

PREVENTION OF PERINATAL INFECTIONS ~ New 2008 HIV Testing Requirements!!

The Baltimore Regional Perinatal Advisory Group (RPAG)

TIMING	PROCEDURE	INDICATION
1 ST PRENATAL VISIT	RPR/STS/VDRL	REQUIRED ^{1, 6}
	HIV counseling/offer HIV testing	REQUIRED ^{2, 3}
	HBsAg	RECOMMENDED ^{4, 5, 6}
	Rubella IgG antibody	RECOMMENDED ⁶
	GC detection	RECOMMENDED ^{4, 6}
	Chlamydia detection	RECOMMENDED ^{4, 6}
	Pap	RECOMMENDED ^{4, 6}
	Urine culture/screen	RECOMMENDED ⁶
	Hepatitis C – Antibody screen	RECOMMENDED for women at risk for infection ^{4, 6}
	Genital herpes - Elicit history for possible exposure	RECOMMENDED ^{4, 6}
	Varicella – Determine immune status (history or lab)	RECOMMENDED ⁶
28 WEEK VISIT (EARLY 3 RD TRIMESTER)	RPR/STS/VDRL	REQUIRED ^{1, 6}
35-37 WEEK VISIT (LATE 3 RD TRIMESTER)	HIV counseling/offer HIV testing (preferably at < 36 weeks gestation)	REQUIRED for pregnant women with unknown or undocumented status in Maryland ² and RECOMMENDED for pregnant women in Maryland who are at high risk, or who receive care at facilities in high HIV-prevalence areas ³ CDC identifies all of Maryland as high-prevalence ³
	GBS culture (rectovaginal)	Universal screening approach RECOMMENDED for all pregnant women ^{6, 7, 8}
	GC detection	RECOMMENDED again in the 3 rd trimester for women at high risk of infection ^{4, 6}
	Chlamydia detection	RECOMMENDED again in the 3 rd trimester for women < 26 years of age, or women at high risk of infection ^{4, 6}
	HBsAg	RECOMMENDED again in the 3 rd trimester for HBsAg-negative women at high risk of infection ^{4, 5, 6}
LABOR & DELIVERY	RPR/STS/VDRL	RECOMMENDED for all women at continued risk ⁶ REQUIRED in Baltimore City for all deliveries under Health Commissioner's Order and statewide under COMAR 10.06.01.17 for deliveries with no prenatal care
	HIV counseling/offer HIV rapid testing	REQUIRED for women not previously screened, or if status is unknown or undocumented ^{2, 3}
	Offer antiretroviral prophylaxis if rapid HIV test is reactive	REQUIRED for women with a reactive rapid test prior to receiving results of the confirmatory HIV test ^{2, 3}
	HBsAg	RECOMMENDED for women not previously screened, or if status is unknown or undocumented ^{4, 5, 6}
	GBS - Treat if culture positive at 35-37 weeks; if status unknown, treat by risk-factor criteria	RECOMMENDED ^{6, 7, 8}
	Genital Herpes - Obtain history and examine genitalia for herpetic lesions	RECOMMENDED ^{4, 6}

- Code of Maryland Regulations (COMAR 10.06.01.17).
- Annotated Code of Maryland, Health-General §18-338.2.
- Centers for Disease Control and Prevention (CDC). Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings. MMWR 2006;55(No. RR-14):1–17.
- CDC. Sexually transmitted diseases treatment guidelines 2006. MMWR, August 4, 2006/55(No. RR-11) for management of positive results. <http://www.cdc.gov/std/treatment/2006/toc.htm>, and for errata/critical updates: <http://www.cdc.gov/std/treatment>.
- CDC. A comprehensive immunization strategy to eliminate transmission of hepatitis B virus infections in the United States: Recommendations of the Advisory Committee on Immunization Practices (ACIP). Part I: Immunization of infants, children, and adolescents. MMWR, Dec. 23, 2005/ 54(No. RR-16) for management of positive results. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a1.htm>.
- American College of Obstetricians and Gynecologists (ACOG); American Academy of Pediatrics. Guidelines for perinatal care. October 2007.
- CDC. Prevention of perinatal group B streptococcal disease: Revised guidelines from CDC. MMWR, Aug. 16, 2002/51(No. RR-11, for management of positive results. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5111a1.htm>.
ACOG. Prevention of early-onset group B streptococcal disease in newborns. ACOG Committee Opinion No. 279. Obstetrics and Gynecology 2002;100:1405-12.