



Required and Recommended Prenatal Screening for HIV and STDs

Why Screen Pregnant Women for HIV and STDs?

Undiagnosed HIV and/or STD infection in pregnant women can lead to health issues for women, their fetus or newly born children, and their partners. Testing during pregnancy, labor and delivery can ensure that pregnant women receive the proper care to mitigate these health issues and ensure a healthy pregnancy, delivery and infant. Due to the high morbidity of HIV and STDs in South Carolina, preventive testing is crucial. Healthcare providers should promote testing based on clinical recommendations and state law. If women are unsure about testing, please provide information on the advantages of testing, resources available for positive diagnoses, and materials on HIV/STDs.

Prenatal Screening

1st Prenatal Visit:

ALL pregnant women should receive the following tests at the first prenatal visit with each pregnancy:

- **Syphilis:** Rapid Plasma Reagin (RPR) is **required** by S.C. Code of Laws (44-29-120).
- **HIV:** Unless the woman is known to be positive, HIV screening should be offered as an opt-out test and as part of the general patient consent statement. Document results or opt-out in the chart.
- **Hepatitis B:** Test for Hepatitis B surface antigen (HBsAg), even for those with a positive Hepatitis B core antibody. Vaccination should be provided for pregnant women with risk factors (listed below), after screening.
- **Hepatitis C:** Women at risk for Hepatitis C (including current or past injection drug users) should be screened.
- **Chlamydia and Gonorrhea:** Screen all pregnant women under 25 years of age and those over 25 years of age with risk factors (listed below).

Third Trimester (28-32 weeks):

Follow up testing is recommended for:

- **ALL** pregnant women should be re-screened for HIV and Syphilis in the third trimester.
- Pregnant women with any of the risk factors listed below should be re-screened for Chlamydia, Gonorrhea, and Hepatitis B during the third trimester.

Note: In addition to women with risk factors, women under 25 years of age should be re-tested for Chlamydia in the 3rd trimester even if tested in the 1st trimester, and all pregnant women infected with Chlamydia be re-tested at least three weeks after treatment.

Risk Factors

- Partner(s) living with or at risk for HIV
- Illicit drug use
- History of STDs during this pregnancy or one year prior to pregnancy
- New or multiple sex partners during pregnancy
- Exchanges sex for money or drugs
- Signs or symptoms of acute HIV infection, Syphilis or other STD

Labor and Delivery Screening

- All women with undocumented or unknown HIV, RPR, or Hepatitis B status should receive Syphilis (RPR), Hepatitis B (HBsAg), and rapid HIV screening at delivery.
- Women who have been treated for Syphilis within one year of pregnancy should receive an RPR at delivery.
- Any woman who delivers a stillborn infant should be tested for Syphilis.

Report ALL Positive Tests to Your Local Health Department

Please refer to the [South Carolina List of Reportable Conditions](#) for reporting guidelines.

<http://www.scdhec.gov/Health/FHPF/ReportDiseasesAdverseEvents/ReportableConditionsInSC/>

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Screening for STDs during Pregnancy: Recommendations & Guidelines

	Prenatal Screening		Labor and Delivery Screening
	First Prenatal Visit	Third Trimester	L&D
Syphilis	Required by S.C. State Law S.C. Code of Laws (44-29-120) .	Recommended for ALL pregnant women	Yes, if status is unknown or undocumented, if treated for syphilis within one year of L&D, or if infant is stillborn
HIV	Unless the woman is known to be positive, HIV screening should be offered as an opt-out test.	Recommended for ALL pregnant women	Yes, if status is unknown or undocumented
Hepatitis B	Test for Hepatitis B surface antigen (HBsAg), even for those with a positive Hepatitis B core antibody.	Yes, if risk factors present	Yes, if status is unknown or undocumented
Hepatitis C	Women at risk for Hepatitis C infection (including current or past injection drug users) should be screened	--	--
Chlamydia	Screen all pregnant women under 25 years of age and those over 25 years of age with risk factors	Yes, if risk factors present, if woman is under 25 years of age, and if infected during pregnancy (retest at least 3 weeks after treatment)	--
Gonorrhea	Screen all pregnant women under 25 years of age and those over 25 years of age with risk factors (including new or multiple partners at time of screening)	Yes, if risk factors present	--

Positive HIV, Syphilis and Hepatitis B Cases

If a woman tests positive for HIV, Syphilis or Hepatitis B during pregnancy, providers must report to DHEC to assure appropriate follow-up for mothers and their infants. If a mother was previously diagnosed with HIV or Hepatitis B, report each pregnancy to DHEC for follow-up. DHEC staff at the local health departments will provide service coordination and referrals as needed for mothers and infants.

- **For Perinatal HIV and Congenital Syphilis Prevention** Call 1-800-322-2437
- **For Perinatal Hepatitis B Prevention** Call 1-800-277-4684

HIV and STD Testing and Care Resources

- Sexually Transmitted Diseases Treatment Guidelines: Special Populations, 2015. <https://www.cdc.gov/std/tg2015/specialpops.htm>
- Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>
- Perinatal Hepatitis B Prevention. <https://www.cdc.gov/hepatitis/HBV/PerinatalXmtn.htm>
- DHEC Viral Hepatitis Website. <http://www.scdhec.gov/Health/DiseasesandConditions/InfectiousDiseases/HIVandSTDs/ViralHepatitis/>