

Letters To the Editor

Recurrent pregnancy loss: a GP's guide to evidence-based care

DEAR EDITOR: We read with interest the recent article 'Recurrent pregnancy loss: a GP's guide to evidence-based care' by Dr Adriana Suker and Dr Anthony Marren published in the September 2025 issue of *Medicine Today*. The authors provide practical steps for GPs in their article; however, we note that syphilis is not mentioned among the infectious causes to consider in recurrent pregnancy loss.

Syphilis has been declared a communicable disease incident of national significance in a statement by Australia's Chief Medical Officer, Professor Michael Kidd AO, on 7th August 2025.¹ Syphilis remains a preventable but serious cause of devastating adverse pregnancy outcomes, including miscarriage, stillbirth and neonatal death. Maternal infection can result in spontaneous miscarriage, and untreated infection later in pregnancy is associated with stillbirth, preterm birth and congenital infection.² Despite the existence of national screening programs, Australia continues to experience rising rates of infectious syphilis among women of reproductive age.³ Routine antenatal syphilis screening (along with HIV testing) at first antenatal contact and repeat syphilis testing in the third trimester and at birth are key preventive strategies recommended in national pregnancy guidelines.⁴ Failure to test for syphilis represents a missed opportunity for both individual and public health intervention, as undiagnosed infections among pregnant women and their contacts contribute to ongoing community transmission and preventable morbidity.

Given the resurgence of syphilis and its well-documented contribution to fetal loss, we suggest that future reviews and published guidelines on recurrent pregnancy loss explicitly include syphilis among the infectious causes to be excluded.⁵ This would reinforce the importance of comprehensive preconception and antenatal screening within evidence-based care.

STEPHANIE BOND MB BS, FRANZCOG, FACHSHM

LOUISE OWEN MB BS(Hons), FRACGP, FACHSHM

Dr Bond is an Obstetrician, Gynaecologist and Sexual Health Physician at the Royal Women's Hospital, Melbourne Sexual Health Centre and Monash University, Melbourne, Vic. Clinical Professor Owen is a Sexual Health Physician and Director of the Statewide Sexual Health Service, Tasmanian Health Service, Tas.

References

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COMPETING INTERESTS: Dr Bond is Vice President of the Australian and New Zealand Vulvovaginal Society. Clinical Professor Owen is President of the Australasian Chapter of Sexual Health Medicine; and received honoraria for assisting the Australasia Society for HIV, Viral Hepatitis, and Sexual Health Medicine with guideline development.

REPLY: Thank you to Dr Stephanie Bond and Clinical Professor Louise Owen for your response to our article in *Medicine Today* on recurrent pregnancy loss.¹ We appreciate your input and correspondence regarding the importance of syphilis screening.

The article was based on recent guidelines published by our group, which were created with the available evidence specifically based on a recurrent pregnancy loss population.^{2,3} Although we acknowledge that syphilis infection is associated with spontaneous pregnancy loss (as well as congenital infections and stillbirth), there is no current evidence suggesting a causal relationship between syphilis and recurrent pregnancy loss. For this reason, syphilis was not included in the infective aetiology section of our guideline.

However, we completely agree that syphilis screening is an important routine antenatal investigation. As such, we will endeavour to reinforce the importance of antenatal infection screening (including syphilis screening) in this population as a good practice point, with revision of the recurrent pregnancy loss guidelines.

Thank you again for your input.

ADRIANA SUKER BMedSci(Hon), MB BS, RANZCOG

ANTHONY MARREN BMed(Hons), MMed(RH&HG), FRANZCOG, CREI

Dr Suker is a Fellow in Reproductive Endocrinology and Infertility at Royal Prince Alfred Hospital, Sydney. Dr Marren is a Visiting Medical Officer at Royal Prince Alfred Hospital, Sydney; and Medical Director at Geneva Sydney CBD, Sydney, NSW.

References

1. Suker A, Marren A. Recurrent pregnancy loss: a GP's guide to evidence-based care. *Medicine Today* 2025; 26(9): 29-34.
2. Suker A, Li Y, Robson D, Marren A; Australasian CREI (Certificate of Reproductive Endocrinology and Infertility) Consensus Expert Panel on Trial Evidence (ACCEPT) group. Australasian recurrent pregnancy loss clinical management guideline 2024 Part I. *Aust N Z J Obstet Gynaecol* 2024; 64: 432-444.
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COMPETING INTERESTS: None.

Send your letters to:
Medicine Today, PO Box 1473,
Neutral Bay, NSW 2089,
or editorial@medicinetoday.com.au