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PUBLIC HEALTH ADVISORY

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Subject: HIV and Other Infectious Disease Testing in Pregnant Persons
Date / Time: Thursday, July 10, 2025, at 3:22PM
Priority: Normal
Pages: 3
Message ID: 2025PHADV016

HIV and Other Infectious Disease Testing in Pregnant Persons

People of childbearing age are at risk for infectious diseases, including HIV, syphilis, hepatitis B, and hepatitis C. These infections can have devastating effects on the pregnant person, fetus, or newborn. Many pregnant persons are tested for infectious diseases early in pregnancy, however gaps in testing and access to care persist later in pregnancy and leave patients vulnerable. Clinicians should conduct HIV testing in the third trimester of pregnancy on an opt-out basis, particularly for people at ongoing elevated risk of infection via needle-sharing or sexual encounters.

HIV in Persons of Childbearing Age

In 2023, there were an estimated 77,111 people of childbearing potential (assigned female at birth, between the ages of 13 and 44 years) living with diagnosed HIV in the U.S., including 157 Maine residents. In 2024, an infant born in Maine was diagnosed with perinatally acquired HIV infection; in 2023, there were an estimated 45 persons living with diagnosed perinatally-acquired HIV in Maine. Perinatal HIV infections are rare: perinatal HIV in the U.S. has fallen >95% since the early 1990s. Perinatal HIV transmission occurs when HIV is passed from a pregnant person to a child during pregnancy, childbirth, or breastfeeding/chestfeeding. Having an undetectable viral load in pregnancy, and throughout the duration of breastfeeding/chestfeeding, lowers the risk of perinatal HIV transmission to <1%.

Maine law requires clinicians to offer HIV testing when conducting testing for other STIs, whether patient may be pregnant or not

- [Maine law](#) (2011) requires clinicians to include an HIV test in the standard prenatal screening and medical test set. This law also requires clinicians caring for a newborn to test the infant for HIV and ensure results are available within 12 hours of birth if the clinician does not know the HIV status of the birthing person. If a person declines to be tested for HIV based on this law, the declination should be documented in the medical record.
- [Maine law](#) (2023) requires all clinicians to include HIV testing when conducting tests for other STIs, as STIs can commonly occur together. For example, when conducting testing for syphilis, gonorrhea, or chlamydia, clinicians should also discuss and seek consent from patients to conduct HIV testing.

Recommendations for Clinicians

1. Screen all pregnant persons for HIV, hepatitis B, hepatitis C, and syphilis starting early in pregnancy. Repeat testing may be needed.
2. Pregnant people at risk should also be tested for chlamydia and gonorrhea starting early in pregnancy. Repeat testing may be needed in some cases. Pregnant people who should be screened for chlamydia and gonorrhea include:
 - those under 25 years old, and
 - those who have a new partner,
 - more than one sex partner,
 - a sex partner with concurrent partners,
 - a sex partner who has an STI;
 - practice inconsistent condom use when not in a mutually monogamous relationship;
 - have a previous or coexisting STI;
 - have a history of exchanging sex for money or drugs;
 - have a history of incarceration.
3. Determine if screening should be routine or one-time during each pregnancy, depending on if the person is at ongoing elevated risk of infection via needle-sharing or sexual encounters.
4. Test type does not differ for pregnant persons.
5. Screening should be performed at the time of delivery for all pregnant persons not screened during pregnancy.

HIV Testing in Pregnancy

- [Maine law](#) (2011) requires an HIV test as part of prenatal care. Patient consent is required.
- U.S. CDC recommends HIV testing in the routine panel of prenatal screening tests for all pregnant people, on an opt-out basis.
 - HIV testing should be conducted as early as possible during each pregnancy.
 - People who decline the test early in prenatal care should be encouraged to get tested at a future visit.
 - A second HIV test during the third trimester, ideally before 36 weeks gestation, may be considered for all pregnant persons. This is cost-effective, even in areas of low HIV prevalence.
 - A second HIV test during the third trimester is recommended for pregnant people who meet any of the following criteria:
 - *People who are known to be at high risk for acquiring HIV* (e.g., injection drug users and their sex partners, people who exchange sex for money or drugs, people who are sex partners of HIV-infected persons, and people who have had a new or more than one sex partner during this pregnancy).
 - *People who have signs or symptoms consistent with acute HIV infection.* When acute retroviral syndrome is a possibility, a plasma RNA test should be used in conjunction with an antigen/antibody test to diagnose acute infection.
 - *People who receive health care in jurisdictions with elevated incidence of HIV or AIDS* (>17 per 100,000 among people between the ages of 15 and 45 years. (This does not apply in Maine at this time.)
 - *People who receive health care in facilities in which prenatal screening identifies at least one HIV-infected pregnant person per 1,000 people screened.* (The Maine CDC is not aware of any such facilities in Maine at this time.)
- If HIV testing is negative and the pregnant person has ongoing risk of exposure to HIV, initiation of HIV pre-exposure prophylaxis (PrEP) is recommended.
- Any pregnant person whose HIV status is undocumented at the time of labor should be screened with a rapid HIV test. If the birthing person's HIV status is still unknown at the time of delivery, they should be screened immediately postpartum with a rapid HIV test.

Syphilis Testing in Pregnancy

- Per [American College of Obstetrics and Gynecology \(ACOG\) guidelines](#), all pregnant persons should be tested for syphilis at least once during pregnancy, ideally at the first prenatal visit, and rescreened during the third trimester and at birth.
- Pregnant people should be tested for syphilis, along with HIV, hepatitis B, hepatitis C, and other STIs, whenever they present for care and especially when they present to emergency departments and urgent care centers, jails or other carceral settings, substance use disorder treatment facilities, and labor and delivery units.

- Test people for syphilis, regardless of known pregnancy status, who are experiencing homelessness, exchange money or drugs for sex, or use methamphetamine, heroin, or cocaine by any route, when they present for care, including and especially in emergency rooms and urgent care centers, jails or other carceral settings, and substance use disorder treatment facilities.
 - Persons of childbearing potential diagnosed with syphilis should receive a pregnancy test.
 - Persons who are not pregnant and who do not desire pregnancy should be asked about, offered, or referred for contraception.
- Persons who deliver a stillborn infant should be tested for syphilis.
- Infants should not be discharged from the hospital until there is documentation that the birthing person has been tested for syphilis at least once during pregnancy.

Recommendations for the General Public

- Everyone between the ages 13 and 64 years should be tested for HIV at least once in their lifetime.
- The Maine CDC currently recommends [HIV testing every 3 months](#) for all persons in Maine with ongoing exposure risk. *This interim recommendation is related to the ongoing HIV outbreak in Penobscot County, and it applies statewide because the outbreak indicates an elevated level of risk across additional groups and locations.*
- All sexually active women, transgender men, men who have sex with men, and gender diverse people with a cervix should be tested yearly for gonorrhea and chlamydia.
 - Those under 25 years old should be screened annually regardless of risk,
 - Those 25 years old and older should be screened if they have risk factors such as new or multiple partners, or a partner with an STI.
- Anyone who shares injection drug equipment should get tested for HIV, hepatitis B, and hepatitis C at least once a year.
- People who have had oral or anal sex should talk with their health care provider about throat and rectal testing options.

Resources

- U.S. CDC: Getting Tested for STIs (<https://www.cdc.gov/sti/testing/index.html>)
- The Maine CDC Clinical Guidance Package (<https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/documents/HIV-HCV-Clinical-Guidance-Package.pdf>)