

ABSTRACT

Background: Syphilis is one of the most common sexually transmitted infections during pregnancy. If left untreated, it can lead to adverse outcomes in pregnancy and congenital syphilis in the new-born. Documented data on the prevalence of syphilis will help strengthen our screening program during pregnancy.

Methods: This was a retrospective analysis of data obtained from a cohort study entitled 'Prospective evaluation of rapid point-of-care test for active syphilis infection among pregnant women' which screened 662 patients and recruited 535 (80.8%) women from the antenatal clinic, gynaecology emergency intake and labour ward. Data were captured into an electronic questionnaire programmed on RedCap and subsequently exported into STATA 14 (Statacorp, College Station, Texas) for statistical analysis. Categorical variables were summarized using frequencies and percentages, whilst continuous variables were described using means (with standard deviations) for normally distributed data and medians (with inter-quartile range (IQR) for non-normally distributed data. Association between variables were evaluated using Wilcoxon signed rank-sum tests and Fischer exact test for continuous and categorical variable respectively. A p-value of <0.05 was considered to be statistically significant.

Results: A total of 526 files out of the 535 (98%) were available for analysis in our study. The mean age of the study patients was 26 years (standard deviation:6.3, range: 18-47). Majority of patients 380 (72.2%) were from the gynaecology unit, while the rest of the participants, 146 (27.8%) women, were from the obstetrics unit. A total of 505 (96%) women had results known for syphilis. Overall, six (1.2%) women tested positive for syphilis, five (1%) were gynaecology patients and one (0.2%) was from obstetrics. The prevalence of syphilis was not significantly different between the two patient groups with a p-value of 0.56. The total number of HIV positive patients was 94 (17.9%).

Conclusion: Syphilis is still a common infection among pregnant patients in South Africa. Current comprehensive antenatal care screening for syphilis should be continued with appropriate treatment to reduce the incidence of adverse pregnancy outcomes, routine surveillance of gynaecological patients is needed.

