

# Syphilis

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This sheet is about having syphilis in a pregnancy or while breastfeeding. This information is based on available published literature. It should not take the place of medical care and advice from your healthcare provider.

## **What is syphilis?**

Syphilis is a sexually transmitted infection (STI) that can cause serious health problems without treatment. Syphilis is caused by the bacterium *Treponema pallidum*.

People can get syphilis by direct contact with a syphilis sore during vaginal, anal, or oral sex. Syphilis can also be spread through contact with the rash that appears in later stages of the disease. A woman who is pregnant can pass syphilis to the fetus (called congenital syphilis).

## **What are the stages and symptoms of syphilis?**

The stages of syphilis are primary, secondary, latent, and tertiary. Symptoms can be different depending on the stage:

- The primary stage of syphilis can first appear as one or more painless sores (called chancres). Sores usually go away without treatment in 3 to 6 weeks.
- If syphilis is not treated, the secondary stage begins as the chancre is healing or several weeks after the chancre goes away. Symptoms may include rash (sometimes on the soles of the feet and palms of the hands), flat warts (on the vulva), fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue (feeling very tired).
- After the secondary stage, untreated patients develop latent syphilis. Latent stage syphilis is when there are no visible signs or symptoms of syphilis, even though the infection has not gone away. Early-latent syphilis is when infection has occurred within the past 12 months. Late-latent syphilis is when infection has occurred more than 12 months ago.
- Tertiary (or late) stage syphilis occurs in up to 40% of people who do not get treatment for syphilis. It can affect many parts of the body, including the brain, eyes, nerves, heart, blood vessels, liver, bones, and joints. These issues may happen years after the original syphilis infection.

Syphilis symptoms may be very mild or look like signs of other health problems.

## **How can I find out if I have syphilis?**

A blood test can be done to find out if you have syphilis. People can have syphilis and not know it. According to the American College of Obstetricians and Gynecologists (ACOG) and the Centers for Disease Control and Prevention (CDC), all women who are pregnant should receive syphilis testing at their first prenatal visit. Some women need to be tested more than once during pregnancy.

## **Is there treatment for syphilis?**

If you test positive for syphilis during pregnancy, it is very important to get treatment right away. Syphilis can be treated and cured with antibiotics, such as penicillin. Penicillin can be used during pregnancy unless you are allergic to it. If you have a penicillin allergy, your healthcare provider will go over what treatment is best for you.

Having syphilis once does not protect you from getting it again in the future, so it is important to lower the risk of getting a new syphilis infection. For example, your sex partner(s) should be tested and (if needed) treated for syphilis right away. Other ways to lower your risk of getting syphilis can be found here:

<https://www.cdc.gov/std/syphilis/stdfact-congenital-syphilis.htm>.

## **I have syphilis. Can it make it harder for me to get pregnant?**

It is not known if syphilis can make it harder to get pregnant. Syphilis can increase risks to a pregnancy and should be treated as soon as possible.

***Does having/getting syphilis increase the chance of miscarriage?***

Miscarriage is common and can occur in any pregnancy for many different reasons. Having syphilis can increase the chance of miscarriage.

***Does having/getting syphilis increase the chance of birth defects?***

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. When a woman who is pregnant has syphilis, the infection can pass to the fetus. This is called vertical transmission. The fetus can then also become infected. This is called congenital syphilis. Babies with congenital syphilis can have an enlarged liver and/or spleen and problems with the bones, teeth, or the eyes.

Syphilis can be passed to a fetus during any trimester of pregnancy. Transmission can also happen during delivery if there is direct contact with an infected sore. The highest rates of vertical transmission in pregnancy are reported among women with untreated syphilis and with primary or secondary syphilis in their third trimester of pregnancy (60-100%). Reported vertical transmission rates with early-latent syphilis are about 40% (2 out of 5), and about 8% (2 out of 25) during the late-latent stage.

***Does having/getting syphilis increase the chance of other pregnancy-related problems?***

Congenital syphilis can increase the chance of preterm delivery (birth before week 37), low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth), or stillbirth.

After the baby is born, jaundice (yellowing of the skin and eyes), swelling of the joints, skin rash, low blood count, runny nose, and problems with feeding can occur. It is also possible that a baby with congenital syphilis will not have any symptoms at birth. However, some babies can develop problems in the first few weeks after birth, or years later. Because of this, monitoring for symptoms may be recommended. Getting appropriate treatment for the baby quickly is important to avoid serious problems, including seizure and death.

***Does having/getting syphilis in pregnancy affect future behavior or learning for the child?***

Exposure to syphilis during pregnancy can increase the chance of learning problems, problems with hearing and the eyes, and developmental delay in the child.

***What screenings or tests are available to see if my pregnancy has birth defects or other issues?***

Prenatal ultrasounds can be used to screen for some birth defects. Ultrasound can also be used to monitor the growth of the pregnancy. Talk with your healthcare provider about any prenatal screenings or testing that are available to you. There are no tests available during pregnancy that can tell how much effect there could be on future behavior or learning.

***Breastfeeding and syphilis:***

Women with syphilis can breastfeed if the baby or pumping equipment does not touch a sore. If you have sores on your breast, pump or hand-express your milk until the sores heal. If parts of your breast pump also touch the sore(s) while pumping, discard the breast milk.

Penicillin has been used to treat syphilis and can be used while breastfeeding unless you or your baby are allergic to it. If you or your baby have a penicillin allergy, your healthcare provider will go over what treatment is best for you. Be sure to talk to your healthcare provider about all your breastfeeding questions.

***If a man has syphilis, can it make it harder to get a partner pregnant or increase the chance of birth defects?***

Men with syphilis can pass the infection on to their partner through sexual contact, which can increase risks to a pregnancy. Men with syphilis should be treated right away. Talk with your healthcare provider as soon as possible if you or your partner has syphilis. For more general information on paternal exposures, please see the MotherToBaby fact sheet at <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/>.

**Please click here for references.**

**Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://www.MotherToBaby.org).**

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