

Get the Facts: Compare Your State's HIV Testing Requirements for Pregnant Women to ACOG's Recommendations

	<i>STATE PERINATAL HIV TESTING LAW</i>	<i>CLINICAL RECOMMENDATIONS</i>
	FLORIDA (S. 186 enacted 2005; DOH Rule 64D-3.042 adopted 2006)	ACOG
Does the law follow the recommended opt-out testing approach?	Yes.	<u>Opt-out testing defined:</u> A pregnant woman is notified that she will be tested for HIV as part of the routine battery of prenatal blood tests unless she declines. (Prenatal and Perinatal Human Immunodeficiency Virus Testing: Expanded Recommendations. ACOG Committee Opinion No. 418. Sept. 2008).
Prenatal Screening <i>Universal Screening</i>	Yes. Implementing regulations specify testing at the initial prenatal visit and again at 28 to 32 weeks, though a woman with documented HIV infection or AIDS does not need to be re-tested. Hospital emergency departments licensed under Ch. 395, F.S. may satisfy the testing requirements by referring, in writing, to the county health department pregnant women beyond the 12 th week of gestation who have not received prenatal care.	ACOG recommends that all pregnant women be screened for HIV as early as possible during each pregnancy after they are notified that HIV screening is recommended for all pregnant patients and that they will receive an HIV test as part of the routine panel of prenatal tests unless they decline (opt-out screening).
<i>Pre-test Counseling</i>	No. S.186 removes existing requirement for pre-test counseling. The woman shall be informed of the tests that will be conducted and of her right to refuse testing.	ACOG recommends that ob-gyns include counseling as a routine part of care, but not as a prerequisite to testing. The use of patient notification gives pregnant women the opportunity to decline to be tested but eliminates the obligation to provide extensive pretest counseling. Care providers have the responsibility for the details of how the notification would occur.
<i>Specific Consent</i>	No. S.186 removes existing requirement for specific consent.	ACOG recommends that prenatal HIV testing be universal, routine, and with no requirement for specific consent. Universal routine testing with patient notification is not mandatory testing; the pregnant patient always retains the right to decline the test (or opt-out).
<i>Refusal of Testing</i>	Yes. A pregnant woman has the right to refuse testing. NOTE: The 2005 law removes existing language	The pregnant patient always retains the right to decline the test (or opt-out). See above.

	protecting health care providers from liability arising from mother-to-child transmission for women who refuse testing.	
Medical Record Documentation	Yes. If a pregnant woman objects to testing, a written statement of refusal- signed by the woman each time she refuses - must be placed in the medical record. If a woman refuses to sign the statement, the provider must document the refusal in the medical record.	ACOG recommends that if a pregnant woman declines HIV testing, this should be noted in the medical record (but does not require that the refusal be in writing or signed by the patient).
Repeat Testing In Third Trimester	Yes. Implementing regulations specify repeat testing at 28 to 32 weeks, though a woman with documented HIV infection or AIDS does not need to be re-tested.	ACOG recommends repeating an HIV test in the 3 rd trimester for women in areas with high HIV prevalence and women known to be at high risk for HIV infection, and recommending 3 rd trimester HIV testing to women who declined testing earlier in their pregnancy.
Labor And Delivery Testing	Yes. Implementing regulations specify that women who appear at delivery, or within 30 days postpartum, and 1) there is no record of prenatal care, 2) no record of testing, or 3) no record of testing after the 27 th week of gestation shall be considered at high risk for STDs and shall be tested for HBsAG, HIV, and syphilis prior to discharge.	ACOG recommends rapid testing at labor and delivery for pregnant women with unknown or undocumented HIV status. A rapid test is an HIV screening test with results available within hours. A negative rapid HIV test result is definitive. A positive test is not definitive and must be confirmed with a supplemental test; however, antiretroviral treatment should be initiated, with the mother's consent, without waiting for the results of the confirmatory test in order to further reduce possible transmission to the infant.
Newborn Testing	Not addressed.	ACOG does not have published guidance on mandatory screening of newborns; however, mandatory newborn screening is, <i>de facto</i> , mandatory testing of mothers since heel stick results reflect the mother's infection status, not the baby's.
Referral for Positive Test Results	Not addressed. (See ACOG recommendation)	Consultation with a provider well versed in HIV infection is recommended. See National Perinatal HIV Consultation and Referral Service Perinatal Hotline 1-888-448-8765 (24 hours a day – 7 days a week) (clinicians only).

Note: The Statement of Objection to HIV/STD Testing for use with pregnant women (DH 3161, 01/07) is included in the packet and is available in English, Spanish, and Creole on the DOH website at www.doh.state.fl.us/disease_ctrl/aids/perinatal/perinatal.html.

Physicians should be aware of and follow their states' perinatal HIV screening requirements. To verify specific requirements, contact your state or local health department or the National HIV/AIDS Clinicians' Consultation Center at www.nccc.ucsf.edu.