The **Alberta Antenatal Pathway** Syphilis subsection has been updated.

The early identification and treatment of the pregnant patient with syphilis can prevent transmission of this infection to their baby. Congenital syphilis can often have severe consequences for the baby, such as hydrocephalus, sensorineural hearing loss, musculoskeletal deformity, learning challenges, or death.

**Syphilis and Pregnancy**

**Key messages**

- In 2019, a provincial syphilis outbreak was declared with an infectious syphilis incidence rate of 52/100,000 cases. This rate is 12 times greater than the rate in 2014 when cases started to rise.
- The main route of congenital syphilis transmission from mother-to-baby is in utero but can also occur at birth.

**Congenital syphilis can be prevented with early diagnosis and appropriate treatment.**

**Recommended Action**

- Screen *all* pregnant patients for syphilis in the 1st trimester *and* at delivery.

- Use the **Prenatal Communicable Diseases Test Requisition** for all syphilis screening done prenatally and at delivery to initiate the appropriate follow up for the patient and baby. Indicate STAT on the requisition for patients with little/no prenatal care or ongoing risks.

- 1 to 2 doses of Benzathine penicillin G (Bicillin–LA) 2.4 million units IM is used to treat syphilis in pregnancy.

- Pregnant patients who are successfully treated can be re-infected.

- Complete monthly screening for pregnant patients with a recent diagnosis of infectious syphilis and pregnant patients with ongoing risk.

**Babies with Congenital Syphilis**

- 2018 in Canada: **17 babies**
- 2019 in only Alberta: **44 babies including 13 stillbirths**