

**Guidelines for Testing and Reporting
Perinatal Human Immunodeficiency Virus (HIV), Hepatitis B and Syphilis
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 physician 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.

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

For more information on perinatal HIV testing, contact the expert providers listed on the back of these guidelines; the National Perinatal HIV Consultation and Referral Service 1-888-448-8765; and/or MATEC Michigan 313-962-2000.

PRENATAL, L&D, ED TESTING	HIV	HEPATITIS B	SYPHILIS
<p>All women in first trimester of pregnancy</p>	<p>Test as soon as possible in the first trimester of pregnancy, as part of routine care (e.g. upon diagnosis of pregnancy at any healthcare facility; at the initial prenatal visit).</p> <p>All positive screening tests must be confirmed.</p> <p>Upon confirmation of positive HIV status, an infectious disease specialist or HIV experienced perinatal provider should be consulted promptly.</p>		
<p>All women in third trimester of pregnancy</p>	<p>Test at 26-28 weeks gestation Test all pregnant women, who have not previously been confirmed as HIV-positive, at 26-28 weeks gestation, regardless of perceived risk and/or previous negative test result.</p> <p>All positive screening tests must be confirmed.</p> <p>All positive screening tests should be reviewed with an infectious disease specialist or HIV experienced perinatal provider.</p> <p>A pediatric infectious disease specialist should be notified about any confirmed 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>Retest in third trimester or at delivery Test all pregnant women before 36 weeks gestation, or at delivery, regardless of previous test results.</p>	<p>Retest in third trimester or at delivery Test all pregnant women between 28 and 36 weeks gestation, or at delivery, regardless of previous test results.</p> <p>A pediatric infectious disease specialist should be notified 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>Women with negative test results who are known to be at high risk for infection (e.g. women who have a sexually transmitted disease (STD) during pregnancy; inject drugs or have a sex partner who injects drugs; exchange sex for money or drugs; have an HIV-infected or HBsAg-positive sex partner; have a new or more than one sex partner during the pregnancy)</p>	<p>Retest at 36 weeks gestation or at delivery Test all women known to be at high risk for HIV infection at 36 weeks gestation or at delivery, regardless of previous negative test results.</p> <p>Also test women who have signs or symptoms consistent with acute HIV infection. When acute retroviral syndrome is a possibility, a plasma RNA test should be used in conjunction with an HIV antibody test to diagnose acute HIV infection.</p> <p>All positive screening tests should be reviewed promptly with an infectious disease specialist or HIV experienced perinatal provider.</p> <p>All positive screening tests must be confirmed.</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 for the infant can be initiated prior to delivery.</p>		
<p>Women who present in Labor/Delivery or Emergency Department with no available 3rd trimester test result (e.g. no prenatal care; no record of test result; refused testing; and women who present in the immediate postpartum period (24 hrs)</p>	<p>Test STAT with rapid or expedited point of care testing. <i>Every woman's medical record should include documentation of consent and testing, or declination of testing and reason for refusal.</i></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>Test STAT</p>	<p>Test STAT A pediatric infectious disease specialist 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>

	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.		
Maternal Treatment	PNC 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: Birthing hospitals must have mechanisms in place to provide immediate initiation of 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.	Women who are HBsAg-negative but are at high risk of acquiring HBV should consider getting the hepatitis B vaccine series.	No mother should leave the hospital unless the maternal serologic status has been documented. Women who test positive for syphilis should receive penicillin in accordance with current CDC STD Treatment Guidelines.
Infant Treatment	Rapid HIV testing is recommended for all infants whose biological mothers have not been tested. The person legally authorized to provide consent should be informed 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 close to the time of birth as possible, 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 hepatitis B vaccine; infants exposed at birth should receive the hepatitis B vaccine and the hepatitis B immune globulin (HBIG) within 12 hours of birth.	No infant should leave the hospital unless the maternal serologic status has been documented. Infants exposed to syphilis should be evaluated and treated with penicillin according to current CDC STD Treatment Guidelines shortly 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, should 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, refusal, or result.		
Reporting	Women who test positive for HIV must be reported within 7 days , while hepatitis B and/or syphilis must be reported within 24 hours of diagnosis or discovery, to the local health department in the county in 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).		

Questions concerning implementation of these guidelines can be addressed to:

Theodore Jones, MD; Oakwood Health System, thjones@med.wayne.edu, 313-503-1873 (beeper)

Jonathan Cohn, MD; WSU HIV/AIDS Program, jcohn@med.wayne.edu, 313-745-0203, #1860 (beeper)

Peter Gulick, MD; Ingham County Health Department, Peter.Gulick@hc.msu.edu, 517-230-7059 (cell)

Nnaemeka Egwuatu, MD; St. Mary's Health System, NEgwuatu@trinity-health.org, 616-397-9262 (beeper), 616-685-8200 (office and after hours)

Rosemary Olivero, MD; Helen DeVos Children's Hospital of Spectrum Health, rosemary.olivero@helendevoschildrens.org, 616-267-2183 (office)

Elizabeth Secord, MD; Children's Hospital of Michigan, esecord@med.wayne.edu, 313-745-0203, #2695 (beeper), 313-461-5245 (cell)

Mary Rose Forsyth, MSN, NP-C; MATEC Michigan, forsyth@sun.science.wayne.edu, 313-408-3483 (cell), 313-962-2000 (office)

Michigan Department of Community Health, Division of
Chronic Disease and Injury Control, HIV/AIDS Prevention and
Intervention Section

<http://www.michigan.gov/mdch>



MDCH is an equal opportunity employer, service and program provider.