California Sexually Transmitted Infections (STI)/HIV Screening Recommendations in Pregnancy[1]

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) antibody[3] w/ reflex HCV RNA viral load if HCV antibody positive**
- **Type-specific Herpes Simplex Virus (HSV) serology NOT routinely recommended[4]**
- **Cervical cancer screening if age ≥21 years and indicated by national guidelines[5]**

Third trimester

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

- **HIV if high risk[6]**
- **Syphilis (ideally between 28-32 weeks gestation)[7]**
- **CT and GC if age <25 years, positive test earlier in pregnancy, or if at increased risk[2]**

During labor & delivery

- **HIV antigen/antibody combination test with results within the hour if HIV status undocumented**
- **Syphilis, unless low risk[8] AND a documented negative screen in the third trimester**
- **HBsAg on admission if no prior screening or if at increased risk[9]**

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
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.
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)

Developed by the California Prevention Training Center & California Department of Public Health.
Version date: 06/2022