

Syphilis Management in Obstetrical Units

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Primary Care Alberta, Sexually Transmitted Infections Services
Syphilis Management in Obstetrical Units

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This resource has been prepared by the provincial STI Services program.

Contact

For more information, please contact:

STI Centralized Services (STICS) toll-free at 1-855-945-6700 (option 4)

Introduction

Alberta is experiencing a resurgence of infectious syphilis with historically high rates. The number of people diagnosed with infectious syphilis in pregnancy has increased significantly, resulting in infants being born with congenital syphilis and infant deaths. Due to the increased incidence of infection in the population, departments may encounter birthing people and infants who require management of syphilis prior to discharge from hospital.

Background and Objectives

The [Alberta Prenatal Screening Guidelines for Select Communicable Diseases](#) requires all pregnant patients be screened for syphilis during the first trimester and again at the time of delivery. If there is on-going risk, patients should be re-screened throughout pregnancy.

For community providers: use the prenatal requisition, accessible online:

<https://www.albertahealthservices.ca/fm-21151.pdf>, indicate the Expected Date of Delivery, and click appropriate lab test based on trimester of pregnancy.

For Connect Care users: select Prenatal Infectious Disease Panel (which includes syphilis) or Prenatal Syphilis Rescreen when ordering syphilis screening.

Note: If ordering Syphilis screening on a patient who was previously positive, a pop-up window may appear prompting you to remove the Syphilis EIA order and order an RPR instead.

The number of people diagnosed with infectious syphilis in pregnancy has increased significantly, resulting in infants being born with congenital syphilis and infant deaths.

Monthly testing for syphilis and HIV antibody in pregnant patients with a recent diagnosis of infectious syphilis and pregnant patients at ongoing risk is appropriate.

At or following delivery:

- Collect syphilis serology in 1 gold top vacutainer
- All pregnant patients must have a syphilis rescreen at or following delivery, even if they had one done very recently, regardless of previous syphilis test results.
- Any patient who has a miscarriage or delivers a stillborn infant, regardless of gestational age, should be screened for syphilis.

STI Services Follow-Up of Syphilis Cases

All reactive syphilis results are sent to STI Centralized Services (STICS) to ensure patients receive appropriate follow-up. A Partner Notification Nurse is assigned to each syphilis case to facilitate treatment according to guidelines, monitor the patient's serological response to treatment, and facilitate sexual contacts or infants receive testing and treatment as required. All reactive serology drawn following delivery will be received and followed by STI Services to ensure continuity of care upon discharge.

Management of Pregnant Patients with Reactive Syphilis Serology or Symptomatic

A. New reactive serology

All pregnant patients with **newly** reactive syphilis serology (previous syphilis EIA negative or no previous syphilis serology) or significant **increase in RPR** titer (four-fold rise in dilutions compared with previous bloodwork) should be managed in conjunction with STICS, who can be reached toll free at 1-855-945-6700 option #4, during business hours.

If the baby has already been born and you require assistance after hours, please page the Pediatric Infectious Disease physician on call through the switchboard of:

- The University of Alberta Hospital for northern Alberta at 780-407-8822, or
- The Alberta Children's Hospital for southern Alberta at 403-955-7211.

B. Known reactive serology

Pregnant patients with previously reactive syphilis serology, and known to STICS prior to delivery, will have a **Post-Natal Recommendation letter** for mother and infant follow-up. This letter is available in Connect Care within the "Syphilis in Pregnancy" or "History of Syphilis" diagnosis in the Problem List. It can also be found in the Letters tab of the birthing person's chart and in Netcare under Consults.

C. Pregnant patients who are symptomatic

Common symptoms of syphilis include:

Anogenital / perioral chancre or ulcer	Fever & Malaise
Regional lymphadenopathy	Temporary alopecia
Rash	

Patients with symptoms suggestive of syphilis should be tested immediately:

- Collect syphilis serology as described above.
- Swab any suspicious ulcers, skin lesions or serous exudate and send for syphilis and HSV NAT testing:
 - ✓ Collect in a Universal Transport Medium.
 - ✓ Connect Care order name: TREPONEMA PALLIDUM (Syphilis) NAT
- Swab placenta / umbilical cord or submit a piece of tissue and send for syphilis PCR testing.
 - ✓ Collect in a Universal Transport Medium.
 - ✓ Connect Care order name: TREPONEMA PALLIDUM (Syphilis) NAT
- Send placenta for pathologic examination and indicate on the pathology requisition that syphilis is suspected.

Treatment of Syphilis in Pregnant Patients / After Delivery

Treatment recommendations can be found in the [Alberta treatment guidelines for sexually transmitted infections \(STI\) in adolescents and adults, 2018 - Open Government](#)

Preferred treatment for infectious syphilis is **long-acting penicillin G benzathine-2.4 million units (Bicillin L-A) IM** as a single dose.



Due to the large volume, this dose is divided into **2 injections** in the left and right ventral gluteal muscles.



Penicillin G benzathine is a **special access drug** that is not typically stocked on units. Consult with your hospital pharmacy to obtain access to this drug.



ATTENTION: Penicillin G benzathine (Bicillin L-A) is often confused with short acting penicillin G. **Short acting penicillin G is not an effective substitute for the treatment of syphilis.**

- Please consult STICS for treatment recommendations. For consultation after hours, please call Infectious Diseases.
- Once treatment is administered, complete the Syphilis History flowsheet in Connect Care and submit to STICS. Alternatively, the [Notification of STI form](#) can be completed and faxed to 780-670-3624. Please collect sexual contact information and include in the Syphilis History or Notification of STI form. It is imperative that all contacts be treated due to the risk of reinfection. Management of contacts will be arranged by STICS and the local STI Partner Notification Nurse.

Management of Infant Born to Patient with Confirmed or Presumptive Syphilis

Please consult STICS for guidance on management of infants born to patients with reactive syphilis serology.

- Review the **Post-natal Recommendation letter** from STICS available in the birthing person's chart in Connect Care within the "Syphilis in Pregnancy" or "History of Syphilis" diagnosis in the Problem List. It can also be found in the Letters tab or in Netcare under Consults.
- Call STICS if there is no letter, toll free, at 1-855-945-6700 (option 4) during business hours.

Some infants may require transfer to NICU for ongoing management and care. Please consult Pediatric Infectious Disease for infants born to a patient with:

- A new diagnosis of syphilis or syphilis re-infection during pregnancy regardless of whether patient received treatment in pregnancy,
- A new diagnosis of syphilis at delivery, that is, the first reactive serology or four-fold rise in RPR dilutions was detected at delivery,
- Clinical symptoms suggestive of syphilis at delivery, such as chancre or syphilitic rash.

Guidance on Infection Prevention and Control (IPC) for infants with congenital syphilis can be found [at IPC Diseases and Conditions Table Recommendations for Management of Patients Acute Care](#).

The Pediatric Infectious Disease physician on call can be paged through the switchboard of:

- The University of Alberta Hospital for northern Alberta at 780-407-8822, or
- The Alberta Children's Hospital for southern Alberta at 403-955-7211.

**PRIOR TO DISCHARGE OF ANY INFANT,
ENSURE BIRTHING PATIENT HAS HAD SYPHILIS
SEROLOGY COLLECTED AT DELIVERY.**

Contributors

The following people have contributed to this resource:

Dr. Petra Smyczek, STI Clinical Consultant, STI Services

Jennifer Gratrix, Manager STI Centralized Services, STI Services

Lynn Eagle, Associate Manager Partner Notification, STI Services

Diane McKimmie, Associate Manager Partner Notification, STI Services

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Jennifer Stevenson, Master of Nursing Graduate, University of Alberta