Risk-based syphilis screening in later pregnancy: is it actually happening?

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Background:

Congenital syphilis can cause miscarriage, stillbirth, congenital anomalies and neonatal death. However, it is preventable with early detection through maternal syphilis screening and early treatment. National antenatal care guidelines recommend universal syphilis screening in early pregnancy, with repeated screening later in pregnancy based on maternal risk.

For risk-based syphilis screening to be effective, clinicians must be aware of these guidelines, what constitutes maternal risk, and ask the relevant questions to assess risk. This study aims to understand current clinical practice with regards to syphilis risk assessment in public antenatal services across Victoria.

Approach:

We evaluated five public antenatal services (eight sites) across metropolitan and regional Victoria, with a combined total of approximately 24,000 deliveries per year. Evaluation included an audit of local routine antenatal care guidelines and an anonymous survey of midwives and doctors delivering antenatal care. Questions focused on whether clinicians undertook sexual risk assessment for syphilis screening.

Outcomes/Impact:

Only one of the five services mentioned risk-assessment for syphilis in later pregnancy in their local antenatal care guideline. However, there was no definition of what characterised risk. A total of 153 antenatal clinicians (98 midwives, 65 doctors) responded to the survey, with 82% stating that they believed syphilis screening in later pregnancy was either "extremely important" (n= 56) or 'somewhat important" (n=69). Among 152 clinicians, 79% never (n=54) or rarely (n=66) asked pregnant patients about whether they had multiple sexual partners in pregnancy (n=152). Among 130 clinicians, 96% never (n=109) or rarely (n=20) asked whether the pregnant woman's male partner had sex with men (n=130).

Innovation and Significance:

Local antenatal guidelines did not reflect current national guidelines on syphilis screening in later pregnancy. Risk-assessment required to guide repeat screening in later pregnancy was not being undertaken, likely limiting the opportunity to prevent congenital syphilis.

Disclosure of Interest Statement:

None.