Should Pregnant Women Be Rescreened for Syphilis During the Third Trimester?

Anna Wald, MD, MPH reviewing Hersh AR et al. Obstet Gynecol 2018 Sep

In some models, repeat screening improved infant outcomes and was cost-effective.

First-trimester screening for syphilis is routine, as the consequences of untreated disease are dire (e.g., high risk for stillbirth, neonatal impairment) and penicillin therapy is effective and inexpensive. However, women may acquire — or reacquire — syphilis later in pregnancy. Investigators developed a model using a theoretical cohort of 3.9 million women to see whether third-trimester rescreening can improve outcomes and save money.

Based on published estimates of costs and outcomes and a cost-effectiveness threshold of $100,000 per quality-adjusted life-year, the model indicates that third-trimester repeat syphilis screening is cost-effective: The practice would result in 41 fewer neonates with congenital syphilis, 73 fewer stillbirths, 27 fewer infant deaths, and a cost saving of $52 million.

COMMENT

As presented, this model allows for either screening once during the initial prenatal visit or screening all women again during the third trimester. The current CDC recommendation is to screen universally at the first visit and rescreen high-risk women during the third trimester; however, the authors did not assess the utility of that approach. We are currently in the midst of a sharp rise in syphilis rates, so the public health recommendations may be further refined. Lastly, other societal factors (e.g., access to care, continued funding for public health and Planned Parenthood clinics [which screen men as well as women]) should be considered, as they probably also play key roles in improving maternal and neonatal outcomes.