Prenatal Syphilis Testing
Senate Bill 306 (Pan, Chapter 486, Statutes of 2021)
Fact Sheet

Background

Senate Bill (SB) 306 (Pan, Chapter 486, Statutes of 2021) became effective January 1, 2022. SB 306 enshrines California Department of Public Health (CDPH) prenatal syphilis screening guidelines into California law. Specifically, SB 306 requires every licensed health care professional providing prenatal care or attending a birthing patient at the time of delivery to provide syphilis screening and testing as outlined in the most recent published CDPH guidelines. (Health and Safety Code (HSC) Section 120685(a).)

CDPH guidelines for syphilis screening of pregnant people:

- All pregnant patients should be screened for syphilis at least twice during pregnancy: once at either confirmation of pregnancy or at the first prenatal encounter (ideally during the first trimester) – and again during the third trimester (ideally between 28–32 weeks' gestation), regardless of whether such testing was performed or offered during the first two trimesters.
- Birthing parents should be screened for syphilis at delivery, except those at low risk who have a documented negative screen in the third trimester.
- Emergency department (ED) providers in local health jurisdictions with high congenital syphilis morbidity (CS) should consider confirming the syphilis status of all pregnant patients prior to discharge, either via documented test results in pregnancy, or a syphilis test in the ED if documentation is unavailable.
  - CDPH defines local health jurisdictions with high-CS morbidity as those with a rate greater than 8.4 CS cases per 100,000 live births for any of the past three consecutive years. Please visit the CDPH STD Control Branch data website for the most recent CS data tables for your jurisdiction.
- All people who are or could become pregnant entering an adult correctional facility located in a local health jurisdiction with high-CS morbidity should be screened for syphilis at intake, or as close to intake as feasible.

For more detail, please see CDPH’s Expanded Syphilis Screening Recommendations for the Prevention of Congenital Syphilis - Guidelines for California Medical Providers. Additional resources are listed below.
Key Considerations for Local Health Departments
SB 306 allows local health jurisdictions to develop additional syphilis screening and testing recommendations or guidelines for pregnant people in their jurisdiction. (Health and Safety Code (HSC) Section 120685(b).)

Key Considerations for Healthcare Professionals
SB 306 allows health care providers to follow other existing clinical guidelines for syphilis screening and testing recommendations, including guidelines issued by local health jurisdictions, as long as the health care providers, at minimum, comply with the most recently published CDPH guidelines. (Health and Safety Code (HSC) Section 120685(b).)

In summary, healthcare professionals caring for pregnant people are now required to screen their patients at least twice during pregnancy, and again at delivery if indicated. Healthcare professionals may follow other clinical guidelines for syphilis screening of pregnant people as long as they also comply with CDPH syphilis screening guidelines.

Resources

California Department of Public Health, Sexually Transmitted Diseases Control Branch
Expanded Syphilis Screening Recommendations for the Prevention of Congenital Syphilis
Guidelines for California Medical Providers, 2020
CDPH Dear Colleague Letter - Expanded Syphilis Screening Recommendations for the Prevention of Congenital Syphilis
Syphilis in Pregnancy Pocket Guide
Congenital Syphilis Provider Update for California Health Care Providers
Screening for Syphilis in Emergency Departments Resource Guide

U.S. Centers for Disease Control and Prevention
Sexually Transmitted Infections Treatment Guidelines, 2021 - Syphilis
  - Syphilis During Pregnancy
  - Congenital Syphilis
Syphilis Pocket Guide for Providers