

UTMB HANDBOOK OF OPERATING PROCEDURES

Section 9 Subject 9.13	Clinical Policies General Procedures	05/16/01 -Originated 05/05/14 -Reviewed w/ changes 04/01/10 -Reviewed w/o changes 05/28/14 -Effective OB/Gyn Department -Author
<b>Policy 9.13.15</b>	<b>Serological Testing for Syphilis, Hepatitis B, and HIV During Pregnancy and Delivery</b>	

## Serological Testing for Syphilis, Hepatitis B, and HIV during Pregnancy and Delivery

### Policy

In accordance with [Texas law](#), patients who are pregnant shall undergo serological testing for certain communicable diseases as provided in this policy.

#### **First Examination:**

All patients who are pregnant shall be tested for syphilis, hepatitis B, and HIV infection during their first antenatal evaluation at any inpatient or outpatient location at UTMB.

#### **Second Examination:**

All patients who are pregnant will have a second, repeat testing for HIV infection during their third trimester (between 32 and 36 weeks).

#### **Labor and Delivery:**

All patients who are pregnant presenting in labor shall be tested for syphilis and hepatitis B, regardless of whether the patient was previously tested and the results were negative for hepatitis B surface antigen.

Patients who are pregnant shall also be retested for HIV if the results of a previous test performed within three months prior to delivery are not available for review. Verbal results provided by the patient are not adequate. If the patient is tested for HIV during labor or soon after delivery, the preliminary HIV test shall be made available within 6 hours of sample collection without waiting for confirmatory Western blot results.

#### **Newborns:**

Maternal hepatitis B, syphilis and HIV infection test results will be reviewed as soon as possible after delivery. All infants of HIV confirmed positive mothers will be tested by virologic methods (HIV qualitative or quantitative viral genomic assay) as soon as possible after delivery.

If a patient is tested for HIV infection at delivery or the mother's HIV status is unknown postpartum, the physician or other person in attendance at delivery shall take a sample of blood or other appropriate specimen from the newborn child within two hours of the child's birth, submit the sample for testing, and instruct the laboratory to expedite the processing of the test so that the results

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**Policy,  
continued**

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are received within six hours of sample collection, without waiting for a confirmatory test.

The mother should also be informed that identifying HIV antibodies in the newborn indicates that she herself is infected. A separate signed informed consent form is not required for HIV testing the infant. The verbal assent of the mother should be documented in the medical records. If the mother is not available for consent, the designated legal guardian for the infant should provide the consent which shall be documented in the medical records.

**Testing  
Protocol**

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1. A sample of the patient's blood shall be drawn and sent to the laboratory in a manner that conforms to state law for standard serological tests for syphilis, hepatitis B, and HIV infection.
  2. If an initial Western Blot-confirmed HIV test is positive, the woman shall be retested as soon as possible to verify that she is repeatedly positive.
  3. If there is any discrepancy between the first and second test, the serology laboratory director shall be notified as soon as possible to investigate the discrepancy and the patient shall be retested one more time.

**Notification  
and  
Counseling;  
Documentation;  
Disclosure of  
Results**

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Additionally, before a sample is taken for tests, each patient will receive printed information provided by the Texas Department of Health about HIV, AIDS, hepatitis B, and syphilis. The patient will also be verbally notified that an HIV test will be performed as part of routine prenatal care as required by Texas law. No separate signed informed consent form for HIV testing is required. If the patient objects, the patient will be referred to an anonymous testing facility or instructed about anonymous testing methods. The healthcare provider will note in the patient's medical record that the printed materials were provided to the patient, and that verbal notification that an HIV test will be performed was given.

The healthcare provider shall advise the patient that the results of these serological tests are confidential but not anonymous. The healthcare provider will explain the difference between a confidential and anonymous test to the patient, and that an anonymous test may be available from another entity. This explanation and information should be made available to the patient in language and terms the patient can understand, as resources permit, taking into account her preferred language and literacy.

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**Notification and Counseling; Documentation; Disclosure of Results, continued**

**Disclosure of Results:**

Negative test results will be communicated to the patient by any person authorized to release such results, including those directly involved in the patient’s care.

Positive test results will be communicated to patients by the physician or other person who submitted the blood sample in the following manner:

Provide or make available disease-specific information about treatment of the disease diagnosed or, for positive HIV test results, referral of the woman to an entity that provides treatment for individuals infected with HIV or AIDS; and provide or make available to her post-test counseling which includes:

1. the meaning of the test result;
2. the possible need for additional and confirmatory testing’
3. prevention of HIV transmission, particularly perinatal transmission;
4. availability of appropriate health services;
5. benefits and availability of partner notification;
6. information about HIV infection and behavior changes to reduce potential of HIV transmission;
7. encouragement to seek appropriate medical care; and encouragement to notify persons with whom there has been contact capable of transmitting HIV.

Test results will be maintained permanently in the patient’s medical record in accordance with UTMB’s record retention policies.

**Birth and Death Certificates**

The physician or other person required to report births or fetal deaths must state on the certificate whether a blood test for syphilis was performed during the pregnancy.

**References**

[Texas Administrative Code, Title 25, Chapter 97, Subchapter F](#)

[Texas Health and Safety Code §81.090](#)

[Texas Consortium for Perinatal HIV Prevention \(TCPHP\) –Recommendations for HIV Testing of Pregnant Women in Texas](#)

[Policy 9.3.10, Consent for HIV Antibody Testing & for Disclosure of Results](#)