

A collaborative approach to addressing state-wide challenges for syphilis in pregnancy

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Background:

New South Wales' (NSW) infectious syphilis rate has more than tripled over the past decade with an almost 10-fold increase among women of reproductive age. Of particular concern, nine congenital syphilis cases were diagnosed in NSW 2017–2021 (with the most recent previous case in 2013) highlighting that all pregnant women should receive early and ongoing antenatal care (including syphilis screening) and maternal syphilis cases, their sexual partners, and their babies should be managed promptly and comprehensively.

Approach:

In 2022, NSW Health established a time-limited steering committee with experts from nursing, midwifery, obstetrics, paediatrics, sexual health, general practice, maternal and perinatal health policy, and public health across NSW. Six meetings were held in quick succession to evaluate and provide advice on the development and implementation of guidance, tools and other interventions regarding antenatal screening, maternal and neonatal follow-up, assessment and management.

Outcomes/Impact:

Recommendations included: an additional universal screen at 26–28 weeks gestation; opportunistic screening in other health settings for pregnant women with minimal/no antenatal care, or who are at risk of missing appointments; streamlining enhanced screening for higher risk pregnant women; digital integration in maternity systems; additional clinical guidance on post-treatment serology and infant risk assessment; clarification of roles and responsibilities; factsheets and communication materials for pregnant women and families; health provider support resources; workforce training; exploration of centralised case support mechanisms; and economic analysis of additional universal screening.

Expanded universal and opportunistic screening recommendations were implemented in 2022.

Innovation and Significance:

Syphilis in pregnancy is complex requiring a multidisciplinary approach. This collaboration ensured that recommendations reflected the diverse operational contexts in settings across NSW from both clinical and public health perspectives. Expanded antenatal screening guidance was implemented within two weeks of the committee's conclusion; rapid implementation was facilitated by inbuilt expert review, consensus building and implementation planning.

Disclosure of Interest Statement:
None