

**Michigan Department of Health and Human Services (MDHHS)**  
**Perinatal Human Immunodeficiency Virus (HIV), Hepatitis B and Syphilis Testing and Reporting Guidelines**

For Prenatal Care (PNC), Labor and Delivery (L&D), and Emergency Department (ED) Medical Providers

**Physicians and other health care professionals** providing medical treatment to pregnant women are required, at the time of initial prenatal screening and examination, to test for **HIV, hepatitis B and syphilis**, unless the woman refuses to be tested or the provider deems the tests are medically inadvisable. (Per section 333.5123 of Michigan's Public Health Code, Act No. 368 of the Public Acts of 1978, as amended).

**Health care facilities** should have written policies and procedures, as well as standing orders, in place to ensure that HIV, hepatitis B and syphilis testing and counseling are components of a health care facility's clinical pathways.

**Informed consent is required** for HIV testing and may be incorporated into a general consent form for medical care. Medical providers must document consent, either by patient signed consent or medical record documentation of the patient's verbal consent.

**Pregnant women should receive appropriate information** regarding prevention, transmission, the rights of test subjects, access to clinical care, counseling and support services for HIV, hepatitis B and syphilis, as a routine part of all prenatal care.

PRENATAL, L&D, ED TESTING	HIV	HEPATITIS B	SYPHILIS
<p><b>All women in first trimester of pregnancy</b></p>	<p><b>Women should be tested for Hepatitis B surface antigen (HBsAg), HIV (4<sup>th</sup> generation Ag/Ab assay) and syphilis (treponemal and nontreponemal tests), as soon as possible in the first trimester of pregnancy, as part of routine care.</b></p> <p>(e.g., upon diagnosis of pregnancy at any healthcare facility; at the initial prenatal visit).</p> <p><b>All positive screening tests must be confirmed.</b></p> <p><b>Consult</b> an infectious disease specialist, or experienced perinatal provider, promptly upon confirmation of a positive test result.</p>		
<p><b>All women in third trimester of pregnancy</b></p>	<p><b>Test at 26-28 weeks gestation</b>, if not previously confirmed as HIV-positive, regardless of perceived risk and/or previous negative test result.</p> <p><b>All positive screening tests must be confirmed.</b></p> <p><b>Consult</b> an infectious disease specialist, or experienced perinatal provider, promptly upon confirmation of a positive test result.</p> <p><b>Consult</b> a pediatric infectious disease specialist upon confirmation of HIV infection in a pregnant woman so that a care plan for the infant can be developed prior to the onset of labor.</p>		<p><b>Test at 28 weeks gestation, and at delivery</b>, regardless of previous test results.</p> <p><b>Consult</b> a pediatric infectious disease specialist and notify the MDHHS Congenital Syphilis Coordinator about any confirmed syphilis infection in a pregnant woman, as well as her treatment history, so that a care plan for the infant can be developed prior to the onset of labor.</p>
<p><b>Women with negative test results who are known to be at high risk for infection</b></p> <p><u>For example, women who:</u></p> <ul style="list-style-type: none"> <li>- have a sexually transmitted disease (STD) during pregnancy</li> <li>- inject drugs</li> <li>- have a sex partner who injects drugs</li> <li>- have a male partner who has sexual contact with a man</li> <li>- exchange sex for money or drugs</li> <li>- have an HIV-infected partner</li> <li>- have an HBsAg-positive household member or sex partner</li> <li>- have a new sex partner, or more than one sex partner, during pregnancy</li> </ul>	<p><b>Retest at 36 weeks gestation or at delivery</b>, regardless of previous negative test results.</p> <p>Test women who have signs or symptoms consistent with acute HIV infection using a plasma RNA test in conjunction with an HIV antibody test.</p> <p><b>Consult</b> an infectious disease specialist, or experienced perinatal provider, promptly upon confirmation of a positive test result.</p> <p><b>Consult</b> a pediatric infectious disease specialist upon confirmation of HIV infection in a pregnant woman so that a care plan for the infant can be developed prior to the onset of labor.</p>	<p><b>Retest in third trimester or at delivery</b></p> <p>All positive screening tests must be confirmed.</p> <p><b>Consult</b> an infectious disease specialist and a pediatric infectious disease specialist promptly upon confirmation of a positive test result.</p>	
<p><b>Women who present to L&amp;D or ED with no available, documented test results</b></p> <p><u>For example, women who:</u></p> <ul style="list-style-type: none"> <li>- have no record of HBsAg testing</li> <li>- have no record of 3<sup>rd</sup> trimester HIV or syphilis test result</li> <li>- have had no prenatal care</li> <li>- present in the immediate postpartum period (24 hours)</li> </ul>	<p><b>Test STAT with rapid or expedited point of care testing.</b></p> <p>Every woman's medical record should include documentation of consent and testing, or declination of testing and reason for refusal.</p> <p>All positive screening tests should be reviewed promptly with an infectious disease specialist or HIV experienced perinatal provider.</p> <p>A pediatric infectious disease specialist should be notified about the pregnant woman's treatment history and viral load so that a care plan can be initiated prior to delivery.</p> <p>All positive screening tests must be confirmed.</p> <p>Hospitals must have procedures in place to report the confirmatory test results and HIV infection status to all women they test.</p>	<p><b>Test STAT</b></p> <p>All positive screening tests must be confirmed.</p> <p><b>Consult</b> an infectious disease specialist and a pediatric infectious disease specialist promptly upon confirmation of a positive test result.</p>	<p><b>Test STAT</b></p> <p>A pediatric infectious disease specialist and the MDHHS Congenital Syphilis Coordinator should be notified about any suspected syphilis infection in a pregnant woman so that a care plan for the infant can be developed prior to delivery.</p> <p>No mother should leave the hospital unless the maternal serologic status has been documented.</p>

