

# Screening Recommendations:

## Clinician Timeline for Screening Syphilis, HIV, HBV, HCV, Chlamydia, and Gonorrhea



### First Prenatal Visit

**Syphilis:** All pregnant women

**HIV:** All pregnant women<sup>i</sup>

**HBV:** All pregnant women<sup>ii</sup>

**Chlamydia:** All pregnant women <25 years of age and older pregnant women at increased risk<sup>iii</sup>

**Gonorrhea:** All pregnant women <25 years of age and older pregnant women at increased risk<sup>iv</sup>

**\*\*HCV:** Pregnant women at increased risk<sup>v</sup>



### Third Trimester

**Syphilis:** Certain groups of pregnant women<sup>vi</sup> at 28 -32 weeks

**HIV:** Certain groups of pregnant women<sup>vii</sup> before 36 weeks



### At Delivery

**Syphilis:** Select groups of pregnant women,<sup>vi</sup> pregnant women with no previously established status, or pregnant women who deliver a stillborn infant

**HIV:** Pregnant women not screened during pregnancy

**HBV:** Pregnant women not screened during pregnancy, who are at high risk,<sup>ix</sup> or with signs or symptoms of hepatitis

**Chlamydia:** Pregnant women <25 years of age or continued high risk<sup>iv</sup>

**Gonorrhea:** Pregnant women at continued high risk<sup>v</sup>

- i. To promote informed and timely therapeutic decisions, health care providers should test women for HIV as early as possible during each pregnancy.<sup>1</sup>
- ii. All pregnant women should be tested for hepatitis B surface antigen (HBsAg) during an early prenatal visit (e.g., first trimester) in each pregnancy, even if they have been vaccinated or tested previously.<sup>2</sup>
- iii. "Increased risk" means new or multiple sex partners, sex partner with concurrent partners, sex partners who have a sexually transmitted disease.<sup>3,4</sup>
- iv. "Increased risk" means new or multiple sex partners, sex partner with concurrent partners, sex partners who have a sexually transmitted disease.<sup>3</sup>
- v. "At increased risk" means past or current injection-drug use, having had a blood transfusion before July 1992, receipt of an unregulated tattoo, having been on long-term hemodialysis, intranasal drug use, and other percutaneous exposures.<sup>3</sup>
- vi. "Certain groups" includes women who are at high risk for syphilis or live in areas of high syphilis morbidity.<sup>3</sup>
- vii. "Certain groups" includes women who receive health care in areas with an elevated incidence of HIV or AIDS among women aged 15-45 years, who receive health care in facilities in which prenatal screening identifies at least one HIV-infected women per 1,000 women screened, known to be at high risk for HIV (i.e., injection-drug users and their sex partners, women who exchange sex for money or drugs, women who are sex partners of HIV-infected persons, women who have had a new or more than one sex partner during this pregnancy), or have signs or symptoms consistent with acute HIV infection.<sup>1</sup>
- viii. Women admitted for delivery at a health care facility without documentation of HBsAg test results should have blood drawn and tested as soon as possible after admission.<sup>2</sup>
- ix. Having had more than one sex partner during the previous 6 months, an HBsAg-positive sex partner, evaluation or treatment for a sexually transmitted disease, or recent or current injection-drug use.<sup>2</sup>

\*\*The recommended timing for HCV screening has not been consistently recommended and is displayed during the first trimester for illustrative purposes. HCV screening can be done at any time for a woman with risk factors. For example, a woman with risk factors presenting to care in the third trimester should be tested then, in the third trimester.

Note: United States Preventive Services Task Force Grade Recommendations guide insurance coverage for services. The most recent USPSTF grade recommendations for testing of these infections is as follows: Syphilis: "A" since 2009; HIV: "A" since 2005; HBV: "A" since 2009; HCV: "B" since 2013. For more information visit Prevention Through Health Care: Preventive Services.