

Title: HIV testing of pregnant women in Connecticut

Health department/organization: HIV/AIDS Surveillance Program

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Goals: Linkage to and maintenance of care for HIV-infected women

Program type: The roles of the department of public health and the community

Collaborators: HIV/AIDS surveillance

Background

Early identification and treatment of pregnant, HIV-infected women and their newborns significantly reduces the rate of perinatal HIV transmission. Although prenatal HIV testing has been recommended for many years and HIV counseling required, testing rates in Connecticut have been consistently below 30%. In 1999, legislators in Connecticut enacted a statute (Public Act 99-2) requiring HIV testing be offered to all pregnant women and mandating testing of newborns if the mother refuses.

Objectives

Increase HIV testing among pregnant women and subsequently decrease HIV perinatal transmission.

Methods

All prenatal care providers are required to offer an HIV test to pregnant patients within 30 thirty days of the first prenatal visit and a second time during the final trimester. If the patient does not accept prenatal testing, testing must be offered again during delivery. In cases where the mother refuses all 3 opportunities to be tested, the infant must be tested at birth and the results

conveyed to the provider and to the mother within 48 hours. (P.A. 19a-55, 19a-90, 19a-555 and 19a-593).

In July 2001, Connecticut enacted a statute to support health care providers and hospital administrations in the event that written consent can not be obtained (19a-593a). The law states:

No cause of action for civil assault, civil battery, invasion of privacy or failure to obtain informed consent shall arise against any acute care general hospital licensed under chapter 368v or any other health care provider or person responsible for administering an HIV-related test, or causing such test to be administered.

Results

During 2000-2003, 38% of HIV-infected pregnant women [n=248] were diagnosed during pregnancy. A survey of obstetricians (2000) indicated minimal negative impact of the legislation on their practices or their patients. In 1999, a perinatal and obstetrical medical record assessment [n=400] showed that as a result of the legislation, 90% of pregnant women were being tested.