### Screening for syphilis during prenatal care (women 15-19 and 15-49 years old)

#### Definitions
- **Percentage of women who received a screening test for syphilis as part of their prenatal care.**
- **Numerator**: Number of women who had access to prenatal care and had a screening test for syphilis.
- **Denominator**: Number of women who had access to prenatal care.
- **Measuring unit**: X percent (%).

#### Considerations for indicator quality
- All women should be screened for syphilis at their first prenatal visit. If countries report syphilis screening data on subsequent visits, they should make this clarification. The use of both non-treponemal reaginic antibody tests (VDRL, RPR) and treponemal tests (TPHA, TPPA, EIA or rapid treponemal tests) can be reported.

#### Interpretation implications
- Early detection and treatment (sufficiently early in gestation) can effectively prevent adverse outcomes from maternal syphilis exposure and is the most important intervention for the control of congenital syphilis. Syphilis screening is one of the basic prenatal interventions, so this indicator potentially functions as a tracer for the quality of prenatal basic services.

#### ODS framework

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<th>EWEC-LAC framework</th>
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<td>Thrive</td>
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<td>Transform</td>
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<td></td>
<td>Impact</td>
<td>Socioeconomic level (quintiles of national wealth)</td>
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<td>Product</td>
<td>Place of residence (urban / rural, or geographic location)</td>
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#### Preferred data source
- Administrative records (reports from centers where prenatal care is provided).

#### Alternative data sources
- Sampling or sentinel center reports.

#### Inter-agency group estimates
- N/A

#### Global monitoring frameworks
- N/A

#### For more information