

U.S. Preventive Services Task Force Issues Draft Recommendation Statement on Screening for Syphilis in Pregnancy

All pregnant people should be screened for syphilis infection early in pregnancy

WASHINGTON, D.C. – November 19, 2024 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement on screening for syphilis infection in people who are pregnant. The Task Force continues to recommend that all pregnant people be screened for syphilis as early in pregnancy as possible. **This is an A grade.**

Grade in this recommendation:

A: Recommended.

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If a person has syphilis while they are pregnant, it can get passed to their baby, which is known as congenital syphilis. When left untreated, congenital syphilis can cause serious complications for the baby, including premature birth, vision or hearing loss, and death.

“Cases of congenital syphilis are 10 times higher now than they were a decade ago,” says Task Force member Carlos Jaén, M.D., Ph.D., M.S., FAAFP. “Fortunately, screening for syphilis early in pregnancy is an effective way to identify the infection so it can be treated, improving the health of both the pregnant person and their baby.”

All pregnant people should be screened as early as possible, such as at their first prenatal visit or the first time they see a healthcare professional during pregnancy. A blood test is used to screen pregnant people for syphilis. It is essential that pregnant people who screen positive receive evidence-based evaluation and treatment. Treatment is safe during pregnancy, and early treatment may prevent babies from developing congenital syphilis altogether or prevent babies from developing serious health complications.

Certain racial and ethnic groups are disproportionately affected by syphilis, including Black, Hispanic, and Native American/Alaska Native pregnant people, who are eight times more likely to have babies born with congenital syphilis. These disparities are likely due to social and structural factors that influence health behaviors and access to care, and the Task Force is calling for more research on the best ways to reduce these disparities.

“Almost 90% of cases of congenital syphilis could have been prevented with timely testing and treatment,” says Task Force vice chair Michael Silverstein, M.D., M.P.H. “It is essential to address barriers to care to ensure that all pregnant people get screened and those who screen positive receive timely, equitable, and evidence-based care.”

The Task Force’s draft recommendation statement and draft evidence review have been posted for public comment on the Task Force website at www.uspreventiveservicestaskforce.org. Comments can be submitted from November 19, 2024, to December 23, 2024, at www.uspreventiveservicestaskforce.org/tfcomment.htm.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Jaén is a distinguished university professor and the Dr. and Mrs. James L. Holly distinguished chair in the Department of Family and Community Medicine at the Joe R. and Teresa Lozano Long School of Medicine at The University of Texas Health Science Center at San Antonio.

Dr. Silverstein is the George Hazard Crooker University professor of health services, policy, and practice at the Brown University School of Public Health and the director of Brown University's Hassenfeld Child Health Innovation Institute, which is charged with eliminating health inequities in pregnancy and childhood for Rhode Island families.

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