

Screening Recommendations:

Clinician Timeline for Screening for Syphilis, HIV, HBV, HCV, Chlamydia, and Gonorrhea



First Prenatal Visit

Syphilis: All pregnant women

HIV: All pregnant womenⁱ

HBV: All pregnant womenⁱⁱ

Chlamydia: All pregnant women <25 years of age and older pregnant women at increased riskⁱⁱⁱ

Gonorrhea: All pregnant women <25 years of age and older pregnant women at increased riskⁱⁱⁱ

HCV: All pregnant women^{iv}



Third Trimester

Syphilis: Certain groups of pregnant women^v at 28 -32 weeks

HIV: Certain groups of pregnant women^{vi} before 36 weeks

Chlamydia: Pregnant women <25 years of age or continued high riskⁱⁱⁱ

Gonorrhea: Pregnant women at continued high riskⁱⁱⁱ



At Delivery

Syphilis: Select groups of pregnant women,^v pregnant women with no previously established status, or pregnant women who deliver a stillborn infant

HIV: Pregnant women not screened during pregnancy

HBV: Pregnant women not screened during pregnancy,^{vii} who are at high risk,^{viii} or with signs or symptoms of hepatitis

- i. To promote informed and timely therapeutic decisions, health care providers should test women for HIV as early as possible during each pregnancy.¹
- ii. All pregnant women should be tested for hepatitis B surface antigen (HBsAg) during an early prenatal visit (e.g., first trimester) in each pregnancy, even if they have been vaccinated or tested previously.²
- iii. "Increased risk" means new or multiple sex partners, sex partner with concurrent partners, sex partners who have a sexually transmitted disease (STD).^{3,4}
- iv. All pregnant women should be tested for hepatitis C except in settings where the prevalence of HCV infection is less than 0.1%. Data informing the optimal time during pregnancy for which hepatitis C testing should occur are lacking. Testing at an early prenatal visit harmonizes testing for hepatitis C with testing for other infectious diseases during pregnancy. Pregnant women with ongoing risk factors tested early in pregnancy could undergo repeat testing later in pregnancy to identify those who acquired HCV infection later in pregnancy.³
- v. "Certain groups" includes women who are at high risk for syphilis or live in areas of high syphilis morbidity.³
- vi. "Certain groups" includes women who receive health care in areas with an elevated incidence of HIV or AIDS among women aged 15-45 years, who receive health care in facilities in which prenatal screening identifies at least one HIV-infected woman per 1,000 women screened, known to be at high risk for HIV (i.e., injection-drug user and their sex partners, exchange sex for money or drugs, are sex partner of HIV-infected persons, have had a new or >1 sex partner during this pregnancy), or have signs or symptoms consistent with acute HIV infection.¹
- vii. Women admitted for delivery at a health care facility without documentation of HBsAg test results should have blood drawn and tested as soon as possible after admission.²
- viii. Having had more than one sex partner during the previous 6 months, an HBsAg-positive sex partner, evaluation or treatment for a STD, or IDU.²

**Specific screening recommendation articles can be found at the NCHHSTP pregnancy website: <https://www.cdc.gov/nchhstp/pregnancy/references.html>

Note: United States Preventive Services Task Force Grade Recommendations guide insurance coverage for services. The most recent USPSTF grade recommendations for testing is "A" for Syphilis, HIV, and HBV, and "B" for HCV. For more information: <https://www.cdc.gov/nchhstp/preventionthroughhealthcare/preventiveservices/index.htm>

