

# 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>iii</sup>

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



### Third Trimester

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

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

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

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



### At Delivery

**Syphilis:** Select groups of pregnant women<sup>v</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,<sup>vii</sup> who are at high risk,<sup>viii</sup> or with signs or symptoms of hepatitis

- 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 (STD).<sup>34</sup>
- iv. "At increased risk" means injection-drug use (IDU), had a blood transfusion before July 1992, receipt of an unregulated tattoo, long-term hemodialysis, intranasal drug use, and other percutaneous exposures.<sup>3</sup>
- v. "Certain groups" includes women who are at high risk for syphilis or live in areas of high syphilis morbidity.<sup>3</sup>
- vi. "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 user and their sex partners, exchange sex for money or drugs, are sex partner of HIV-infected persons, have had a new or >1 sex partner during this pregnancy), or have signs or symptoms consistent with acute HIV infection.<sup>1</sup>
- vii. 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>
- viii. Having had more than one sex partner during the previous 6 months, an HBsAg-positive sex partner, evaluation or treatment for a STD, or IDU.<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 women 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 is "A" for Syphilis, HIV, and HBV, and "B" for HCV. For more information: <https://www.cdc.gov/nchhstp/preventionthroughhealthcare/preventiveservices/index.htm>

