STI, Hepatitis B/C, and HIV Screening Recommendations for Pregnant Women
Illinois Department of Public Health

Intrauterine or perinatally transmitted STIs, Hepatitis B/C, and HIV can have debilitating effects on pregnant women, their partners, and their fetuses. All pregnant women and their sex partners should be questioned and if needed, counseled about the possibility of these infections and access to testing and treatment should be provided.

The **Illinois Department of Public Health** has developed this screening guide for all medical providers responsible for the care of pregnant women. This guide follows the Center for Disease Control and Prevention (CDC) national recommendations for screening and treating pregnant women published in the current CDC, STD Treatment Guidelines.

SYPHILIS SCREENING

TESTING	**Healthcare providers are required by Illinois law (410 ILCS 320/1) to screen all pregnant women for syphilis infection during the first prenatal visit and during the third trimester.** - In the event any blood tests shall show a positive or inconclusive result an additional test or tests shall be performed. - Infants should not be discharged from the hospital unless the syphilis serologic status of the mother has been determined at least one time during pregnancy and preferably again at delivery.	
RISK FACTORS	• More than one sex partner in the previous six months • Evaluation or treatment for an STI	• Behaviors that constitute an increased risk for an STI
RE-TEST	Any woman who delivers a stillborn infant after 20 weeks gestation should be tested for syphilis regardless of risk.	

HIV SCREENING

TESTING	**Healthcare providers are required by Illinois law (Public Law 95-702) to screen newborns for HIV if mother's HIV status is unknown.** All pregnant women should be screened for HIV during the first prenatal visit. - Screening should be conducted after the woman is notified that she will be screened for HIV as part of the routine panel of prenatal tests, unless she declines (e.g., opt-out screening). For women who decline HIV testing, providers should address their objections and, when appropriate, continue to strongly encourage testing. - Women who decline testing because they have had a previous negative HIV test should be informed of the importance of retesting during each pregnancy.	
RISK FACTORS	•Recent or current injection-drug use •STIs during pregnancy	•Multiple sex partners during pregnancy •Live in areas with high HIV prevalence or have HIV-infected partners
RE-TEST	Re-testing in the third trimester (preferably before 36 weeks gestation) is recommended for women at high risk for acquiring HIV infection. Rapid HIV screening should be performed on any woman in labor who has an undocumented HIV status unless she declines. If rapid HIV test results are reactive, antiretroviral prophylaxis is recommended prior to confirmatory test results.	

HEPATITIS B SCREENING

TESTING	All pregnant women should be screened for Hepatitis B surface antigen (HBsAg) during the first prenatal visit of each pregnancy, even if they have been previously vaccinated or tested. Pregnant women who were not screened prenatally should be tested upon admission for delivery.	
RISK FACTORS	• More than one sex partner in the previous six months • Evaluation or treatment for an STI • Recent or current injection-drug use	• HBsAg-positive sex partner • Pregnant women at high risk should be vaccinated for HBV
RE-TEST	Pregnant women who are at high risk for Hepatitis B infection should be re-tested upon admission for delivery.	

HEPATITIS C SCREENING

TESTING	All pregnant women at high risk should be screened for Hepatitis C during the first prenatal visit.	
RISK FACTORS	• History of injection-drug use	• History of blood transfusion or organ transplantation before 1992

CHLAMYDIA/GONORRHEA SCREENING

TESTING	All pregnant women should be routinely screened for chlamydia/gonorrhea during the first prenatal visit.	
RISK FACTORS	• Women aged 25 years and younger • Previous chlamydia/gonorrhea or other STI infection • New or multiple sex partners	• Inconsistent condom use • Commercial sex work • Drug use
RE-TEST	Pregnant women found to have chlamydial/gonococcal infection during the first trimester should be re-tested within approximately 3-6 months, preferably in the third trimester. Uninfected pregnant women who remain at high risk for chlamydial/gonococcal infection should be re-tested during the third trimester.	

Physicians needing additional information may contact the Illinois Department of Public Health:

Sexually Transmitted Disease Section:	217-782-2747	8:30 a.m. – 5:00 p.m.
HIV Section:	217-524-5983	8:30 a.m. – 5:00 p.m.
Communicable Disease Section:	217-782-2016	8:30 a.m. – 5:00 p.m.
Illinois Perinatal Hotline:	1-800-439-4079	24/7

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Additional information on the treatment and follow-up of syphilis, HIV, Hepatitis B, Hepatitis C, chlamydia, and gonorrhea is also available by consulting the CDC's "Sexually Transmitted Diseases Treatment Guidelines, 2015" at www.cdc.gov/std/treatment/

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