



PREGNANCY RISK ASSESSMENT MONITORING SYSTEM
A survey for healthier babies in New Jersey

Screening for HIV in Pregnant Women in New Jersey

Recent decreases in perinatal HIV infections and perinatally acquired AIDS in the United States represent an important achievement in public health. Perinatal transmission accounts for 91% of all AIDS cases among children in the United States (1). Without treatment the transmission rate is 25%; antiretroviral therapy during pregnancy can reduce the transmission rate to 2% or less. Identifying women with HIV infection early in pregnancy and providing them with appropriate treatment has been the cornerstone of perinatal prevention efforts.

Since 1995, New Jersey regulations have required that all pregnant women receive HIV counseling and be offered a voluntary test (2). The number of infants born with HIV infection in New Jersey has dropped from 91 in 1993 to 6 in 2005 (3). Despite this success, some women and infants in New Jersey still do not benefit from prenatal HIV testing and antiretroviral therapy.

Current guidelines from the Centers for Disease Control and Prevention (CDC), American College of Obstetricians and Gynecologists (ACOG), American Academy of Pediatrics (AAP), and the New Jersey Department of Health & Senior Services (NJDHSS) recommend universal HIV screening for all pregnant women (4,5,6).

Both the PRAMS survey and Electronic Birth Certificate (EBC) ask straightforward questions about prenatal HIV

NJ-PRAMS is a joint project of the New Jersey Department of Health and Senior Services and the Centers for Disease Control and Prevention (CDC). Information from PRAMS is used to help plan better health programs for New Jersey mothers and infants—such as improving access to high quality prenatal care, reducing smoking, and encouraging breastfeeding. ▫ One out of every 48 mothers are sampled each month, when newborns are 2-6 months old. Survey questions address their feelings and experiences before, during and after their pregnancy. ▫ From 2002 to 2006, 9,674 mothers were interviewed with a 72% response rate. Data for 2006 is preliminary.

counseling and actual testing for HIV. This brief uses information from both sources to assess how closely New Jersey's voluntary screening program approximates universal HIV screening.

Figure 1 presents recent data about HIV counseling. The average from 2002 to 2006 was 84% for women in New Jersey's FamilyCare program (i.e., extended Medicaid) and 73% for women covered by private insurance. (We count cases as affirmative when the EBC records any prenatal counseling *and* the mother reports face-to-face discussion in PRAMS, or when one report is affirmative and the other is missing.) The significant difference between insurance payers is partly related to standards of care written into FamilyCare managed care contracts, and also potentially due to selective behavior on the part of providers, i.e., assuming that some groups of FamilyCare recipients are at higher HIV risk and foregoing screening for others. Both trend lines appear to be moving upward, but the drops in 2006 raise concern that recent gains may be short-lived.

Figure 1 also shows HIV testing rates for 2004 to 2006. A similar differential in HIV testing Rates by insurance type exists, and is probably attributable to the same causes. The wider gap between counseling and testing among the privately insured is also a concern.

HIV counseling rates are slightly better than those for other health education topics typical in perinatal care, such as substance abuse screening and counseling about breastfeeding, medication safety and birth defects testing. (For more information see the PRAMS data brief on insurance coverage and outcomes.)

Figure 1. HIV Counseling and Testing, By Prenatal Care Insurance Payer

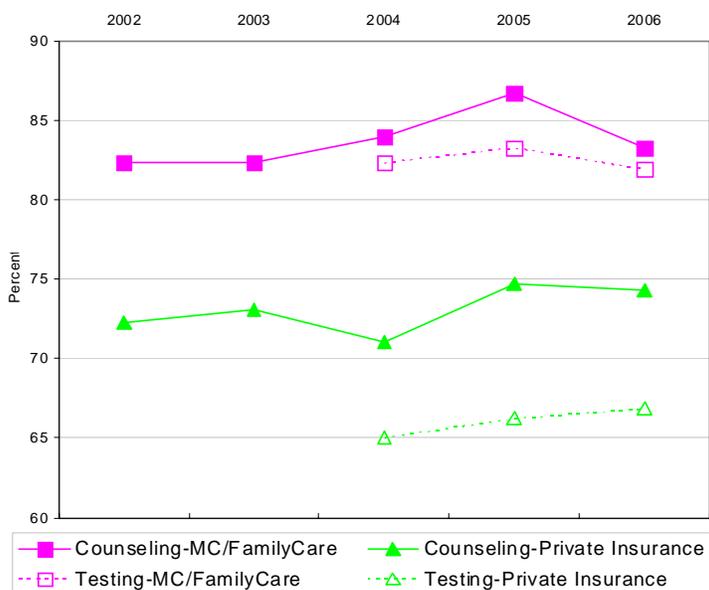


Figure 2. HIV Counseling, By Prenatal Care Insurance Payer

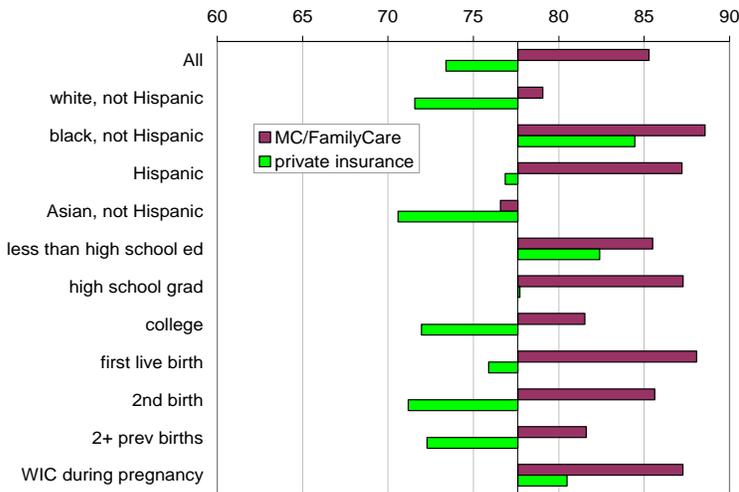


Figure 2 shows how HIV counseling is related to selected sociodemographic factors, even after insurance payer is taken into account. Among FamilyCare participants, HIV counseling rates were highest for black and Hispanic women, those with less than college education, and those having their first child. Shortfalls associated with private insurance were large for non-Hispanic whites and Asians and those with high school or greater education. Participation in the WIC program had a positive effect on HIV counseling, especially for women with private insurance.

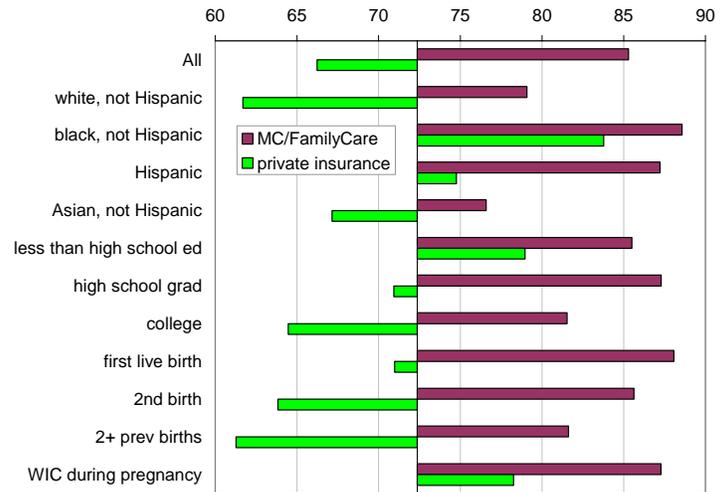
Figure 3 presents HIV testing rates. As with counseling, testing rates were highest for black and Hispanic women, those with less education, and those simultaneously enrolled in WIC.

Agenda for Action

These data demonstrate that counseling and testing rates are higher in subgroups perceived to be at highest risk for HIV—an encouraging result for voluntary testing—they suggest that positive HIV cases in low-risk subgroups (actual or perceived) may be overlooked. Overall, universal screening is a more effective strategy for preventing perinatal HIV transmission (7).

Vertical HIV transmission can largely be prevented. Prevention starts with incorporation of opt-out HIV testing as part of routine prenatal care. CDC, ACOG, AAP and NIH recommend an “opt-out” screening protocol to be implemented by regular health care providers. Each woman is informed that 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. Since 1995, New Jersey regulations had required that all pregnant women receive HIV counseling and be offered a voluntary test (8). Legislation effective the end of June 2008 authorizes opt-out HIV testing as part of routine prenatal care as early in pregnancy as possible and again in third trimester (8). Women presenting in labor with unknown HIV status will be offered opt-out rapid HIV testing. If the mother’s HIV status remains unknown, the newborn will be tested. Follow-up testing of perinatally exposed newborns is also required.

Figure 3. HIV Testing, By Prenatal Care Insurance Payer



Women are more likely to accept HIV screening if their health care provider strongly recommends it— see Resources.

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Summary of [One Test. Two Lives](#). Guidelines

Universal Opt-Out Screening

- All pregnant women should be screened for HIV infection as part of routine prenatal care in first and third trimesters unless she declines (opt-out screening).
- All pregnant women should receive written or verbal information on HIV/AIDS including an explanation of HIV infection, the meanings of positive and negative test results, the benefits of testing as early as possible during pregnancy and again in third trimester, the medical treatment available to treat HIV infection if diagnosed early, the reduced rate of perinatal HIV transmission if she receives HIV treatment, and the interventions available to reduce the risk of mother-to-child HIV transmission.
- No additional process or written documentation of informed consent beyond what is required for other routine prenatal tests should be required for HIV testing.

Timing of HIV Testing

- To promote informed and timely therapeutic decisions, health-care providers should test women for HIV as early as possible during each pregnancy. Women who decline the test early in prenatal care should be encouraged to be tested at a subsequent visit.
- A second HIV test during the third trimester, preferably <36 weeks of gestation, is cost-effective even in areas of low HIV prevalence and is recommended for women who receive prenatal care in New Jersey, Delaware, New York, Pennsylvania and other states with elevated incidence of HIV or AIDS among women 15-45.

Addressing Reasons for Declining Testing

- Because pregnant women are much more likely to accept HIV screening if their health care provider strongly recommends it, the CDC has launched a new campaign: One Test. Two Lives. (see Resources). This program offers providers information to help encourage all of their pregnant patients to be tested for HIV.
- Providers should discuss and address reasons for declining an HIV test (e.g., lack of perceived risk; fear of the disease; and concerns regarding partner violence or potential stigma or discrimination).
- Women who decline an HIV test because they have had a previous negative test result should be informed of the importance of retesting in first and third trimesters during each pregnancy.

Rapid Testing During Labor

- Any woman with undocumented HIV status at the time of labor should be screened with a rapid HIV test unless she declines (opt-out screening).
- Immediate initiation of appropriate antiretroviral prophylaxis should be recommended to women on the basis of a reactive rapid test result without waiting for the result of a confirmatory test.

Newborn Testing

- If the HIV status of the mother of the newborn is unknown, each birthing facility in New Jersey will be required to test the newborn for HIV.
- Newborns of HIV infected mothers need follow-up testing and prophylaxis. These newborns should be referred to pediatricians with experience and expertise in treating exposed newborns.

Resources

Hotlines

National Perinatal HIV Consultation and Referral Service (Perinatal Hotline) San Francisco General Hospital (888-448-8765) provides free 24-hour consultation on HIV testing in pregnancy, antiretroviral agent use, labor and delivery, and postpartum care.

NJDHSS collaborates with the [Francois Xavier Bagnoud Center \(FXB\)](#) at the University of Medicine & Dentistry of New Jersey to provide informational and technical assistance to physicians, providers, and facilities. Call 973-972-5324.

Training Resources

[NJDHSS AIDSLine](#): The spring 2008 issue provides information on the epidemiology of perinatal HIV transmission in New Jersey and the most recent medical recommendations for the maximal reduction of perinatal HIV transmission. www.state.nj.us/health/aids/aidsline.shtml

The [NJDHSS DHAS](#) is planning a perinatal conference for the fall of 2008 and provides a continuing medical education lecture on reducing the risk of vertical HIV transmission. Call 973-972-1293.

The [One Test, Two Lives](#) campaign launched by the CDC encourages obstetrical professionals to offer early HIV testing as a routine, opt-out practice for their pregnant clients and to counsel clients who decline testing to accept an HIV test. For downloadable resources, go to www.cdc.gov/hiv/topics/perinatal/1test2lives/

Referral Centers

[New Jersey's Family Centered HIV Care Network](#) provides a full range of high quality, culturally sensitive and coordinated HIV/AIDS medical and social support services <http://www.state.nj.us/health/fhs/hivcare/regional.shtml>