur in areas that the condom does not cover and that contact with these sores can transmit the infection.

Last updated June 2023