Texas Consortium for Perinatal HIV Prevention (TCPHP)

Recommendations for HIV Testing of Pregnant Women in Texas

Based on (i) The Centers for Disease Control and Prevention recommendations with additional modifications; MMWR September 22, 2006 / 55(RR14); 1-17; and (ii) Texas Health and Safety Code 81.090, and Texas Administrative Code, Rule 97.135.

1. **Universal Opt-Out Screening**
   - 1.1. All pregnant women in the State of Texas should be screened for HIV infection.
   - 1.2. Screening should occur after a woman is notified that HIV screening is recommended for all pregnant patients and that she will receive an HIV test as part of the routine panel of prenatal tests unless she declines (opt-out screening).
   - 1.3. HIV testing must be voluntary and free from coercion. No woman should be tested without her knowledge.
   - 1.4. Prior to being tested, pregnant women should receive oral or written information that includes an explanation of HIV infection, a description of interventions that can reduce HIV transmission from mother to infant, and the meanings of positive and negative test results. Women should be offered an opportunity to ask questions and to decline testing.
   - 1.5. No separate signed informed consent shall be required for HIV testing. The verbal notification for the HIV test should be documented in the medical records.
   - 1.6. If a patient declines an HIV test, this decision should be documented in the medical record.

2. **Timing of HIV Testing in Pregnancy**
   - 2.1. Initial Test: To promote informed and timely therapeutic decisions, health-care providers should test women for HIV at the very first health care visit, inpatient or outpatient. Women who decline the test early in prenatal care should be encouraged to be tested at a subsequent visit.
     - 2.1.1. No separate signed informed consent shall be required for HIV testing. The verbal notification for the HIV test should be documented in the medical records.
   - 2.2. A second HIV test during the third trimester, preferably at 32-36 weeks of gestation, should be performed on all pregnant women.
     - 2.2.1. No separate signed informed consent shall be required for HIV testing. The verbal notification for the HIV test should be documented in the medical records.
   - 2.3. All pregnant women who have positive confirmatory HIV test results shall be counseled immediately about the results, perinatal transmission risks, and

methods of prevention. Health care providers should consult with specialists who are familiar with HIV treatment of pregnant women.

2.4. All labor and delivery facilities testing for HIV shall make HIV test results available within 6 hours of collection. Upon admission to labor and delivery facilities, the prior HIV test results shall be reviewed by the medical staff. Adequate documentation of prior HIV test results shall be conducted by review of copies of original medical records of prenatal clinic visits or by review of copies of original laboratory test results. Only written documentation of official medical records should be considered as evidence of HIV test results. Verbal information on the HIV test results provided by the patients shall not be acceptable.

2.5. Any woman without the result of an HIV test in the third trimester of pregnancy or with an undocumented HIV status during this pregnancy shall be tested for HIV at the time of labor, unless she declines (opt-out screening), with results available within 6 hours without waiting for a confirmatory test result.[1]

2.5.1.1. No separate signed informed consent shall be required for HIV testing. The verbal notification for the HIV test should be documented in the medical records.

2.6. Immediate initiation of appropriate antiretroviral prophylaxis should be recommended to women on the basis of a positive screening test result without waiting for the result of a confirmatory test, unless the patient has been previously identified to have a false-positive test or advised otherwise by an HIV specialist

2.7. All women who have positive confirmatory HIV test results at delivery should be counseled immediately about the results and referred to specialists who can provide further HIV care.

3. **Postpartum Testing of Mothers**

3.1. When a woman's HIV status is still unknown at the time of delivery, she should be tested immediately postpartum for HIV unless she declines (opt-out screening), with the intent to make the results available within 6 hours without waiting for a confirmatory test.

3.1.1. No separate signed informed consent shall be required for HIV testing. The verbal notification for the HIV test should be documented in the medical records.

3.2 All women who have indeterminate HIV test results at delivery should have follow-up HIV tests at their post-partum visit within 1 month of delivery. If still indeterminate, repeat the tests at 3 and 6 months post-partum. If tests convert to confirmed positive, the women should be referred to specialists who can provide further HIV care and have their infants tested immediately for HIV infection by health care providers who are familiar with the testing and treatment protocol of infants.

4. **Infant Testing**

4.1. When the mother's HIV status is unknown postpartum, testing of the infant less 2 hours after the time of birth is recommended so antiretroviral prophylaxis can be offered to the HIV-exposed infant. The results should be available within 6 hours without waiting for a confirmatory test. The guardian should be informed that identifying HIV antibodies in the newborn indicates that the mother is infected.

4.1.1. No separate signed informed consent shall be required for HIV testing. The verbal assent of the parent/legal guardian for the HIV test should be documented in the medical records.

4.2. All infants of HIV confirmed positive mothers will be tested by virologic methods (HIV qualitative or quantitative viral genomic assay) soon after delivery (can be delayed until 2 weeks of age) and begin antiretroviral medication(s) within 12 hours after birth.

4.3. Infants of mothers with indeterminate HIV results may be tested as well by virologic methods and given antiretroviral medication(s) unless the mother is known to have previous false-positive results or advised otherwise by an HIV specialist.

4.4 All infants who are born to mothers with a confirmed positive HIV test should be evaluated for HIV infection by health care providers who are familiar with the testing and treatment protocol of infants.

5. **Confirmatory Testing**

5.1. Whenever possible, uncertainties regarding laboratory test results indicating HIV infection status should be resolved before final decisions are made regarding reproductive options, antiretroviral therapy, cesarean delivery, or other interventions.

6. **HIV Infection Reporting**

6.1. Any positive results for HIV screening or confirmatory testing of the mother at the first prenatal visit, during the third trimester, at delivery or after the birth of the child shall be reported to the local health authority. Any positive or negative test results from HIV testing of the newborn shall be reported to the local health authority.