 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.

<table>
<thead>
<tr>
<th>PRENATAL, L&amp;D, ED TESTING</th>
<th>HIV</th>
<th>HEPATITIS B</th>
<th>SYPHILIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>All women in first trimester of pregnancy</td>
<td>Women should be tested for Hepatitis B surface antigen (HBsAg), HIV (4th generation Ag/Ab assay) and syphilis (treponemal and nontreponemal tests), as soon as possible in the first trimester of pregnancy, as part of routine prenatal care. (e.g., upon diagnosis of pregnancy at any healthcare facility; at the initial prenatal visit).</td>
<td>All positive screening tests must be confirmed.</td>
<td>Consult an infectious disease specialist, or experienced perinatal provider, promptly upon confirmation of a positive test result.</td>
</tr>
<tr>
<td>All women in third trimester (28 weeks up to and including delivery) of pregnancy</td>
<td>Test at 28 weeks up to and including delivery, if not previously confirmed as HIV-positive, regardless of perceived risk and/or previous negative test result.</td>
<td>All positive screening tests must be confirmed.</td>
<td>Consult an infectious disease specialist, or experienced perinatal provider, promptly upon confirmation of a positive test result. Consult 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.</td>
</tr>
</tbody>
</table>

 **Women with negative test results who are known to be at high risk for infection**

 For example, women who:
 - have a sexually transmitted disease (STD) during pregnancy
 - inject drugs
 - have a sex partner who injects drugs
 - have a partner who has sexual contact with a man
 - exchange sex for money or drugs
 - have an HIV-infected partner
 - have an HBsAg-positive household member or sex partner
 - have a new partner, or more than one sex partner, during the pregnancy

 Retest starting at 28-40 weeks gestation or at delivery, regardless of previous negative test results. Test women who have signs or symptoms consistent with acute HIV infection using a plasma RNA test in conjunction with an HIV antibody test. Consult an infectious disease specialist, or experienced perinatal provider, promptly upon confirmation of a positive test result. Consult 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.

 **Women who present to L&D or ED with no available, documented test results or prenatal care**

 For example, women who:
 - have no record of HBsAg testing
 - have no record of 3rd trimester HIV or syphilis test result
 - have no prenatal care
 - present in the immediate postpartum period (24 hours)

 Test STAT with rapid or expedited point of care testing. Every woman’s medical record should include documentation of consent and testing, or declination of testing and reason for refusal. All positive screening tests should be reviewed and confirmed promptly with an infectious disease specialist or HIV experienced perinatal provider. 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. All positive screening tests must be confirmed. Hospitals must have procedures in place to report the confirmatory test results and HIV infection status to all women they test. 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. No mother should leave the hospital unless the maternal serologic status has been documented.

 All previous versions are obsolete
### Maternal Treatment

**Prenatal Care Providers:**
An appropriate antiretroviral treatment plan should be initiated promptly upon consultation with an infectious disease specialist or HIV experienced perinatal provider.

**L&D and ED:**
Hospitals must have mechanisms in place to provide immediate initiation of an appropriate antiretroviral prophylaxis - antepartum, intrapartum and/or at the onset of delivery - on the basis of any reactive rapid or expedited HIV test result, without awaiting results of a confirmatory test.

Additionally, women who test positive for HIV should receive education on HIV transmission and be advised not to breastfeed.

### Infant Treatment

**Rapid HIV testing is recommended for all infants whose biological mothers have not been tested.** Inform the person legally authorized to provide consent for the infant, that rapid HIV testing is recommended for infants whose HIV exposure is unknown.

**HIV exposed infants** should be started on single or multidrug antiretroviral prophylaxis as soon as possible after birth. Preferably **within 6-12 hours of delivery.**

**Postnatal infant prophylaxis** is recommended, with 6 weeks of antiretroviral medication(s).

Hospitals must have mechanisms in place to:
1. **Provide ZDV/AZT, as well as nevirapine if indicated**, in syrup form to HIV-exposed infants in-house
2. Ensure that antiretroviral medications in syrup form are available to the infant after discharge.

**All infants should receive hepB vaccine within 24 hours of birth.**

Infants born to **HBsAg-positive women** should receive hepB vaccine and hepatitis B immune globulin (HBIG) **within 12 hours of birth**, followed by 2 more doses of hepB vaccine and post-vaccination serology 3-6 months after series completion.

**Infants exposed to syphilis** should be evaluated (including a nontreponemal test), as they may need treatment with penicillin G, according to current CDC STD Treatment Guidelines, immediately after birth.

### Documentation

Testing, refusal to test, refusal to accept treatment, and a description of any required perinatal tests that were not performed for any reason, **must be documented** in the woman's medical record.

**All test results and treatment should be recorded** in both the mother's and the baby's medical records, along with the date of testing, result, or refusal.

### Reporting

Women who test positive for **HIV, hepatitis B** and/or **syphilis** must be reported within **24 hours**, of diagnosis or discovery, to the local health department in the county of which the patient resides. (Per section 333.5111 of Michigan’s Public Health Code, Act No. 368 of the Public Acts of 1978, as amended)

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**Consultation concerning implementation of these guidelines can be obtained from:**

- **Michigan HIV Consultation Program at Henry Ford Health System** - Urgent questions call: 313-575-0332
  
  Non-urgent questions visit: [https://www.henryford.com/hcp/academic/medicine/divisions/id/hiv-consult](https://www.henryford.com/hcp/academic/medicine/divisions/id/hiv-consult)

- **Midwest AIDS Training and Education Center-Michigan**
  
  Provider Education 313-962-2000 [www.matecmichigan.org](http://www.matecmichigan.org)

- **National Perinatal HIV Consultation and Referral Service** 1-888-448-8765

- **Michigan Department of Health and Human Services**
  
  Perinatal HIV Questions 517-241-5900
  Perinatal Hepatitis B Questions 517-335-9443
  Congenital Syphilis Questions 517-241-0870

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