

# HIV Screen For All in Pregnancy: USPSTF

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Physicians should screen all pregnant women for HIV infection, according to updated recommendations from the U.S. Preventive Services Task Force.

The task force—an independent panel of experts in prevention and primary care—recommended in 1996 that physicians routinely screen and counsel pregnant women at high risk for HIV and those living in communities with high rates of HIV-infected newborns.

At that time, the task force did not find sufficient evidence to recommend for or against routine screening for pregnant

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women without identified risk factors for HIV. The updated recommendation is based on "good evidence" that both standard and rapid screening tests can accurately detect HIV infection in pregnant women and "fair evidence" that the universal prenatal counseling and voluntary testing increases the proportion of HIV-infected women who are diagnosed and treated before delivery (Ann. Intern. Med. 2005;143:32-7).

The task force also determined that there is "good evidence" that treatments such as highly active antiretroviral therapy (HAART) can lead to significantly reduced rates of HIV transmission from mother to child.

"Early identification of maternal HIV seropositivity allows early antiretroviral treatment to prevent mother-to-child transmission, allows providers to avoid obstetric practices that may increase the risk for transmission, and allows an opportunity to counsel the mother against breast-feeding," the task force said.

About 40,000 people are infected with HIV each year in the United States; this number includes about 300 cases of mother-to-child transmission, the task force reported.

The American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, and the Centers for Disease Control and Prevention all recommend that HIV testing be part of a routine battery of prenatal blood tests unless declined by the patient.

The CDC and ACOG also recommend that women in their third trimester be retested if they are known to be at high risk for acquiring HIV and that rapid HIV testing be done during labor in women whose HIV status is undocumented.

A system in which women are informed of the screening and given the chance to opt out has been shown to produce higher screening rates than opt-in approaches for which specific informed consent is required, according to ACOG.

"Given the enormous advances in HIV

prophylaxis for pregnant women and newborns, it is clear that early identification and treatment of all pregnant women with HIV is the best way to prevent neonatal disease," ACOG's Committee on Obstetric Practice wrote in a November 2004 committee opinion.

The USPSTF also recommended that physicians screen all adolescents and adults at increased risk for HIV infection. Patients are considered to be at increased risk for HIV if they have one or more in-

dividual risk factors or receive health care in a high-prevalence or high-risk clinical setting such as an STD clinic or correctional facility.

The task force did not make a recommendation for routine screening for HIV among adolescents and adults who are not at increased risk. ■

The task force recommendations are available online at [www.ahrq.gov/clinic/uspstf/uspshivi.htm](http://www.ahrq.gov/clinic/uspstf/uspshivi.htm).

## VERBATIM

*"As more hospitals create labor triage units, they will need teams of nurse-midwives and physicians to assure that pregnant women do not wait for hours to be discharged."*

Ms. Deeanne Williams,  
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