

420-4-1-.14 Testing of pregnant women for sexually transmitted diseases.

(1) Practitioners attending a pregnant woman shall test her at her initial prenatal visit for syphilis, using a nontreponemal serologic test, and for human immunodeficiency virus (HIV) infection, unless she is already confirmed to be infected with HIV, since said individual's medical care may be modified by the presence or absence of HIV infection. Practitioners shall also test a pregnant woman at her initial prenatal visit for chlamydia and gonorrhea if she is 24 years of age or younger; or if 25 years of age or older, she is unmarried or has one or more risk factors. Risk factors include, but are not limited to, a history of:

- (a) multiple sex partners or an at-risk sex partner during the pregnancy,
- (b) a sexually transmitted disease during the pregnancy,
- (c) use of illicit drugs, or
- (d) exchanging sex for money or drugs.

(2) If a pregnant woman first presents for care at the time of delivery; practitioners shall test her for syphilis, using a nontreponemal serologic test; and for human immunodeficiency virus (HIV) infection, unless she is already confirmed to be infected with HIV, since said individual's medical care may be modified by the presence or absence of HIV infection. Practitioners shall also test her for chlamydia and gonorrhea, if clinically feasible.

(3) Refusal of a pregnant woman not previously confirmed to be infected with human immunodeficiency virus (HIV) to permit testing for HIV infection, despite pre-test counseling, shall be documented in the medical record. A woman who declined testing earlier in her pregnancy shall again be offered testing for HIV infection at the third trimester and/or at the time of delivery.

(4) Practitioners shall test a pregnant woman at the time of delivery for syphilis, using a nontreponemal serologic test. Practitioners shall also obtain a nontreponemal serologic test for syphilis from a pregnant woman at the beginning of the third trimester (28 weeks' gestation), if she has one or more risk factors listed above.

(5) For a pregnant woman tested negative at her initial prenatal visit, practitioners shall obtain another test for human immunodeficiency virus infection during the third trimester and/or at the time of delivery; if she has one or more risk factors listed above.

(6) Practitioners shall obtain another test for chlamydia and gonorrhea from a pregnant woman during the third trimester, if she has one or more risk factors listed above.

(7) Practitioners shall use only those tests for sexually transmitted diseases/infections licensed by the US Food and Drug Administration. Test results for human immunodeficiency virus infection shall be confirmed before the patient is notified of her results, except in the following circumstance. To aid the decision to initiate antiretroviral prophylaxis to protect the baby, a rapid test for human immunodeficiency virus infection shall be performed on a woman who presents in labor without previous prenatal care and who has not been previously confirmed as infected with human immunodeficiency virus; confirmatory testing shall subsequently be performed.

(8) Appendix 1, the summary table of Routine Prenatal Screening for Sexually Transmitted Diseases (STD)/No Prenatal Care--Patient Presents at Delivery, is attached hereto as a part of the rule.

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Statutory Authority: Code of Alabama, 1975, Sections 22-2-2(6); 22-11A-1, et seq.

History: New rule: Filed February 17, 2006. Effective March 24, 2006.

Routine Prenatal Screening for Sexually Transmitted Diseases (STD)

| Test | Initial Prenatal Visit | Third Trimester | Labor and Delivery (L&D) | Comments |
|--------------------------------|--|--|--------------------------|---|
| All tests must be FDA approved | | | | |
| Syphilis | Indicated for all women | Indicated based on positive risk assessment* (28 weeks' gestation) | Indicated for all women | |
| HIV | Indicated for all women not previously confirmed as HIV infected | Offer if not done before | Offer if not done before | <ul style="list-style-type: none"> Document patient refusal Patients who declined testing should be offered test again during 3rd trimester and/or in L&D Confirmatory test indicated prior to notifying patient except when patient presents to L&D with no prenatal care; in this case, perform rapid test and follow up with confirmatory testing. |
| Chlamydia | <ul style="list-style-type: none"> Age 24 and younger: Indicated for all women Age 25 and older: Indicated if unmarried OR based on positive risk assessment* | Indicated based on positive risk assessment* | | |
| Gonorrhea | <ul style="list-style-type: none"> Age 24 and younger: Indicated for all women Age 25 and older: Indicated if unmarried OR based on positive risk assessment* | Indicated based on positive risk assessment* | | |

No Prenatal Care – Patient Presents at Delivery

| Test | Labor and Delivery |
|-----------|--|
| Syphilis | Indicated for all women |
| HIV | Indicated for all women not previously confirmed as HIV infected—use rapid test first and then a confirmatory test |
| Chlamydia | Indicated if clinically feasible |
| Gonorrhea | Indicated if clinically feasible |

***Positive Risk Assessment** – Presence of one or more risk factors including, but not limited to, a history of:

- Multiple sex partners or an at-risk partner during the pregnancy
- STD during the pregnancy
- Exchanging sex for money or drugs