Syphilis, HIV, and Hepatitis B Testing and Pregnancy: State Requirements for Texas Clinicians

Texas law (Texas Health and Safety Code § 81.090) requires physicians or others permitted by law to attend a woman during pregnancy or at delivery to test her for syphilis, Human Immunodeficiency Virus (HIV), and hepatitis B virus (HBV). She must be tested for syphilis, HIV, and HBV at her first prenatal visit. She must be re-tested for syphilis and HIV during the third trimester, but not earlier than 28 weeks' gestation. She must also be re-tested for syphilis and HBV at delivery. If there is no record of HIV testing during third trimester, an expedited[2] delivery HIV test must also be performed. Expedited[2] HIV testing of infants at delivery is also required if a mother's results are undetermined.

Time of Test	Prenatal and Perinatal Tests Required by Texas Law
First Prenatal Visit	• Syphilis, HIV, and HBV tests required
Third Trimester	• Syphilis test required no earlier than 28 weeks' gestation[1] • HIV test required
Delivery	• Syphilis test required • Expedited HIV test required if no third trimester result available[2] • HBV test required
Newborn Tests	• Expedited HIV test required if no record of third trimester or delivery result[2]

1 CDC recommends testing between weeks 28 and 32. Treatment should begin 30 days before delivery for optimal results.
2 Expedited test. Test must be expedited and result obtained < 6 hours. For newborn test, blood must be drawn < 2 hours after birth.

Pregnancy Stage	Additional Recommended Prenatal Tests and Newborn Precautions[3]
First Prenatal Visit	• Chlamydia and gonorrhea screening for women • Retest 3 months after treatment for chlamydia or gonorrhea
Second Trimester	• Syphilis test for women who have a fetal death after 20 weeks' gestation
Third Trimester	• Chlamydia and gonorrhea retest for women at increased risk[4]
Newborn Vaccinations and Precautions	• First of three HBV vaccinations is given • Required prophylaxis of erythromycin to prevent ophthalmia neonatorum (conjunctivitis sometimes caused by gonorrhea or chlamydia bacteria) • All infants born to women with reactive syphilis serology should have a quantitative nontreponemal serological test performed and be evaluated in accordance with the appropriate and recommended guidelines

3 Recommendations from the CDC.
4 Examples of increased risk include prior history of STD, new or multiple sex partners, sex partners with concurrent partners, or sex partners who have an STD.

Why test pregnant women?

Timely testing and treatment during pregnancy dramatically decreases rates of Congenital Syphilis (CS), perinatal HIV and HBV. Left untested and untreated, a mother living with HIV has about a 25 percent chance of transmitting HIV to her unborn child. When pregnant women living with HIV are provided with appropriate care and treatment, including treatment for the newborn, the HIV transmission rate can be reduced to 1 percent or less. Even when medicine is not started until labor and delivery, transmission rates are reduced to 10 percent. Therapy includes antiretroviral medication as well as cesarean deliveries for women with high HIV viral loads (>1,000 copies/ml).

In 2019*, there were 528 infants diagnosed with congenital syphilis in Texas, including 13 stillbirths. Not all infants with a CS diagnosis are symptomatic at birth, which makes screening, evaluation, and treatment of infants a valuable tool in preventing long-term complications like bone and teeth abnormalities, hearing loss, blindness, and developmental delays. Transmission of hepatitis B to high-risk babies can be prevented 85-95% at the time of labor and delivery by providing appropriate post-exposure prophylaxis (PEP) within 12 hours of birth.

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Consent and Information Distribution

Before testing a patient for HIV, the patient must be informed that the test will be performed unless they object. General consent and verbal notification is acceptable. Most pregnant patients consent to be tested.

If a patient objects, the clinician should refer her to an anonymous HIV testing site. In addition to the referral, the clinician can discuss testing with the patient. Women refuse testing for different reasons. Listen to the patient and provide information about risk factors, advantages of testing, ease of testing, and HIV-related resources if the result is positive. Medical records should reflect that the test was explained to the patient and if consent was obtained.

All women, regardless of consent, must receive printed materials about HIV, syphilis, and HBV. Materials must include information about the diagnosis, disease transmission and prevention, and treatment(s). Medical records should document that the patient received printed materials.

When possible, materials should be provided in the appropriate languages and literacy levels for patient understanding. Materials are available in English and Spanish from DSHS.

Positive Test Results

If a patient receives a preliminary positive HIV result for an expedited test at labor and delivery, Centers for Disease Control and Prevention (CDC) and American College of Gynecologists (ACOG) recommend immediate prophylaxis treatment for the patient and her infant. When a pregnant woman tests positive for syphilis, HIV, or HBV, the clinician must provide the appropriate treatment information that the patient can understand. The clinician may also refer the patient to another clinic for appropriate treatment.

Clinicians must provide the opportunity for individual, face-to-face counseling for each pregnant woman with a positive HIV test result immediately upon receiving test results.

Post-test HIV counseling must include the:

- Meaning of the test result;
- Possible need for additional testing;
- Measures to prevent transmission of HIV and other STDs;
- Benefits of partner notification;
- Availability of confidential partner notification services through local health departments; and
- Availability of health care services, including mental health, social and support services, in the area where the patient lives.

Post-test HIV counseling should:

- Increase understanding of diagnosis;
- Explain potential need for confirmatory testing;
- Explain ways to change behavior to prevent transmission;
- Encourage the patient to seek appropriate medical care; and
- Encourage the patient to access partner services through the local health department and/or to notify their sex and/or needle-sharing partners.

For more information, additional resources and a list of free patient education materials, visit dshs.texas.gov/hivstd/info/pregnancy.shtm.

** All 2019 data are provisional.*

Perinatal Hotline
Call **888-448-8765** for a free 24-hour clinical consultation and advice on treating pregnant persons with HIV and their infants as well as indications and interpretations of rapid and standard HIV testing in pregnancy.

Anonymous Test
An anonymous test means that the patient's name is not used.

Confidential Test
A confidential test means the test result is in the medical record.

Visit the DSHS HIV and STD testing page to find an HIV or STD testing site.

VIsit Your Texas Benefits to find other Texas benefits and resources.

Texas HIV Medication Program
Refer patients unable to pay for HIV medications to **800-255-1090**.

Congenital Syphilis Infant Evaluation Flowchart (PDF)

DSHS HIV/STD Program

(737) 255-4300
dshs.texas.gov/hivstd/

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