

Appendix 1

Letter to GP, Obstetrics & Neonatal team re: Antenatal Syphilis Diagnosis & Management

- And to be uploaded to mum & baby's Badgernet and clinical portal records

Name: _____ CHI: _____ Date: _____

Date of syphilis diagnosis: _____ Pregnancy EDD: _____

Stage of syphilis diagnosed in pregnancy _____

Additional Information _____

HIV and other BBV status _____

Treatment details _____

Date treatment completed/due to complete _____

Syphilis serology results (needs dates (?))	
EIA	
TPPA	
IgM	
RPR	

*Please note further serological follow up will be completed by Sandyford

GUM ADVICE TO PAEDIATRICIANS (tick as required)

- see West of Scotland congenital syphilis guideline

Infant requires no physical examination above routine. No syphilis serology required	
Assess infant clinically: if no physical signs of syphilis, perform syphilis serology on infant serum (not cord blood) for EIA IgM and RPR. <i>N.B. If physical signs are present consider additional investigations. Refer to West of Scotland Syphilis guideline and discuss with GUM or ID consultant</i>	
Treat infant at birth with _____ after clinical assessment, perform syphilis serology on infant serum (not cord blood) for EIA IgM and RPR and additional tests as per guideline	

Please discuss infant blood test results with GUM (or Paediatric infectious diseases team if OOH or suspicion of neonatal infection)

Follow Up

Infants who have serology tests at birth require follow up as per the three pathways detailed in the WoS guideline. Tick the appropriate follow-up pathway below once the infant's serology is known.

Baby Name _____ CHI _____

Age	Infants treated for congenital syphilis at birth	Infant not treated for syphilis and RPR <4x mother's and IgM negative at birth	Infant not treated for syphilis and RPR and IgM negative at birth
Select Follow up pathway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 month	RPR TP Syphilis IgM		
3 months	RPR TP Syphilis IgM	RPR TP Syphilis IgM	RPR TP Syphilis IgM If negative: discharge If positive: Repeat at 6 months
6 months	RPR	RPR If negative: discharge If positive: repeat at 12 months	RPR If negative: discharge If positive: discuss with GUM team.
12 months	RPR Discharge if RPR has achieved sustained 4x drop from peak level. If RPR remains higher, discuss with GUM team.	RPR If negative: discharge If positive: discuss with GUM team.	

For further information please contact Sandyford on 0141 211 8634.

Yours sincerely,

Signature: _____

Consultant in Genitourinary Medicine

Signature: _____

Consultant Neonatologist