Background The increase in syphilis in women over the last 10 years in the North East and re-emergence of congenital syphilis, as presented at BASHH spring meeting 2011, prompted a review of current management of pregnant women with syphilis.

Objectives To identify any risk factors in women being diagnosed with syphilis in the region and to review the current management of pregnant women with syphilis.

Methods A regional audit involving all Genitourinary Urinary Medicine (GUM) departments in the North East was conducted. Case notes of all women diagnosed with syphilis from 2006 to 2010 were obtained to identify risk factors in the women and to review the management, communication, follow-up and outcome of pregnant women with syphilis. Standards were set against current BASHH guidelines on syphilis management and local standards.

Results A total of 98 women were diagnosed with syphilis over the 5 years. 61% of all women were White British. 42/98 women were pregnant. 27% of non-pregnant women had infectious syphilis compared to 42% of pregnant women. 23% had another concurrent sexually transmitted disease. Most women were in a regular relationship with only 17 women reporting a casual partner in the last 3 months. Overall 41%, but only 7% of white British women, had had sex with a man from overseas. There were two cases of confirmed congenital syphilis and five early miscarriages. Documentation of excluded congenital syphilis was poor (only three cases) in GUM records.

Conclusion The high level of infectious syphilis in pregnant women and poorly documented outcomes has informed a multi-disciplinary good practice arrangement to be produced and promoted to improve communication between clinicians, ensure recommended treatment and follow-up. No clear risk factor groups were found to inform repeat testing in later pregnancy. A new enhanced surveillance form is soon to be piloted which includes collecting data on birth outcomes.

Background The re-emergence of congenital syphilis in the North East and outcomes of a regional audit prompted the development of regional good practice arrangements in managing pregnant women with syphilis and their babies.

Aims Guidance documents for the various clinical specialties were present for the management of pregnant women with syphilis in our region, but not a clear description of the whole patient (mother and baby) pathway. The overall aim of the good practice arrangement was to clarify precise roles of clinicians looking after these pregnant women, prompt re-testing of syphilis based on subsequent risks and concerns, create referral pathways and encourage multi-disciplinary communication in management of pregnant women with syphilis.

Method Current national guidance was reviewed and discussed between Northern BASHH group, Health Protection Agency (HPV and virology), regional Paediatric Infectious Diseases and Antenatal screening coordinators. Audit outcomes highlighted areas needing improvement and these were addressed including use of named rather than numbered GUM serology specimens.

Results The good practice arrangement outlines clearly the patient journey from diagnosis to delivery and follow-up of her baby. It is divided into different stages, with each outlining clearly who is responsible for care, locally recommended practice and referring to national guidance where indicated for the management of that stage. These stages are antenatal screening and referral process to GUM, management of positive results in mother, investigations of baby at birth, follow-up of babies born to mothers with positive syphilis results and treatment of baby with suspected congenital syphilis. Good practice is included on the management of mothers who do not attend GUM follow-up, communication to those involved in care and a named lead paediatrician in every hospital trust in the North East region has been created.