HIV, Syphilis and HBV Testing and Pregnancy: State Requirements for Texas Clinicians

Texas Department of State Health Services HIV/STD Program

HIV, Syphilis and HBV Testing and Pregnancy in Texas

Texas law (Chapter 81.090 of the Texas Health and Safety Code) requires physicians or others permitted by law to attend a woman during pregnancy or at delivery to test her for human immunodeficiency virus (HIV), syphilis and hepatitis B virus (HBV). She must be tested for HIV and syphilis at her first prenatal visit and during the third trimester. If no record of third trimester test results are available, expedited tests for HIV and syphilis must be conducted at delivery. Expedited HIV testing of infants at delivery is also required if a mother's results are undetermined. The law also requires pregnant women to be tested for hepatitis B at her first prenatal visit and at delivery.

Time of Test	Perinatal Tests Required by Texas Law
First Prenatal Visit	• HIV, HBV and syphilis test required
Third Trimester	• HIV test required • Syphilis test required at 28 weeks or later[1]
Delivery	• Expedited syphilis and HIV test[2] required if no record of third trimester result • HBV test required
Newborn Tests	• Expedited HIV test[2] required if no record of third trimester result

[1] CDC recommends testing between weeks 28 and 32. Treatment should begin 30 days before delivery for optimal results.
[2] Expedited test. Test must be expedited and result obtained < 6 hours. For newborn test, blood must be drawn < 2 hours after birth.

Pregnancy Stage	Recommended Perinatal Tests and Precautions[1]
First Trimester	• Chlamydia & gonorrhea screening, especially for women at risk[2] • Retest 3-4 weeks after treatment for gonorrhea or chlamydia
Third Trimester	• Chlamydia test for high-risk women[2]
Delivery	• Syphilis test for any woman delivering a stillborn infant • Syphilis test recommended for high risk women[3] and where syphilis prevalence is high • Testing for HBV for women not previously tested or at high risk for HBV[4]
Newborn Vaccinations and Precautions	• First of three HBV vaccinations is given • Required prophylaxis to prevent ophthalmia neonatorum (conjunctivitis sometimes caused by gonorrhea or chlamydia bacteria)

[1] Recommendations from the Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecology (ACOG).
[2] High risk for chlamydia includes women under age 25 and those with a new or more than one sex partner.
[3] High risk for syphilis includes no evidence of previous test, are uninsured or low income, are diagnosed with a STD during the pregnancy and/or exchange sex for money or drugs.
[4] High risk for HBV includes more than one sex partner in the previous six months, evaluation or treatment for an STD, recent or current injecting-drug use, HBsAg-positive sex partner, and those with clinical hepatitis should be retested at the time of admission to the hospital for delivery.

Why test pregnant women?

Testing and treatment for HIV, HBV and syphilis prevents infected infants. Without knowledge of HIV status, a mother with HIV has an approximately 25 percent chance of transmitting HIV to her unborn child. If pregnant women with HIV are tested and receive appropriate care and treatment during pregnancy, labor, and delivery, and the newborn is treated as well, the transmission rate can be decreased to 2 percent or less.

Therapy includes antiretroviral medicine as well as cesarean delivery for women with high HIV viral loads (>1,000 copies/ml). Even when medicine is not started until labor and delivery, transmission rates are reduced to 10 percent. Testing and treatment also decreases rates of syphilis and HBV infection. Perinatal syphilis screening allowed Texas clinicians to identify 79 cases of congenital syphilis in 2012, enabling them to provide treatment and follow up. For infants born to women with infectious HBV, 70-95 percent will not be infected if they receive HBV vaccine and treatment within 12 hours of delivery.

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Consent and Information Distribution

Before testing a patient for HIV, syphilis and HBV, the clinician must inform the woman that the tests will be performed unless she objects (HIV only). Separate consent forms are not required and verbal notification is acceptable. Most women give consent to be tested. If a woman objects to HIV testing, a referral to an anonymous testing site should be made. In addition to giving a referral to an anonymous HIV testing site, the clinician can discuss testing with the patient. Women refuse testing for different reasons. A clinician should listen to the patient and give information about risk factors, advantages of testing, ease of testing, and inform the woman of resources if the result is positive. A clinician cannot test a woman without consent. Medical records should reflect that the test was explained to the patient and she consented.

All women, regardless of consent, must receive printed materials about HIV, HBV and syphilis. Materials must include information about disease transmission and prevention, frequency, infection consequences for the child and available treatment. When possible, material should be provided in a language and literacy level patients understand. Appropriate materials are available in English and Spanish from the Texas Department of State Health Services (DSHS). Medical records should also note the patient received printed materials.

Positive Test Results

If a woman receives a preliminary positive HIV result for an expedited test at labor and delivery, CDC and ACOG recommend starting prophylaxis treatment for the woman and her infant. When a pregnant woman has HIV, syphilis or HBV, the clinician must provide disease-specific treatment information she can understand. The clinician may also refer her to another clinic for appropriate treatment.

Clinicians must provide the opportunity for individual, face-to-face counseling to each HIV-positive pregnant woman immediately upon revealing her HIV test results.

Post-test HIV counseling must include the:

- Meaning of the test result;
- Possible need for additional testing;
- Measures to prevent transmission of HIV;
- Benefits of partner notification;
- Availability of confidential partner notification services through local public health departments; and
- Availability of health care services, including mental health social and support services, in the area where the patient lives (refer patients to 211).

Post-test HIV counseling should:

- Increase understanding of HIV infection;
- Explain potential need for confirmatory testing;
- Explain ways to change behavior to prevent HIV transmission;
- Encourage the patient to seek appropriate medical care; and
- Encourage the patient to notify her sex or needle-sharing partners or access partner notification services (English) or Spanish.

For more information, additional resources and a list of free patient education materials, please visit www.dshs.state.tx.us/hivstd/info/pregnancy.shtm.

Perinatal Hotline

Call 888-448-8765 for free 24-hour clinical consultation and advice on treating HIV-infected pregnant women and their infants as well as indications and interpretations of rapid and standard HIV testing in pregnancy.

Records Retention

Clinicians must retain a report of each client case for nine months and deliver the report to any successor in the case.

Fast Fact

According to birth records, of the 380,227 Texas women delivering in 2012, 99 percent were tested for HIV either prenatally or at labor and delivery confidential test means the test result is in the medical record.

Visit gettested.org to find an HIV or STD testing site.

Call 211 or (800) CDC-INFO to find an HIV/AIDS service provider in Texas or locate other patient resources.

Texas HIV Medication Program

Refer patients unable to pay for HIV medications to (800) 255-1090.

TEXAS Department of State Health Services

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