



Preventive Prenatal High-Risk Guideline

Population at Risk	Definition of Population	Interventions
High Risk Sexual Behavior	Risk Factors: (also consider local epidemiology) <ol style="list-style-type: none"> 1. Under age 25 2. New or multiple sex partners 3. Partners have or have had multiple sex partners 4. Exchange sex for money or drugs History of STDs.	Chlamydia & Gonorrhea (1st visit) Repeat in 3rd trimester if at continued risk or if + screen first trimester
	Risk Factors: <ol style="list-style-type: none"> 1. History of bisexual or homosexual behavior by self or partner 2. Exchange sex for money or drugs 3. Current or past history of *HIV positive partner 4. Current STD or past STD 5. New or multiple sex partners Also consider if universal screening not done due to low *HIV prevalence	*HIV screen (may opt out with consent) Repeat *HIV in 3rd trimester if at increased risk
	Women who are initially HbsAg negative still at high risk due to: <ol style="list-style-type: none"> 1. Injection drug use 2. Suspected exposure to Hep. B 3. Multiple sex partners 4. History of STDs in current pregnancy Exchange sex for money or drugs	HbsAg (3rd trimester)
	Risk Factors: <ol style="list-style-type: none"> 1. Exchange sex for money or drugs 2. Currently have other STDs (including *HIV) 3. Sexual contacts with persons with active syphilis New or multiple sex partners Also consider local epidemiology/ recommendations	RPR/VDRL (3rd trimester)
Blood transfusion 1978-1985		*HIV screen, Hep C, HbsAg (1st visit)
Unsensitized D-negative women		D (Rh) antibody testing at 24-28wk or with any bleeding, accident, trauma or abuse; if D Neg, administer Rhogam
Gestational Diabetes Screening	Gestational diabetes screening in the first trimester, early second trimester (with repeat at 26- 28 weeks) for patients with one or more of the following: * BMI over 27, first degree relative with diabetes, previous gestational diabetes, any history of glucose intolerance	50g one hour GTT. Formal three hour GTT if screen (+)

***Virginia State Law Governing HIV Testing:**

§ 32.1-37.2. Consent for testing for human immunodeficiency virus; condition on disclosure of test results; counseling required; exceptions.

- Prior to performing any test to determine infection with human immunodeficiency virus, a medical care provider shall inform the patient that the test is planned, provide information about the test, and advise the patient that he has the right to decline the test. If a patient declines the test, the medical care provider shall note that fact in the patient's medical file.
- Every person who has a confirmed positive test result for human immunodeficiency virus shall be afforded the opportunity for individual face-to-face disclosure of the test results and appropriate counseling. Appropriate counseling shall include, but not be limited to, the meaning of the test results, the need for additional testing, the etiology, prevention and effects of acquired immunodeficiency syndrome, the availability of appropriate health care, mental health care and social services, the need to notify any person who may have been exposed to the virus and the availability of assistance through the Department of Health in notifying such individuals.
- C. Opportunity for face-to-face disclosure of the test results and appropriate counseling shall not be required when the tests are conducted by blood collection agencies. However, all blood collection agencies shall notify the Board of Health of any positive tests.
- D. In the case of a person applying for accident and sickness or life insurance who is the subject of a test to determine infection for human immunodeficiency virus, insurers' practices including an explanation of the meaning of the test, the manner of obtaining consent, the method of disclosure of the test results and any counseling requirements shall be as set forth in the regulations of the State Corporation Commission.

§ 54.1-2403.01. Routine component of prenatal care.

- As a routine component of prenatal care, every practitioner licensed pursuant to this subtitle who renders prenatal care, including any holder of a multistate licensure privilege to practice nursing, regardless of the site of such practice, shall inform every pregnant woman who is his patient that human immunodeficiency virus (HIV) screening is recommended for all pregnant patients and that she will receive an HIV test as part of the routine panel of prenatal tests unless she declines (opt-out screening). The practitioner shall offer the pregnant woman oral or written information that includes an explanation of HIV infection, a description of interventions that can reduce HIV transmission from mother to infant, and the meaning of positive and negative test results. The confidentiality provisions of § [32.1-36.1](#), test result disclosure conditions, and appropriate counseling requirements of § [32.1-37.2](#) shall apply to any HIV testing conducted pursuant to this section. Practitioners shall counsel all pregnant women with HIV-positive test results about the dangers to the fetus and the advisability of receiving treatment in accordance with the then current Centers for Disease Control and Prevention recommendations for HIV-positive pregnant women. Any pregnant woman shall have the right to refuse testing for HIV infection and any recommended treatment. Documentation of such refusal shall be maintained in the patient's medical record.

The risk factors as listed in the reference:

HR1= Women with history of STD or new multiple sex partners. Clinicians should also consider local epidemiology. Chlamydia screen should be repeated in 3rd trimester if at continued risk.

HR2 = Women under age 25 with two or more sex partners in the last year, or whose sex partner has multiple sexual contacts; women who exchange sex for money or drugs; and women with a history or repeated episodes of gonorrhea. Clinicians should also consider local epidemiology. Gonorrhea screen should be repeated in the 3rd trimester if at continued risk.

HR3 = In areas where universal screening is not performed due to low prevalence of *HIV infection, pregnant women with the following individual risk factors should be screened; past or present injection drug use; women who exchange sex for money or drugs; injection drug-using, bisexual, or *HIV-positive sex partner currently or in the past; blood transfusion during 1978-1985; persons seeking treatment for STDs.

HR4 = Women who are initially HbsAg negative who are at high risk due to injection drug use, suspected exposure to hepatitis B during pregnancy, multiple sex partners.

HR5 = Women who exchange sex for money or drugs, women with other STDs (including *HIV), and sexual contacts or persons with active syphilis. Clinicians should also consider local epidemiology.

HR6 = Women who continue to inject drugs.

HR7 = Unsensitized D-negative women.

HR8 = Prior pregnancy affected by Down syndrome, advanced maternal age >35 yr., known carrier of chromosome rearrangement.

HR9 = Women with previous pregnancy affected by neural tube defect" that seem to reference a recommendation that is no longer there, that must have existed in a previous iteration of these guidelines.

Amended from: American Academy of Pediatrics and American College of Obstetricians and Gynecologists, Guides for Perinatal Care