

Clinician Timeline for Prenatal STD testing



First Prenatal Visit

Syphilis: All pregnant women

HIV: All pregnant womenⁱ

HBV: All pregnant womenⁱⁱ

Chlamydia: All pregnant women <25 years of age and older pregnant women at increased riskⁱⁱⁱ

Gonorrhea: All pregnant women <25 years of age and older pregnant women at increased risk^{iv}

****HCV:** Pregnant women at increased risk^v



Third Trimester

Syphilis: All pregnant women^{vi} between 28 -32 weeks

HIV: All pregnant women^{vii} at increased risk before 36 weeks



At Delivery

Syphilis: Select groups of pregnant women,^{vi} pregnant women with no previously established status, or pregnant women who deliver a stillborn infant

HIV: Pregnant women not screened during pregnancy

HBV: Pregnant women not screened during pregnancy, who are at high risk,^{ix} or with signs or symptoms of hepatitis

Chlamydia: Pregnant women <25 years of age or continued high risk^{iv}

Gonorrhea: Pregnant women at continued high risk^v

- i. To promote informed and timely therapeutic decisions, health care providers should test women for HIV as early as possible during each pregnancy.¹
- ii. All pregnant women should be tested for hepatitis B surface antigen (HBsAg) during an early prenatal visit (e.g., first trimester) in each pregnancy, even if they have been vaccinated or tested previously.²
- iii. "Increased risk" means new or multiple sex partners, sex partner with concurrent partners, sex partners who have a sexually transmitted disease.^{3,4}
- iv. "Increased risk" means new or multiple sex partners, sex partner with concurrent partners, sex partners who have a sexually transmitted disease.³
- v. "At increased risk" means past or current injection-drug use, having had a blood transfusion before July 1992, receipt of an unregulated tattoo, having been on long-term hemodialysis, intranasal drug use, and other percutaneous exposures.³
- vi. The CDC recommends third trimester testing for women who live in a high morbidity area. Louisiana is a high morbidity area.
- vii. "Increased risk" includes women who receive health care in areas with an elevated incidence of HIV or AIDS among women aged 15-45 years, who receive health care in facilities in which prenatal screening identifies at least one HIV-infected women per 1,000 women screened, known to be at high risk for HIV (i.e., injection-drug users and their sex partners, women who exchange sex for money or drugs, women who are sex partners of HIV-infected persons, women who have had a new or more than one sex partner during this pregnancy), or have signs or symptoms consistent with acute HIV infection.¹
- viii. Women admitted for delivery at a health care facility without documentation of HBsAg test results should have blood drawn and tested as soon as possible after admission.²
- ix. Having had more than one sex partner during the previous 6 months, an HBsAg-positive sex partner, evaluation or treatment for a sexually transmitted disease, or recent or current injection-drug use.²