

**New Mexico Department of Health  
SEXUALLY TRANSMITTED DISEASES (STD) PROGRAM  
PROTOCOL AND STANDING ORDERS – Revision**

**REVISION: page 18**

**Specific populations in STD protocol addendum:**

*Diagnostic testing and screening for pregnant women*

For syphilis:

- ALL pregnant women should be screened for syphilis as soon as suspected pregnancy is confirmed in a health office at any gestational age.
- This preliminary syphilis test does not take the place of regularly scheduled prenatal lab testing - referral to a prenatal provider, maternal-child health provider, or primary care provider for prenatal care is recommended. For pregnant Title X clients, a referral for prenatal care is required.
- Pregnant women who test negative in their first trimester should be advised to return for syphilis testing after 26 weeks gestation if they do not have regular prenatal care.

**REVISION: pages 51-52**

*WOMEN*

- Any woman who is a known contact to a partner with syphilis or who is identified as part of a syphilis case investigation
- Women in high risk populations
  - Women with HIV infection
  - Women who exchange sex for drugs or money
  - Transgender persons
  - Women whose male sex partners report having male sex partners (MSM)
  - Women who self-report methamphetamine or opioid use or who report a partner who uses methamphetamines or opioids.
- Screening of sexually active women should be considered in the following settings:
  - Areas or populations with active syphilis outbreaks or known ongoing disease transmission
- Screening of pregnant women is recommended as a component of prenatal care. Given recent increases in syphilis among women in New Mexico, with an increase in congenital syphilis cases, ALL pregnant women should be screened for syphilis as soon as suspected pregnancy is confirmed by the health office at any gestational age. This preliminary syphilis test does not take the place of regularly scheduled prenatal lab testing and referral to a prenatal provider, maternal-child health provider, or primary care provider for prenatal care is recommended. For pregnant Title X clients, a referral for prenatal care is required.

In general, routine screening of non-pregnant women < age 20 seen in STD clinics or seeking STD care or evaluation who do not have any of the above listed risk factors is much lower yield for disease detection. However, individual cases may warrant screening - contact a clinician for a review and order as needed.

**Attachment - Public Health Division Clinical Protocol/Manual  
Approval Sheet**

**PROGRAM/BUREAU:** Infectious Disease Bureau

**CLINICAL PROTOCOL TITLE:** STD Protocol Revision – Syphilis in Pregnancy

Reviewed by: (Must have a signature from at least one clinical user of the Protocol)

Name: \_\_\_\_\_ Date: / /

Name: \_\_\_\_\_ Date: / /

Name: \_\_\_\_\_ Date: / /

---

Approved by:

Program Manager \_\_\_\_\_ Date: / /

Bureau Chief \_\_\_\_\_ Date: / /

Bureau Medical Director \_\_\_\_\_ Date: / /

PHD Medical Director  \_\_\_\_\_ Date: 11/ 12 /19

Regional Health Officer \_\_\_\_\_ Date: / /

PHD Chief Nurse \_\_\_\_\_ Date: / /

(Other) \_\_\_\_\_ Date: / /

(Other) \_\_\_\_\_ Date: / /

**Attachment - Public Health Division Acknowledgement and Receipt of New/Revised Clinical Protocol**

**PROGRAM/BUREAU:** Infectious Disease Bureau

**CLINICAL PROTOCOL TITLE:** STD Protocol Revision – Syphilis in Pregnancy

I have reviewed the document listed above and I approve it for practice in \_\_\_\_\_ Region.

Regional Director	_____	Date:	/	/
Regional Health Officer	_____	Date:	/	/
Regional DNS	_____	Date:	/	/
Regional DNS	_____	Date:	/	/

I have received, reviewed, and will follow this Clinical Protocol and its Standing Orders.  
Staff (Clinicians, PHNs, DPSs, etc.):

Name:	_____	Date:	/	/
Name:	_____	Date:	/	/
Name:	_____	Date:	/	/
Name:	_____	Date:	/	/
Name:	_____	Date:	/	/
Name:	_____	Date:	/	/
Name:	_____	Date:	/	/
Name:	_____	Date:	/	/
Name:	_____	Date:	/	/

Each clinician and PHN must review the document mentioned above and sign this sheet (use additional sheets as necessary). The Nurse Manager will retain the signed copy(ies) of this sheet at the clinic and submit the original(s) to the Director of Nursing Services.