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For More Information Contact:

1319 Colony Street
Saskatoon, SK S7N 2Z1
Bus. 306.651.4300
Fax. 306.651.4301
info@skprevention.ca
www.skprevention.ca

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Prevention Institute is
supported by:
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Foundation
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Congenital Syphilis (for Parents and Caregivers)

Syphilis is a sexually transmitted infection (STI) caused by bacteria (*Treponema pallidum*).

Congenital syphilis occurs when a pregnant person passes this infection on to their baby. This usually happens during pregnancy, but it can also happen during labour and delivery if the baby comes into contact with a syphilis sore.

Syphilis is on the rise across Saskatchewan. The good news is that it is curable.

Prevention

Preventing syphilis or treating syphilis infection before pregnancy are the best ways to prevent congenital syphilis. During pregnancy, it is important to test for and treat any syphilis infection as soon as possible. If a syphilis infection is treated successfully during pregnancy, the chance of a healthy outcome for the baby is excellent. Successful treatment during pregnancy involves all of the following:

- treatment with penicillin G (an antibiotic) completed at least 30 days before delivery
- testing after all doses of penicillin G are given that shows the infection is gone
- no signs of a new syphilis infection (reinfection)

Syphilis can only be cured when all required antibiotic doses are given. This is usually one to three doses over three weeks. It is important to not engage in sexual activity until all doses of penicillin G have been given.

Syphilis treatment is also important after delivery for the mother's own health and to prevent passing syphilis to the baby during breastfeeding. Although rare, syphilis can be passed to the baby if there are open sores on the nipple, areola, or breast tissue.

A person successfully treated for syphilis can become reinfected. This is why treatment of regular sex partners is important. It is also important to practice safer sex to reduce the risk of syphilis infection and reinfection. This includes:

- reducing the number of sexual partners
- correctly and always using condoms and dental dams during sexual activities
- avoiding sexual contact with partners who have symptoms of syphilis (e.g., sores - often painless or hidden, swollen glands in groin or neck, rash, fever, sore throat, headache, lack of energy and appetite, patchy hair loss, difficulty seeing or hearing)
- getting tested regularly for syphilis and other sexually transmitted and blood-borne infections (STBBIs), every 3 to 6 months for those who are sexually active
- talking to partner(s) about STBBI status and safer sex, and encouraging them to get tested and treated

If a pregnant person becomes reinfected with syphilis, it is important for them to receive treatment as soon as possible to prevent congenital syphilis.

Outcomes

Without treatment, the outcomes can be severe for both the mother and baby. Without treatment of the mother to prevent syphilis being passed to the baby, possible outcomes include:

- stillbirth
- premature birth
- low birthweight
- neonatal death (when a baby dies in first 28 days of life)
- miscarriage
- damage to organs, bones and joints, vision, hearing, nervous system

Newborn Care

If a pregnant person has syphilis, the newborn needs to be checked and treated as soon as possible. This includes a physical exam and blood test, as well as x-rays, ultrasound, or other imaging to look for non-visible symptoms. If neurosyphilis is suspected, which means that the infection has spread to the brain or spinal cord, fluid will be collected from their spine to confirm.

Newborns who are exposed to syphilis during pregnancy or birth will receive penicillin G intravenously (through IV) for 10 days. Treatment will start the day of birth and will be finished before the baby is discharged from the hospital.

Symptoms to Watch for at Home

Most newborns with congenital syphilis show no symptoms at birth. This is why it is important that parents and caregivers know the symptoms of early congenital syphilis. These symptoms usually appear within the first 3 months of life (between 3 and 14 weeks of age). They include:

- rash, typically on hands and feet
- rash with open sores
- peeling of the skin, typically on hands and feet (desquamation)
- persistent runny nose (usually lasts more than 10 days without getting better)
- unexplained fever that does not go away or occurs with other symptoms
- yellowing of the skin or eyes (jaundice), which typically appears 2 to 4 days after birth
- seizures (due to neurosyphilis)
- difficulty moving comfortably (due to swelling and pain in joints)
- sluggishness and pale skin (due to low red blood count)
- loss of voice or physical crying without sound
- cloudiness across the black center of the eyes (cataracts)

If caregivers see any of the visible symptoms of early congenital syphilis, they should seek immediate medical attention. Quick medical attention and treatment is necessary to prevent organ damage and long-term health consequences.

Follow-up Care

Infants exposed to syphilis will have repeat testing. The timing and number of repeat tests is based on how likely an infant is to be infected. Repeat testing is important as children with untreated early congenital syphilis will develop late congenital syphilis. The most common symptoms of late congenital syphilis include:

- front teeth with v- or u-shaped indents and/or back teeth with multiple bumps instead of four
- vision loss due to swelling, irritation, and scarring of the front layer of the eye (cornea)
- hearing loss due to nerve damage

Children can be referred to a pediatric dental specialist for teeth repair, but the vision and hearing loss are typically permanent (not reversible). Prescription eye drops may help minimize scarring of the cornea, and use of hearing aids and/or cochlear implants can help manage hearing loss. Monitoring and support for developmental milestones and outcomes may also be needed (e.g., motor skills, communication skills).

Syphilis testing and treatment is the best way to prevent damage caused by syphilis to both the mother and baby. Test. Treat. Cure.

For more information, visit the following:

Congenital Syphilis Guide – Alberta. Community-Based Research Centre.

https://www.cbrc.net/congenital_syphilis_guide_alberta

Syphilis: Infection during Pregnancy. Government of Canada.

<https://www.canada.ca/en/public-health/services/diseases/syphilis/infection-during-pregnancy.html>

Syphilis (Webpage). Government of Saskatchewan.

<https://www.saskatchewan.ca/residents/health/diseases-and-conditions/sexually-transmitted-infections-services/syphilis>

Syphilis (Fact Sheet). Government of Saskatchewan.

<https://publications.saskatchewan.ca/api/v1/products/11999/formats/17833/download>

Understanding Syphilis & The Rise in Infections. Saskatoon Sexual Health.

<https://saskatoonsexualhealth.ca/syphilis/>

Let's Talk about Syphilis. Saskatchewan Prevention Institute.

<https://talksyphilis.ca/>