

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

Texas law (Texas Health and Safety Code § 81.090) 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, syphilis, and HBV at her first prenatal visit. She must be tested for HIV and syphilis during the third trimester, at 28 weeks or later. She must also be tested for syphilis and HBV at delivery as well as HIV if there is no record of HIV testing during third trimester. Expedited HIV testing of infants at delivery is also required if a mother's results are undetermined.

Time of Test	Perinatal Tests Required by Texas Law
<b>First Prenatal Visit</b>	• HIV, HBV, and syphilis test required
<b>Third Trimester</b>	• HIV test required • Syphilis test required at 28 weeks or later <sup>1</sup>
<b>Delivery</b>	• Expedited HIV test required if no third trimester result <sup>2</sup> • Syphilis test required • HBV test required
<b>Newborn Tests</b>	• Expedited HIV test <sup>2</sup> required if no record of third trimester or delivery 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	Additional Recommended Perinatal Tests and Precautions <sup>1</sup>
<b>First Prenatal Visit</b>	• Chlamydia and gonorrhea screening for women under 25 years and older women at increased risk <sup>2</sup> • Retest 3-4 weeks after treatment for chlamydia
<b>Third Trimester</b>	• Chlamydia test for women under 25 years and older women at increased risk <sup>2</sup> • Gonorrhea test for women at increased risk <sup>2</sup>
<b>Newborn Vaccinations and Precautions</b>	• First of three HBV vaccinations is given • Required prophylaxis to prevent ophthalmia neonatorum (conjunctivitis sometimes caused by gonorrhea or chlamydia bacteria) • Evaluation of the infant exposed to syphilis as recommended by the <a href="#">Centers for Disease Control and Prevention (CDC) Treatment Guidelines</a> <sup>3</sup>

1 Recommendations from the CDC and the American College of Obstetricians and Gynecology (ACOG).

2 Increased risk means new or multiple sex partners, sex partner with concurrent partners, or sex partners who have an STD.

3 Born to mothers with reactive non-treponemal/treponemal labs: Quantitative nontreponemal serologic test (RPR or VDRL) performed on the neonate's serum.

## Why test pregnant women?

Testing and treatment for HIV, syphilis, and HBV prevents infected infants. Left untested and untreated, a mother with HIV has about a 25 percent chance of transmitting HIV to her unborn child. When pregnant women with HIV are diagnosed and provided with appropriate care and treatment, including treatment for the newborn, the HIV transmission rate can be reduced to 2 percent or less. Even when medicine is not started until labor and delivery, transmission rates are reduced to 10 percent.

Therapy includes antiretroviral medicine as well as cesarean delivery for women with high HIV viral loads (>1,000 copies/ml). Testing and treatment also decreases rates of syphilis and HBV infection. Perinatal syphilis screening allowed Texas clinicians to identify 367 cases of congenital syphilis in 2018, 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.



## Consent and Information Distribution

Before testing a patient for HIV, syphilis, or 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, the clinician should refer her to an anonymous HIV testing site. In addition to the referral, the clinician can discuss testing with the patient. Women refuse testing for different reasons. Listen to the patient and provide information about risk factors, advantages of testing, ease of testing, and HIV-related resources if the result is positive. A clinician cannot test a woman for HIV 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, syphilis, and HBV. 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 HIV 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 pregnant woman with a positive HIV test result immediately upon revealing her 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.

For more information, additional resources and a list of free patient education materials, please visit [www.dshs.texas.gov/hivstd/info/pregnancy.shtm](http://www.dshs.texas.gov/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.

## Confidential Test

A confidential test means the test result is in the medical record.

## Anonymous Test

An anonymous test means that the patient's name is not used.

## Visit [gettested.cdc.gov](http://gettested.cdc.gov)

to find an HIV or STD testing site.

## Call 211 or (800) CDCINFO

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.

## DSHS HIV/STD Program

(512) 533-3000

[www.dshs.texas.gov/hivstd](http://www.dshs.texas.gov/hivstd)

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