

California Sexually Transmitted Infections (STI)/HIV Screening Recommendations in Pregnancy¹

These guidelines reflect California HIV/STI screening recommendations for pregnant patients. An ADA-compliant version of this document is available online at: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/California-STI-HIV-Screening-Recommendations-in-Pregnancy.aspx>.

First prenatal visit

(Regardless of gestational age)

- HIV
- Syphilis
- Chlamydia (CT)²
- Gonorrhea (GC)²
- Hepatitis B surface antigen (HBsAg)
- Hepatitis C (HCV) antibody³ w/ reflex HCV RNA viral load if HCV antibody positive
- Type-specific Herpes Simplex Virus (HSV) serology NOT routinely recommended⁴
- Cervical cancer screening if age ≥ 21 years and indicated by national guidelines⁵

Third trimester

(Assuming first prenatal visit has already occurred; if not, see screening recommendations above)

- HIV if high risk⁶
- Syphilis (ideally between 28-32 weeks gestation)⁷
- CT and GC if age < 25 years, positive test earlier in pregnancy, or if at increased risk²

During labor & delivery

- HIV antigen/antibody combination test with results within the hour if HIV status undocumented
- Syphilis, unless low risk⁸ AND a documented negative screen in the third trimester
- HBsAg on admission if no prior screening or if at increased risk⁹

1. Local health jurisdictions may have additional screening recommendations during pregnancy. Clinicians should screen according to their local guidelines.
2. California Department of Public Health (CDPH) recommends universal GC/CT screening in the first trimester based on the high prevalence of GC/CT among Californians who could become pregnant. The U.S. Centers for Disease Control and Prevention (CDC) recommends screening for GC/CT in the first trimester if age < 25 or at increased risk. Both CDC and CDPH recommend screening for GC/CT in the third trimester if age < 25 or at increased risk. Risk factors for CT or GC include: prior CT or GC infection (particularly in past 24 months); new or multiple partners; suspicion a recent partner may have had concurrent partners; sex partner diagnosed with an STI; exchanging sex for money or drugs; illicit drug use; history of incarceration; and/or community prevalence of infection.
3. All pregnant people should be screened for HCV except in settings where HCV infection (HCV RNA positivity) is $< 0.1\%$. A positive HCV antibody result should reflex to an HCV RNA test to confirm active infection.
4. Routine HSV-2 serologic screening of pregnant patients is not recommended. HSV-2 serologic tests are useful for pregnant patients at risk for HSV infection (e.g. sex partner with HSV).
5. [Cervical Cancer Screening Guidelines](https://www.acog.org/womens-health/infographics/cervical-cancer-screening). <https://www.acog.org/womens-health/infographics/cervical-cancer-screening>
6. Risk factors for HIV: illicit drug use; new STI diagnosis during pregnancy; new or multiple partners; partner(s) with HIV; live in high HIV prevalence area with signs/symptoms of acute HIV.
7. 28 weeks gestation recommended by the [Centers for Disease Control and Prevention 2021 STI treatment guidelines](https://www.cdc.gov/std/treatment-guidelines/).
8. Risk factors for syphilis in pregnancy and/or congenital syphilis (CS): late or limited prenatal care; new or multiple partners; unstable housing or homelessness; substance use (especially methamphetamine); incarceration within the past 12 months; partner with male or other concurrent partners; new STI diagnosis during pregnancy; sex partner diagnosed with an STI; commercial sex; and living in an area with high CS rates (> 8.4 cases per 100,000 live births in at least one of the past three years).
9. Risk factors for hepatitis B: injection drug use; new STI diagnosis in pregnancy; new or multiple partners; or HBsAg-positive partner.

Tdap (between 27th and 36th weeks of each pregnancy), influenza (when flu vaccine is available), and COVID-19 (primary series and booster dose[s] when eligible)

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