

NZSHS POSITION STATEMENT ON RE-TESTING PREGNANT WOMEN FOR SYPHILIS INFECTION OR REINFECTION

There has been a resurgence of syphilis in recent years in Aotearoa New Zealand, affecting also women of reproductive age, which has resulted in cases of congenital syphilis. Congenital syphilis frequently results in fetal demise, pre-term delivery or still birth, which is extremely distressing for the parents and their whānau. Māori and Pacific Islander whānau are disproportionately affected by congenital syphilis. These inequities are avoidable and preventable. NZSHS considers it unacceptable that such a serious, easily preventable health problem is still occurring in Aotearoa.

Currently, syphilis serology is routinely performed as part of the first antenatal screen; however, this is not enough to prevent congenital syphilis due to lack of sensitivity in early cases or if infection occurs later in pregnancy. Also, some women experience challenges to having timely access to antenatal care, particularly Māori wāhine living in regional and rural Aotearoa.

Re-testing for syphilis in the third trimester (28-32 weeks) of pregnancy is recommended in many international guidelines in “high-risk women” to improve case detection for those who may seroconvert later in pregnancy. Other guidelines (Australia) recommend universal re-testing in areas that are experiencing outbreaks of syphilis.

NZSHS does not support a risk-based approach as it may result in stigmatization of some women and is highly unlikely to be effective. In fact, NZSHS is aware of congenital syphilis cases where pregnant women with syphilis did not fit any of the high-risk criteria and tested negative at the routine first antenatal screening.

Therefore, NZSHS strongly recommends that ALL pregnant women be offered a re-test for syphilis along with their routine second antenatal bloods to reduce the risk of further cases of congenital syphilis.

Position Statement
adopted at the NZSHS Executive Committee
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