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

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-Paternity.aspx.

First prenatal visit (Regardless of gestational age)

- HIV
- Syphilis
- Chlamydia (CT)
- Gonorrhea (GC)
- Hepatitis B surface antigen (HBsAg)
- Hepatitis C (HCV) antibody w/ reflex HCV RNA viral load if HCV antibody positive
- Type-specific Herpes Simplex Virus (HSV) serology NOT routinely recommended
- Cervical cancer screening if age ≥21 years and indicated by national guidelines

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

- HIV if high risk
- Syphilis ideally between 28-32 weeks gestation
- CT and GC if age <25 years, positive test earlier in pregnancy, or if at increased risk

During labor & delivery

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

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 G/G 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 antibody 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).
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. Prenatal screening for HIV: California Department of Public Health: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/California-HIV-Screening-Recommendations-in-Paternity.aspx
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 (≥4 cases per 1,000 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)