STI, Hepatitis B/C, and HIV Screening Recommendations for Pregnant Women

Illinois Department of Public Health

Sexually Transmitted Infections (STI) can complicate pregnancy and may have serious consequences for both a woman and her developing baby. As a healthcare provider caring for pregnant women, you play a key role in safeguarding the health of both a mother and her unborn child. A critical component of appropriate prenatal care is ensuring that pregnant patients are tested for STIs. Test your pregnant patients for STIs starting early in their pregnancy and repeat close to delivery, as needed. To ensure that the appropriate tests are being performed, we encourage you to have open, honest conversations with your pregnant patients and, when possible, their sex partners about symptoms they have experienced or are currently experiencing and any high-risk sexual behaviors in which they engage.

The **Illinois Department of Public Health** has developed this screening guide for all medical providers responsible for the care of pregnant women. This guide follows the Center for Disease Control and Prevention (CDC) national recommendations for screening and treating pregnant women published in the current CDC, STD Treatment Guidelines.

SYPHILIS SCREENING

TESTING	**Health care providers are required by Illinois law (410 ILCS 320/1) to screen all pregnant women for syphilis infection during the first prenatal visit and during the third trimester. Report Congenital Syphilis cases within 24 hours.** - In the event any blood test indicates a positive or inconclusive result an additional test or tests shall be performed. - Infants should not be discharged from the hospital unless the syphilis serologic status of the mother has been determined at least one time during pregnancy and preferably again at delivery. *Note: Pregnant women must be treated with Benzathine penicillin G according to the stage of infection.*	
RISK FACTORS	• More than one sex partner in the previous six months • Evaluation or treatment for a Sexually Transmitted Infections • Not previously tested or having a positive test in the first trimester	• Behaviors that constitute an increased risk for an STI • Living in an area with high numbers of syphilis cases
RE-TEST	Any woman who delivers a stillborn infant after 20 weeks gestation should be tested for syphilis regardless of risk. *Note: Sex partners must be treated to avoid re-infection.*	

HIV SCREENING

TESTING	**Health care providers are required by Illinois law (410 ILCS 335/1) to screen newborns for HIV if mother's HIV status is unknown.** **All pregnant women should be screened for HIV during the first prenatal visit.** - Screening should be conducted after the woman is notified that she will be screened for HIV as part of the routine panel of prenatal tests, unless she declines (e.g., opt-out screening). For women who decline HIV testing, providers should address their objections and, when appropriate, continue to strongly encourage testing. - Women who decline testing because they have had a previous negative HIV test should be informed of the importance of retesting during each pregnancy. - Additional testing of the newborn is not required if the mother has documentation of a negative HIV test in her third trimester or if she previously tested positive for HIV.	
RISK FACTORS	• Recent or current injection-drug use • Sexually transmitted infection during pregnancy	• Multiple sex partners during pregnancy • Live in an area with high HIV prevalence or have HIV-infected partners
RE-TEST	Re-testing in the third trimester (any time between the 27th week and delivery) is recommended for women at high risk for acquiring HIV infection. Rapid HIV screening should be performed on any woman in labor who has an undocumented HIV status unless she declines. If rapid HIV test results are reactive, antiretroviral prophylaxis is recommended prior to confirmatory test results.	

HEPATITIS B SCREENING		
TESTING	**All pregnant women should be screened for Hepatitis B surface antigen (HBsAg) during the first prenatal visit of <u>each</u> pregnancy, even if they have been previously vaccinated or tested. Pregnant women who were not screened prenatally should be tested upon admission for delivery.**	
RISK FACTORS	• More than one sex partner in the previous six months • Evaluation or treatment for a sexually transmitted infection • Recent or current injection-drug use	• HBsAg-positive sex partner • Pregnant women at high risk should be vaccinated for HBV
RE-TEST	Pregnant women who are at high risk for Hepatitis B infection or with signs/symptoms should be <u>tested upon admission for delivery</u>.	

HEPATITIS C SCREENING		
TESTING	**All pregnant women at high risk should be screened for Hepatitis C during the first prenatal visit.**	
RISK FACTORS	• Past or current injection-drug use • Long-term dialysis	• History of blood transfusion or organ transplantation before July 1992 • Known Hepatitis C Virus exposure

CHLAMYDIA	
TESTING	**All pregnant women < 25 years of age and older pregnant women at increased risk for infection should be routinely screened for chlamydia during the first prenatal visit.**
RISK FACTORS	• New or multiple sex partners or sex with concurrent partners • Sex partner diagnosed with a sexually transmitted infection
RE-TEST	Re-screen in third trimester if < 25 years of age or at continued high risk. *Note: Pregnant women found to have chlamydia infection should have a test-of-cure three to four weeks after treatment and also be re-tested within three months.*

GONORRHEA		
TESTING	**All pregnant women < 25 years of age and older pregnant women at increased risk for infection should be routinely screened for gonorrhea during the first prenatal visit.**	
RISK FACTORS	• New or multiple sex partners or sex with concurrent partners • Previous or coexisting sexually transmitted infection • Sex partner diagnosed with a sexually transmitted infection	• Living in high morbidity area • Exchanging sex for money or drugs
RE-TEST	Rescreen in third trimester for women at continued high risk.	

Evidence does not support routine screening in asymptomatic women for Trichomoniasis, Bacterial Vaginosis (BV), and Herpes (HSV - 2).

<u>Physicians needing additional information may contact the Illinois Department of Public Health:</u>

Sexually Transmitted Disease Section:	217-782-2747	8:30 a.m. – 5:00 p.m.
HIV Section:	217-524-5983	8:30 a.m. – 5:00 p.m.
Communicable Disease Section:	217-782-2016	8:30 a.m. – 5:00 p.m.
Illinois Perinatal Hotline:	1-800-439-4079	24/7

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Additional information on the treatment and follow-up of syphilis, HIV, Hepatitis B, Hepatitis C, chlamydia, and gonorrhea is also available by consulting the CDC's "Sexually Transmitted Diseases Treatment Guidelines, 2015" at www.cdc.gov/std/treatment/.

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