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

Texas Health and Safety Code §81.090 requires physicians and others permitted by law who attend a woman during pregnancy or at delivery to test her for syphilis, human immunodeficiency virus (HIV), and hepatitis B virus (HBV). The tables below show required testing for pregnant women and additional testing recommendations based on risk. Texas Health and Safety Code §81.090 defines expedited testing for HIV as the tests results are available to the provider less than six hours after the specimen is sent to the lab for testing. Infant tests for HIV and syphilis are considered expedited when specimens are collected within two hours of birth and testing results are returned within six hours of collection.

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 • HBV test required
Newborn Tests	• Expedited HIV and syphilis tests required if no record of third trimester or delivery result

Pregnancy Stage	Additional Recommended Prenatal Tests and Newborn Precautions[2]
First Prenatal Visit	• Chlamydia and gonorrhea screening for women • Retest three months after treatment if testing is positive at the first prenatal visit
Second Trimester	• Syphilis test for women who have a fetal death after 20 weeks gestation
Third Trimester	• Chlamydia and gonorrhea retests for women at increased risk[3]
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 receive an evaluation in accordance with the appropriate and recommended guidelines

Why Test Pregnant Women?

Timely testing and treatment during pregnancy decreases rates of congenital syphilis (CS), perinatal HIV, and HBV. An untested and untreated mother with HIV has a 25 percent chance of transmitting HIV to her unborn child. When pregnant women with HIV receive appropriate care and treatment, including treatment for newborns, HIV transmission rates reduce to one percent or less. Even if doctors do not start treatment until labor and delivery, appropriate care reduces the transmission rate to 10 percent. Therapy includes antiretroviral medicine as well as cesarean delivery for women with high HIV viral loads (>1,000 copies/ml).

In 2022, Texas reported 922 CS cases, with 40 stillbirths. Not all infants with a CS diagnosis are symptomatic at birth, which makes screening, evaluation, and treatment of infants valuable methods in preventing long-term complications like bone and tooth abnormalities, hearing loss, blindness, and developmental delays. Providing appropriate post-exposure prophylaxis (PEP) within 12 hours of birth can prevent the transmission of HBV to high-risk babies by 85 to 95 percent.

Consent and Information Distribution

Before testing a patient for HIV, providers must inform patients they have the right to either consent or object. Patients may accept with general consent or

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verbal notification. Most pregnant patients consent to testing. 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, and provide information about risk factors, advantages of testing, ease of testing, and HIV-related resources if the result is positive. Medical records should show the clinician explained the test to the patient and the patient consented.

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 show the patient received printed materials.

When possible, clinicians provide materials in the appropriate languages and literacy levels for patient understanding. Materials are available in English and Spanish from the Texas Department of State Health Services (DSHS).

Positive Test Results

If a patient receives a preliminary positive HIV result from an expedited test at labor and delivery, the CDC and American College of Obstetricians and Gynecology (ACOG) recommend immediate prophylaxis for the patient and her infant. When a pregnant woman tests positive for syphilis, HIV, or HBV, the clinician must provide her with appropriate and understandable treatment information. The clinician may refer the patient to another clinic for appropriate treatment.

Clinicians must provide the opportunity for individual, face-to-face counseling for pregnant women with positive HIV tests immediately upon receiving results[4].

Post-test STD counseling must include the following:

- Meaning of the test result;
- Possible need for additional testing;
- HIV/STD prevention measures;
- 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:

- Enhance comprehension of the diagnosis;
- Clarify the necessity for additional testing to confirm the diagnosis;
- Guide on modifying behaviors to halt the spread of the virus;
- Motivate the individual to pursue suitable healthcare; and
- Advise the individual to utilize partner notification services offered by local health departments and to inform their sexual or needle-sharing partners.

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

Notes

1 CDC recommends syphilis testing at 28 weeks gestation. Treatment must be initiated 30 days prior to delivery to reduce adverse pregnancy outcomes due to CS.

2 Recommendations from the Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecology (ACOG).

3 Examples of increased risk include prior history of sexually transmitted disease (STD), new or multiple sex partners, sex partners with concurrent partners, or sex partners who have an STD.

4 The Texas Health and Safety Code (HSC) §81.051 https://statutes.capitol.texas.gov/Docs/HS/htm/HS.85.htm

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

Visit texas.gov/hivstd/testing/
to find an HIV or STD testing site or find an HIV service provider near you.

VIsit yourtexasbenefits.com/Learn/Home
to find other Texas benefits and resources.

Texas HIV Medication Program
Refer patients unable to pay for HIV medications to (800) 255-1090.
dshs.texas.gov/hivstd/meds/

Congenital Syphilis Information
dshs.texas.gov/hivstd/info/syphilis/congenitalsyphilis

DSHS HIV/STD Program

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

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