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

<table>
<thead>
<tr>
<th>STATE PERINATAL HIV TESTING LAW</th>
<th>CLINICAL RECOMMENDATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOUISIANA (HB 512 enacted 2007)</td>
<td>ACOG</td>
</tr>
</tbody>
</table>

## Does the law follow the recommended opt-out testing approach?

- **Yes.**

**Note:** The state Office of Public Health is expected to issue implementing rules for HIV testing in their programs.

## Prenatal Screening

**Universal Screening**

- Yes. Physicians providing care to women during pregnancy or at delivery must test for HIV at the first prenatal visit or as soon as possible thereafter unless the woman objects.

**ACOG**

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).

## Pre-test Counseling

- **No.** If HIV testing is part of routine medical screening, the pregnant woman shall be informed orally or in writing that the test will be performed unless she declines. Pre-test information shall include an explanation of HIV infection, the meaning of positive and negative test results, and the patient shall be offered an opportunity to ask questions.

**ACOG**

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 pre-test counseling. Care providers have the responsibility for the details of how the notification would occur.

## Separate Informed Consent

- **No.** Separate informed consent is not required. HIV testing is performed under the patient's general informed consent for medical care on the same basis as other screening or diagnostic tests.

**ACOG**

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).

## Refusal of Testing

- Yes. A pregnant woman has the right to decline the test.

**ACOG**

The pregnant patient always retains the right to decline the test (or opt-out). See above.

## Medical Record Documentation

- Yes. Patient refusal must be noted in the medical record.

**ACOG**

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

- Not addressed. (See ACOG recommendation)

**ACOG**

ACOG recommends repeating an HIV test in the 3rd trimester for women in areas with high HIV prevalence and women known to be at high risk for HIV infection, and recommending 3rd trimester HIV testing to women who declined...
Labor And Delivery Testing

See Prenatal Screening: *Universal Screening.*

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

Yes. Newborn testing may be performed without parental consent where the child’s attending physician reasonably believes such a test to be necessary to diagnose or treat a child and documents this reason in the medical record, including **all newborns whose mothers present without a diagnostic HIV test on record.**

ACOG does not have published guidance on mandatory screening of newborns; however, mandatory newborn screening is, *de facto,* mandatory testing of mothers since heel stick results reflect the mother’s infection status, not the baby’s.

Referral for Positive Test Results

Yes. If a pregnant woman tests positive for HIV infection, she shall be referred to a health care provider for appropriate HIV-related primary medical care.

Also, HIV and AIDS are reportable conditions in Louisiana. Providers must notify regional field epidemiologists with all cases of HIV infection and perinatal HIV exposure.

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).

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Note: To order educational materials or get local information about perinatal HIV transmission or other HIV-related resources from the Louisiana Office of Public Health HIV/AIDS Program go to [www.HIV411.org](http://www.HIV411.org). Also, you may contact Jereld Cammack, MHTM at jereld.cammack@la.gov, 504-568-7429, or fax requests to 504-568-7044.

Physicians should be aware of and follow their states’ perinatal HIV screening requirements. Specific requirements may be verified by contacting state or local health departments ([www.HIV411.org](http://www.HIV411.org)). Also, the National HIV/AIDS Clinicians’ Consultation Center at the University of California–San Francisco maintains an online compendium of state HIV testing laws that can be a useful resource: [www.nccc.ucsf.edu](http://www.nccc.ucsf.edu).