



Vital Signs

Syphilis in Babies Reflects Health System Failures

Tailored strategies can address missed prevention opportunities during pregnancy

[View All Topics](#)

Updated Nov. 7, 2023 | [Print](#)

10x

Over 10 times as many babies were born with syphilis in 2022 than in 2012.

9 in 10

Timely testing and treatment during pregnancy might have prevented almost 9 in 10 (88%) cases in 2022.

2 in 5

Two in 5 (40%) people who had a baby with syphilis did not get prenatal care.

The number of babies born with syphilis is surging

The number of babies born with syphilis in the United States is increasing at an alarming rate. Increased and innovative syphilis testing and treatment can reduce the number of babies born with syphilis and improve health during pregnancy. There were more than 3,700 babies born with syphilis in 2022, over 10 times the number reported in 2012. These increases reflect overall increases in syphilis among women of reproductive age.

People can experience illness and pass syphilis to their babies during pregnancy. Miscarriage, stillbirth, severe lifelong health problems, and even newborn death can result from syphilis infection during pregnancy. In 2022, there were 231 stillbirths and 51 infant deaths.

Increasing rates of syphilis among babies reflect a failure of the U.S. health system. Testing for and treating syphilis during pregnancy more than 30 days before delivery can prevent this infection in newborns. Too many people are not being tested and treated early enough during pregnancy.

[Read the full *MMWR*](#)

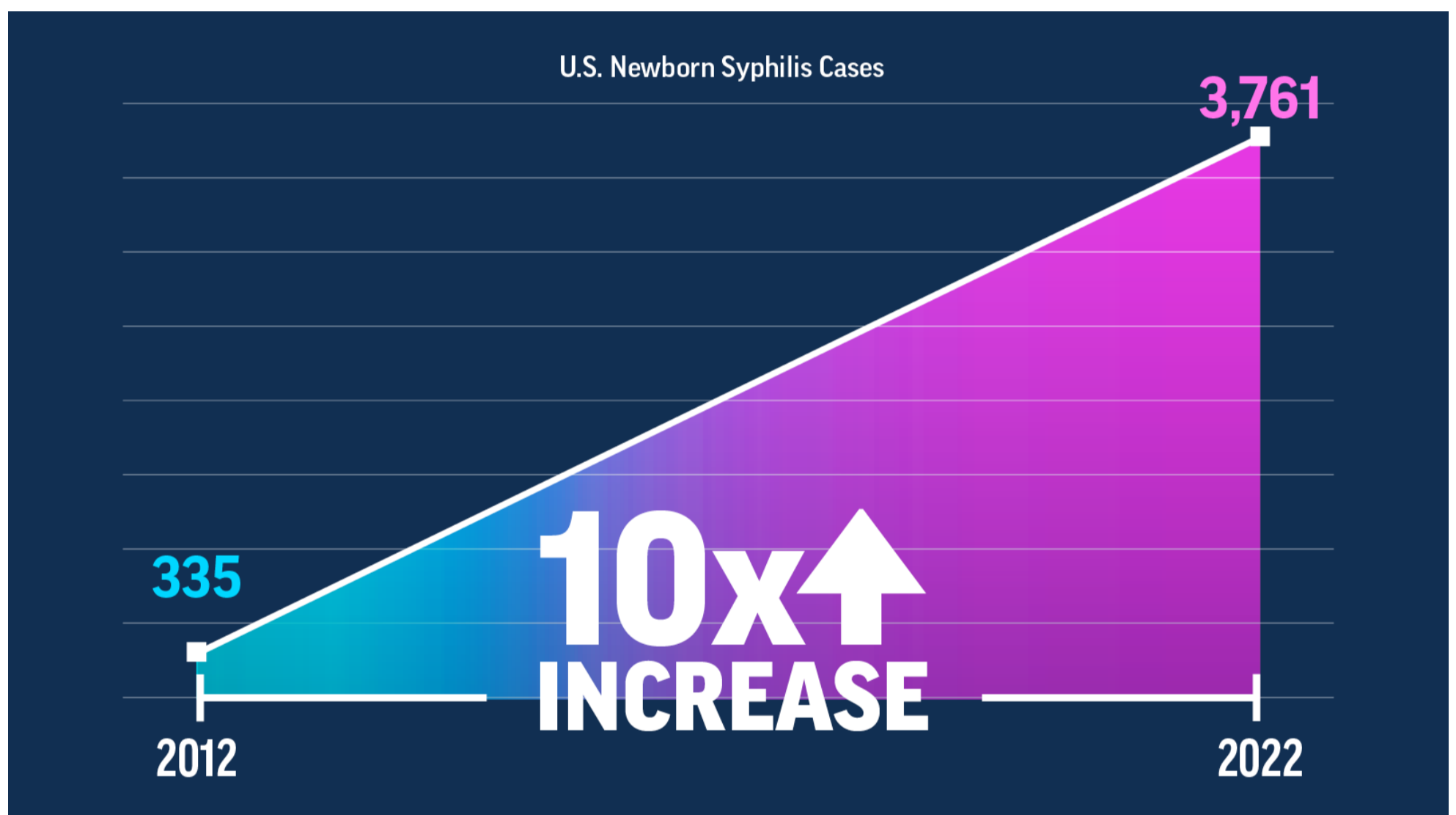
Challenges

Missed opportunities during pregnancy can have tragic consequences

- **Babies are born with syphilis when people are tested too late and not treated properly during pregnancy.** Timely testing and treatment during pregnancy can help keep people healthy and might have prevented 9 out of 10 newborn syphilis cases in 2022.
- **Late testing and treatment happen for different reasons depending on individual- and system-level barriers to care.** Individual-level barriers include substance use disorder and lack of insurance. System-level barriers include systemic racism and limited healthcare access. Medication shortages now also threaten effective care. There is no one-size-fits-all solution to addressing these barriers. Knowing the data is critical for tailoring approaches.
- **People are not always getting prenatal care.** Two in 5 cases of babies born with syphilis happened in people who did not receive any prenatal care.

Over 10 Times as Many Babies Were Born with Syphilis in 2022 than in 2012

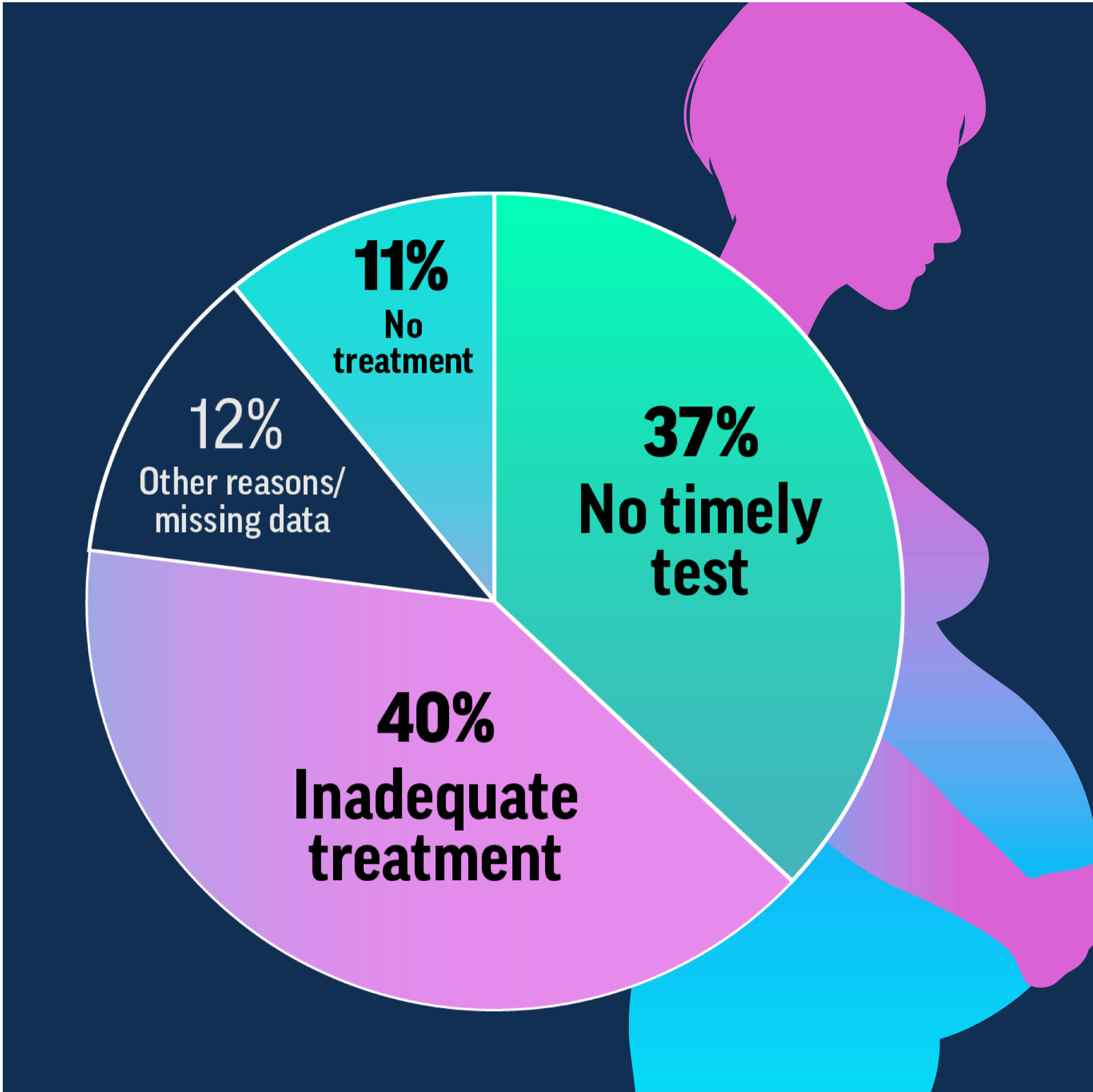
Increasing rates of syphilis among babies reflect a failure of the U.S. health system.



[View Larger](#)

Timely Syphilis Testing and Treatment During Pregnancy Might Have Prevented Almost 90% of Cases

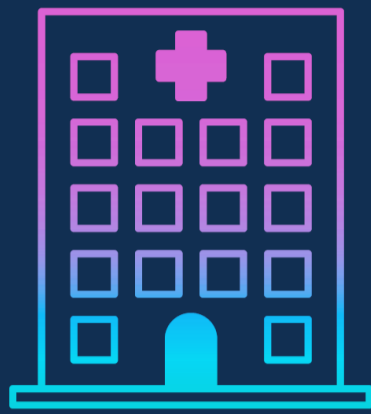
Newborn syphilis happens when syphilis is not identified and treated properly during pregnancy.



[View Larger](#)

Any Healthcare Encounter During Pregnancy Is an Opportunity to Prevent Newborn Syphilis

Many settings provide opportunities to test for and treat syphilis during pregnancy.



Emergency
Departments



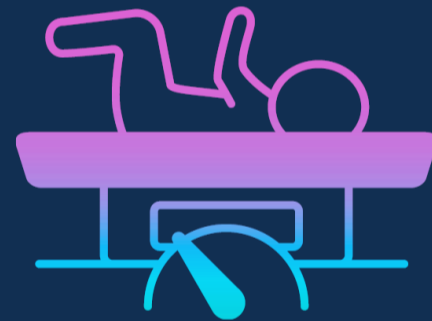
Jail Intake
Settings

Opportunities to test for and treat **syphilis during pregnancy**

Syringe Services
Programs



Maternal and Child
Health Programs




 View Larger

What Can Be Done

To Advance Health Equity

By improving access to syphilis testing and treatment for everyone, we can prevent syphilis in babies and advance health equity.

- **Consider geographic risk in addition to individual behaviors to reduce stigma and bias in syphilis screening.**
 - For many people, the most significant risk factor for syphilis is living in a community with high rates of syphilis, not individual risk factors.
 - Offering syphilis screening to sexually active people 15-44 years of age in counties with a high rate of syphilis among women of reproductive age may help identify and prevent the spread of syphilis (the Healthy People 2030 goal  for reducing syphilis among women of reproductive age is 4.6 per 100,000).
 - Identifying and preventing syphilis before pregnancy can minimize illness during pregnancy and prevent newborn syphilis.

- **Make any healthcare encounter during pregnancy an opportunity to treat and prevent newborn syphilis.**
 - Meet people where they are during pregnancy with syphilis testing and treatment, including outside of usual prenatal care settings.
 - Emergency departments, jails, syringe services programs, and maternal and child health programs play a role in identifying and treating syphilis among people who do not receive adequate prenatal care.
- **Ensure all people get the treatment they need.**
 - Rapid syphilis tests (points of care tests) offer opportunities to test and treat at the same time.
 - This is especially needed for people who might not see a healthcare provider regularly during pregnancy and who may face barriers to coming back for treatment.
 - Local disease intervention specialists, who are public health professionals trained to prevent and contain infectious diseases, also play a vital role in reaching out in communities and ensuring people are diagnosed and treated.



Vital^{CDC}**signs**[™]

Source: November 2023 Vital Signs



To Prevent Newborn Syphilis



Healthcare providers

- Understand who should get tested for syphilis, especially if your county has high rates of syphilis among those who are sexually active. Talk to patients about sexual health and test for sexually transmitted infections.
- Test—with rapid tests if necessary—everyone who is pregnant the first time you see them.
- Repeat syphilis testing during pregnancy for those living in counties with the highest rates of syphilis or those who are more likely to get syphilis during pregnancy.
- Treat syphilis immediately.



People who are sexually active

- Ask a healthcare provider about how to prevent syphilis.
- Talk to your partner(s) about sexually transmitted infections and consider what safer sex options are right for you.
- Get tested for sexually transmitted infections, especially if you or your partner are pregnant or planning to get pregnant.



Health departments

- Identify counties in your states with high rates of syphilis and notify physicians in these counties to encourage more testing and coordinated treatment.
- Collaborate with community programs to address structural barriers to syphilis care [↗](#), make testing (including rapid syphilis tests) and treatment more accessible [↗](#), and link people to other needed services.
- Know the pregnancy status for people with syphilis to facilitate timely treatment. Verify that people with syphilis and their partners are treated.

Footnotes and References



Related Pages and Resources

- *Vital Signs: Media Statement – U.S. Syphilis Cases in Newborns Continue to Increase: A 10-Times Increase Over a Decade* [English]
- *Morbidity and Mortality Weekly Report (MMWR): Vital Signs: Missed Opportunities for Preventing Congenital Syphilis — United States, 2022*
- STD Facts – Congenital Syphilis (cdc.gov)
- County-Level Syphilis Rates (cdc.gov)
- Syphilis During Pregnancy – STI Treatment Guidelines (cdc.gov)
- What You Can Do (cdc.gov)

Vital Signs Update

Get email updates about Vital Signs

What's this?

Submit

VITAL SIGNS RESOURCES

Digital Media Tools

Last Updated Nov. 7, 2023