

# Syphilis Screening During Pregnancy

## Background

Syphilis has been on the rise in Minnesota since 2016. Due to the increase in early syphilis among women and congenital syphilis in Minnesota, the Minnesota Department of Health issued updated syphilis screening recommendations for pregnant people in 2019. Impacts of congenital syphilis are serious and can include early delivery of a baby or stillbirth, low birth weight, and other lifelong health problems.

## Updated screening recommendations

Pregnant people across Minnesota are at risk of getting syphilis before or during pregnancy. Providers should screen all pregnant people:

1. At first prenatal visit
2. Early in the third trimester (28-32 weeks' gestation)

Providers should screen many pregnant people:

3. At delivery, especially
  - People without a documented syphilis test result from earlier in third trimester
  - People with no or inconsistent prenatal care
  - People with a sexually transmitted disease diagnosis during the past year
  - People with current injection or non-injection drug use
  - People who have been incarcerated during the past year
  - People currently experiencing homelessness or unstable housing
  - People with multiple sexual partners
  - People who have a sexual partner with any of the above risk factors

Even without the listed risk factors, providers can decide to screen for syphilis at delivery.

Some additional instructions for providers are:

4. Do not discharge after delivery without a documented or provider-verified maternal syphilis test result from the third trimester or delivery.
5. For pregnant people with signs of primary or secondary syphilis or those with sexual partners recently diagnosed with an STD, providers should screen beyond the three time points.
6. Test any person at time of delivery for syphilis who is delivering a stillborn at 20 weeks gestation or later.