



Frequently Asked Questions about HIV Counseling and Testing Procedures for Pregnant Women

1. When did the new HIV counseling and testing laws take effect?

The new laws (Health-General Article §§ 18-336 and 18-338.2) went into effect on July 1, 2008.

2. When should a pregnant woman be tested for HIV?

All pregnant women should be informed about HIV and offered an HIV test at their first prenatal visit. Repeat testing in the 3rd trimester should be considered in jurisdictions with elevated HIV or AIDS incidence, or facilities where one HIV-infected pregnant woman per 1,000 women is identified through prenatal screening. ACOG recommends 3rd trimester HIV testing for women who:

- have been diagnosed with another sexually transmitted disease within the last year
- inject drugs or exchange sex for money or drugs
- have a new, or have had more than one, sexual partner during this pregnancy
- have a sexual partner who is known to be HIV-positive

3. Does early detection and treatment of the mother's HIV infection prevent perinatal HIV transmission?

Perinatal HIV transmission rates are 2% or less when antiretroviral therapy is initiated and adhered to during pregnancy. The figure is 25% for women who receive no preventive treatment. When antiretroviral therapy is begun intrapartum, the rate of transmission is approximately 10%.

4. Do I have to counsel my patient before administering the test?

Yes, pre-test counseling must be provided in writing, verbally or by video. Topics that must be addressed in the counseling session are provided in Pre-test Counseling Guidelines, Item #8.

5. Do I need a separate consent form to test my patient?

No. As of July 2008, a separate written consent form is no longer required in a healthcare setting. Declination of verbal voluntary informed consent must be documented in the patient's medical record. The documentation can be a healthcare provider's note or a form with the patient's signature. Healthcare providers must also provide pre-test counseling to the pregnant woman prior to obtaining voluntary informed consent. Informed consent must include information that the woman can refuse the HIV test without penalty.

6. What information can be provided to a pregnant patient who refuses HIV testing?

It is worthwhile and in line with current recommendations to pursue the subject of HIV testing after an initial refusal. CDC's One Test. Two Lives offers a tool, "When pregnant patients are unsure about HIV screening," with suggested responses to common objections to HIV screening (See Resource List). These can be helpful in encouraging a patient to be tested. Keep in mind that every woman has the right to decline HIV testing.

7. Is it beneficial to test a pregnant patient for HIV if she does not present until labor and delivery?

Even if the patient has had no prenatal care or has declined testing until labor and delivery, a rapid test can be done at that time and antiretroviral therapy can be started, if warranted. When antiretroviral therapy is begun intrapartum, the rate of transmission is approximately 10%.

8. Am I obligated to inform my patient about name-based reporting prior to testing?

No.

9. How and when must I report each case?

Physicians should either call or mail the Maryland Confidential Morbidity Report (DHMH1140) to their local health officer **within 48 hours**. HIV and AIDS case reports **must NOT be sent by fax or email**. Copies of the revised reporting form, instructions, and contact information for local health officers are available at www.dhmh.state.md.us/AIDS/ProviderResources/surveillance.htm. (Health-General Article § 18-202.1)

For more information, visit: http://dhmh.state.md.us/AIDS/HIV_index.html or <http://www.healthymaryland.org/hiv-and-aids.php>.