



## **HIV Screening Procedures for Pregnant Women and Infants**

AWHONN supports a system of HIV screening that allows all pregnant women and infants to be offered screening for HIV infection. Ideally, HIV screening is offered at the preconception visit. If not, HIV testing should occur as early in the pregnancy as possible to reduce the risk of transmission of the HIV virus to the newborn. In addition, it is important to offer repeat screening in the third trimester of the pregnancy to all pregnant women in high risk HIV settings. The CDC recommends that all pregnant women receive education about HIV and its transmission.

The CDC recommends universal opt-out screening, which means all pregnant women should be offered HIV screening, be aware that the screening is recommended and have the opportunity to opt-out of screening, if desired.<sup>1</sup> AWHONN supports this model of screening. Health care providers must be aware that states may have legislative requirements for HIV screening, testing and counseling. Health care providers must abide by the laws of the state.

AWHONN supports informed consent for all testing, including HIV testing. With HIV testing, all pregnant women should be aware that they are being tested, and should be provided with information that explains HIV infection and the importance of screening to facilitate early treatment and prevent transmission of the HIV virus to the newborn. At the time of consent, their option to opt-out of the test should be communicated. A woman should be made aware that even if she opts-out of testing; it is important to consider HIV-testing for her infant upon birth. Some states require mandatory testing of infants. The health care provider should be aware of the details of any state requirements regarding HIV testing and communicate these requirements to the woman.

The HIV screening test can be included as part of the routine profile of prenatal tests but it is important that each woman is aware that the HIV test will be done, and knows that she has the right to opt-out of this test. AWHONN encourages providers to consider obtaining a specific consent, separate from other routine prenatal testing, for HIV screening.

Women, who initially opt-out of HIV testing, may change their mind as their pregnancy progresses. In cases where a woman opts-out of testing, the provider should offer other opportunities for testing throughout the course of care.

The provision of information on screening should be documented in the woman's chart, as well as her decision regarding testing. If screening is declined, the reason should be documented as this information can facilitate future discussions about HIV screening.

If a woman presents in labor and her HIV status is unknown, AWHONN supports the use of HIV screening with a rapid HIV test as outlined in the CDC's guidelines<sup>11</sup> (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5310a7.htm>). The woman should be aware



that this test is being done, and she has the right to opt-out of this test. In the event of a reactive rapid HIV test, the nurse should communicate the results of this test to the health care team, and facilitate initiation of appropriate antiretroviral prophylaxis. This intervention should occur prior to confirmation of HIV status. With the mother's consent, the pediatric provider should be notified of the impending birth of an HIV-exposed infant. In addition, the mother should be made aware that the HIV status of the infant is a reflection of her own HIV status.

If a woman's HIV status is not known at the time of delivery, and a rapid HIV test was not done, the woman should be provided the opportunity to be screened immediately postpartum with a rapid HIV test. Again, the woman has the opportunity to opt-out from screening. In circumstances where the mother's HIV status is unknown, a rapid HIV test should be done on the newborn as soon as possible after birth. This will allow for antiretroviral therapy for the newborn. The CDC reports that neonatal antiretroviral prophylaxis is best achieved within 12 hours after birth.<sup>iii</sup> If a newborn screens positive for HIV, the woman should be informed, and be made aware that she is also infected and appropriate follow-up care for the woman and her newborn should be planned.

In communicating with the patient and health care team concerning the HIV testing status of a patient, health care providers should observe the confidentiality requirements established by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and any related state laws and facility confidentiality rules and regulations.

Most women are likely to accept HIV testing if they perceive that their health-care provider strongly recommends HIV testing. It is also helpful for women to know that that HIV screening is universally offered.<sup>iv</sup> Some women may initially decline universal screening because of lack of perceived risk; concerns about stigma or discrimination; fear of the disease; and/or concerns regarding partner violence. These are real concerns, and should be discussed with the woman. Testing should not be coerced and a woman should not be tested without her knowledge. Women with a positive HIV test should receive comprehensive education regarding the impact of her HIV status on her infant and any current or future sexual partners. Breastfeeding is contraindicated for HIV positive women.

Health care providers and facilities should strive to link women who screen HIV positive to community resources for further education and support. An HIV positive woman should be made aware that her HIV status may impact her child as well as any sexual partners. Referral of the woman and her family to counseling and other support services is important.

It is important that information regarding HIV status is presented in a culturally sensitive manner. Health care providers should be aware that a woman may be at risk for violence as a result of her HIV status. An assessment for domestic violence should be done. Whenever feasible, the woman and newborn should not be discharged from the hospital without specific community referrals. It is advisable that prior to discharge, the HIV positive woman has appointments with a primary care provider for herself and her



newborn. This is an important first step in the management of the patient's HIV infection.

## **Background**

The Centers for Disease Control and Prevention (CDC) have determined that voluntary HIV screening is cost-effective, even in health care settings where there are low rates of incidence of HIV. Early identification and diagnosis of HIV infection has allowed HIV infected individuals to take advantage of treatment earlier. In addition, early identification has the key public health benefit of reduction of HIV transmission.<sup>v</sup>

HIV infection is now a leading cause of death in women, right behind cancer and heart disease. Most HIV infected women are young and African-American women make up 60 percent of all AIDS cases in women in the United States.<sup>vi</sup> In the United States 80 percent of HIV infections in women result from heterosexual transmission. Injection drug use is the source of 19 percent of the HIV infections in women. It is estimated that 6,000 – 7,000 HIV-infected women give birth in the United States every year.<sup>vii</sup> The challenge is to identify women who are unaware of their HIV-positive status as early as possible in pregnancy in order to decrease the likelihood of transmission of the HIV virus to the newborn. The CDC HIV screening recommendations are designed to address this issue.

Women with HIV may feel they are stigmatized in a more damaging way than are men with HIV.<sup>viii</sup> Women face difficult decisions regarding informing their families, including their children, about their condition and making decisions about future childbearing. Health care providers should be aware of the unique concerns of HIV positive women. It is important to facilitate HIV counseling and support for these women.

HIV screening for pregnant women and their infants is an important part of prenatal and intrapartum care. Many states have implemented laws that regulate this practice. Health care providers should be aware of and adhere to their state law requirements. As further guidance, the September 22, 2006 recommendations from the Centers on Disease Control and Prevention (CDC) were published in the MMWR, *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings*. This guidance is the basis for the AWHONN position statement. For the full publication, please see: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>

### **CDC's Universal Opt-Out Screening For Pregnant Women as published:**

- All pregnant women in the United States should be screened for HIV infection.
- 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).
- HIV testing must be voluntary and free from coercion. No woman should be tested without her knowledge.

- 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 and should be offered an opportunity to ask questions and to decline testing.
- No additional process or written documentation of informed consent beyond what is required for other routine prenatal tests should be required for HIV testing.
- If a patient declines an HIV test, this decision should be documented in the medical record.<sup>ix</sup>

Specific recommendations are found in the CDC published guidelines that address third trimester testing. Nurses, health care providers and facilities should be aware of these and utilize them as a guide for determining their approach to third trimester testing:

### **CDC's Universal Opt-Out Screening For Pregnant Women - Third Trimester Timing of HIV Testing:**

A second HIV test during the third trimester, preferably before 36 weeks of gestation, is cost-effective even in areas of low HIV prevalence and may be considered for all pregnant women. A second HIV test during the third trimester is recommended for women who meet one or more of the following criteria:

- Women who receive health care in jurisdictions with elevated incidence of HIV or AIDS among women aged 15-45 years. In 2004, these jurisdictions included Alabama, Connecticut, Delaware, the District of Columbia, Florida, Georgia, Illinois, Louisiana, Maryland, Massachusetts, Mississippi, Nevada, New Jersey, New York, North Carolina, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas, and Virginia.
- Women who receive health care in facilities in which prenatal screening identifies at least one HIV-infected pregnant woman per 1,000 women screened.
- Women who are known to be at high risk for acquiring HIV (e.g., injection-drug users and their sex partners, women who exchange sex for money or drugs, women who are sex partners of HIV-infected persons, and women who have had a new or more than one sex partner during this pregnancy).
- Have signs or symptoms consistent with acute HIV infection. When acute retroviral syndrome is a possibility, a plasma RNA test should be used in conjunction with an HIV antibody test to diagnose acute HIV infection.<sup>x</sup>

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<sup>i</sup> Branson, B.M. et. al. (2006). *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings*. MMWR 55(RR14); 1-17, Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>. Retrieved on April 10, 2007.

- <sup>ii</sup> Centers for Disease Control and Prevention (2004). *Notice to Readers: Protocols for Confirmation of Reactive Rapid HIV Tests*. MMWR 53(10); 221-222, Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5310a7.htm>. Retrieved on April 26, 2007.
- <sup>iii</sup> Branson, B.M. et. al. (2006). *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings*. MMWR 55(RR14); 1-17, Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>. Retrieved on April 10, 2007, 12.
- <sup>iv</sup> Branson, B.M. et. al. (2006). *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings*. MMWR 55(RR14); 1-17, Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>. Retrieved on April 10, 2007.
- <sup>v</sup> Branson, B.M. et. al. (2006). *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings*. MMWR 55(RR14); 1-17, Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>. Retrieved on April 10, 2007, p 8.
- <sup>vi</sup> National Women's Health Report. (2006). Women & HIV. National Women's Health Resource Center. 28(2); 1.
- <sup>vii</sup> National Women's Health Report. (2006). Women & HIV. National Women's Health Resource Center. 28(2); 6.
- <sup>viii</sup> National Women's Health Report. (2006). Women & HIV. National Women's Health Resource Center. 28(2); 3.
- <sup>ix</sup> Branson, B.M. et. al. (2006). *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings*. MMWR 55(RR14); 1-17, Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>. Retrieved on April 10, 2007.
- <sup>x</sup> Branson, B.M. et. al. (2006). *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings*. MMWR 55(RR14); 1-17, Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>. Retrieved on April 10, 2007.