

State Statutory and Regulatory Language Regarding Prenatal Syphilis Screenings in the United States

Prepared by:

Centers for Disease Control and Prevention, Division of STD Prevention

July 25, 2024

Disclaimer: The information in this document does not represent the official legal positions of the U.S. Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention/HHS, or state and local governments, and is not meant to provide specific legal advice. Users of this document should consult with their official state and local legal counsel for specific legal advice and guidance.

Executive Summary

The number of reported cases of congenital syphilis (CS) has increased every year since 2012 in the United States. From 2017 to 2021, the CS rate increased 219% from 24.4 to 77.9 cases per 100,000 live births.¹ CS prevention relies on screening and treatment of pregnant women found to have syphilis. Many states' laws require syphilis testing of pregnant women. State policies regarding prenatal syphilis screening may be one way to address rising CS rates through increased screening.

This webpage includes the text of state laws requiring screening of pregnant women for syphilis in the United States. The method for performing the legal analysis underlying the information on this page is based on [a 2018 peer reviewed article](#) published in the Maternal and Child Health Journal.² This webpage expands on that article through regularly updated legal assessments. The most recent legal assessment was in November 2023. To better understand these policies, you can also review the text of the laws underlying the analysis, which are included on this page.

Legal requirements for syphilis screening among pregnant women by time of test and state

	First Visit	Third Trimester	Delivery
Alabama	X	X	X
Alaska	X		
Arizona	X	X	X
Arkansas	X	X	
California	X	X	O
Colorado	X		
Connecticut	X	X	
Delaware	X	X	
DC	X	X	
Florida	X	X	O
Georgia	X	X	X
Hawaii			
Idaho	X		
Illinois	X	X	
Indiana	X	O	
Iowa			
Kansas	X		
Kentucky	X		
Louisiana	X	X	O
Maine			
Maryland	X	X	O
Massachusetts	X		
Michigan	X	X	O
Minnesota			
Mississippi	X	X	X
Missouri	X	O	O
Montana	X		
Nebraska	X		
Nevada	X	X	O
New Hampshire			
New Jersey	X		X
New Mexico	X		
New York	X	X	
North Carolina	X	X	X
North Dakota			
Ohio	X		
Oklahoma	X	O	O
Oregon	X		
Pennsylvania	X	O	
Rhode Island	X		
South Carolina	X		
South Dakota	X		
Tennessee	X	O	
Texas	X	X	X
Utah	X		
Vermont	X		
Virginia	X		
Washington	X		
West Virginia	X		
Wisconsin			
Wyoming	X		

X	Screening required
O	Screening Required only if at increased risk

Table of Contents

Alabama.....	6
Alaska	7
Arizona.....	10
Arkansas	12
California.....	15
Colorado	16
Connecticut	17
Delaware.....	18
District of Columbia.....	21
Florida	22
Georgia	27
Hawaii	30
Idaho	31
Illinois	32
Indiana	50
Iowa.....	51
Kansas	55
Kentucky	56
Louisiana.....	58
Maine	59
Maryland	60
Massachusetts.....	64
Michigan.....	65
Minnesota	66
Missouri.....	68
Montana.....	71
Nebraska.....	73
Nevada.....	74

New Hampshire	76
New Jersey	80
New Mexico	82
New York	83
North Carolina.....	84
Ohio.....	86
Oklahoma.....	87
Oregon	88
Pennsylvania.....	89
Rhode Island.....	90
South Carolina	91
South Dakota	92
Tennessee	93
Texas	95
Utah.....	98
Vermont	99
Virginia	100
Washington	101
West Virginia.....	102
Wyoming	103

Alabama

Ala. Admin. Code r. 420-4-1-.11

420-4-1-.11. Testing Of Pregnant Women For Sexually Transmitted Diseases.

- (1) Practitioners attending a pregnant woman shall test them at the initial prenatal visit for chlamydia, gonorrhea, syphilis, hepatitis B virus (HBV), hepatitis C virus (HCV), and HIV infections unless the pregnant woman has previously been confirmed to have HIV infection.
- (2) Practitioners shall test for:
- (a) Syphilis during the third trimester, between 28--32 weeks gestation, regardless of risk factors.
 - (b) HIV infection at 28-32 weeks gestation, regardless of risk factors, unless a pregnant woman is already confirmed to be infected with HIV.
 - (c) Chlamydia and gonorrhea at 36 weeks of gestation if the initial testing was positive, signs and symptoms are present, or the pregnant woman is at high risk of infection.
 - (d) A pregnant woman who declined to test earlier in their pregnancy shall again be offered testing for chlamydia, gonorrhea, syphilis, and HIV during the early third trimester.

Ala.Code 1975 § 22-11A-16

§ 22-11A-16. Serologic or other biologic sample required to be taken of pregnant women and of newborns.

- (a) Every physician or other person permitted by law to attend a pregnant woman during gestation shall, in the case of each woman so attended, take or cause to be taken any serologic or other biologic sample of the woman as provided by the State Board of Health. Any sample shall be submitted to a laboratory approved by the board for testing for those sexually transmitted diseases for which there exists an effective vaccine or curative treatment approved by the federal Food and Drug Administration and as provided by the board.
- (b) Every physician or other person permitted by law to attend a pregnant woman during delivery shall take or cause to be taken any serologic or other biologic sample of the woman and any newborn as provided by the State Board of Health. Any sample shall be submitted to a laboratory approved by the board for testing for those sexually transmitted diseases for which there exists an effective vaccine or curative treatment approved by the federal Food and Drug Administration and as provided by the board.
- (c) All positive or reactive tests shall be reported as provided in Section 22-11A-14.

Alaska

AS § 18.15.150

§ 18.15.150. Taking of blood sample

Each licensed physician and in the absence of a licensed physician each licensed graduate nurse who attends a pregnant woman for conditions relating to the pregnancy during the period of gestation or at delivery shall take, or have taken, a sample of the blood of the woman at the time of the woman's first professional visit or within 10 days after the visit, unless the serological test is contrary to the tenets or practice of the religious creed of which the woman is an adherent. The blood specimen shall be submitted to an approved laboratory or clinic for a standard serological test of syphilis. Any other person permitted by law to attend pregnant women but not permitted by law to take blood samples shall have a sample of blood taken by a licensed physician, or on order of a licensed physician, and shall submit the sample to an approved laboratory or clinic for a standard serological test for syphilis.

AS § 18.15.180

§ 18.15.180. Penalty

A licensed physician or licensed nurse attending a pregnant woman during the period of gestation or at delivery, or a representative of a laboratory or clinic who violates AS 18.15.150 – 18.15.180 is guilty of a misdemeanor and, upon conviction, is punishable by a fine of not more than \$500. However, a person attending a pregnant woman during the period of gestation or at delivery, who requests the specimen in accordance with AS 18.15.150, and whose request is refused, is not guilty of a misdemeanor.

AS § 18.15.160

§ 18.15.160. Test for syphilis

For the purposes of AS 18.15.150 - 18.15.180 a standard serological test is a test for syphilis approved by the department and shall be performed in a laboratory or clinic approved by the department. On request the laboratory test required by AS 18.15.150 - 18.15.180 shall be performed without charge at the laboratories of the department.

12 AAC 14.500
12 AAC 14.500. Prenatal care.

- a. A certified direct-entry midwife shall
1. recommend, before care or delivery of a client, that the client undergo a physical examination performed by a physician, physician assistant, or advanced practice registered nurse who is licensed in this state;
 2. obtain informed consent from a client before onset of labor;
 3. at the first prenatal visit, or not later than 10 days after the first prenatal visit, order a serological test for syphilis;
 4. provide each client with contact information for 24-hour on-call availability by a certified direct-entry midwife throughout pregnancy, the intrapartum period, and the postpartum period;
 5. provide each client with labor support, fetal monitoring, and routine assessment of vital signs once active labor is established;
 6. supervise the delivery of infant and placenta, assess newborn and maternal well-being in the immediate postpartum period, and perform Apgar scores;
 7. perform routine cord management and inspect for appropriate number of vessels;
 8. inspect the placenta and membranes for completeness;
 9. inspect the perineum and vagina postpartum for lacerations and stabilize or repair, as appropriate;
 10. observe the mother and newborn postpartum until stable condition is achieved;
 11. instruct the mother, father, or other support persons, both verbally and in writing, of the special care and precautions for both mother and newborn in the immediate postpartum period;
 12. reevaluate maternal and newborn wellbeing not later than 36 hours after delivery;
 13. use universal precautions with all biohazard materials;
 14. ensure that a birth certificate is accurately completed and filed in accordance with state law;
 15. ensure the newborn is tested for phenylketonuria (PKU);
 16. offer to one or both parents to obtain and submit a blood sample in accordance with the recommendations for metabolic screening of the newborn;
 17. offer to one or both parents an injection of vitamin K for the newborn in accordance with the indication, dose, and administration route set out in 12 AAC 14.570;

18. not later than one week after delivery, refer the parents to a facility with a newborn hearing screening program;
 19. not later than two hours after the birth, offer to one or both parents the administration of antibiotic ointment into the eyes of the newborn, in accordance with state law on the prevention of infant blindness;
 20. provide postpartum care and postpartum depression screenings and referrals to client through the first year postpartum; and
 21. maintain adequate antenatal and perinatal records of each client and provide records to any consulting licensed physician and advanced practice registered nurse in accordance with regulations under P.L. 104-191 (Health Insurance Portability and Accountability Act of 1996 (HIPAA)).
- b. During the third trimester, the certified direct-entry midwife shall ensure that the home-birth client is adequately prepared for a home-birth by discussing issues such as sanitation, facilities, adequate heat, availability of telephone and transportation, plans for emergency evacuation to a hospital, and the skills and equipment that the midwife will bring to the home-birth.
 - c. A certified direct-entry midwife shall make a home visit to the client before delivery to assess the physical environment, to determine whether the home-birth client has the necessary supplies, to prepare the client for the birth, and to instruct the family in correction of problems or deficiencies.

Arizona

A.R.S. § 36-693

§ 36-693. Blood tests required; pregnant women; umbilical cord at delivery; definition

- A. A physician shall at the time of the first prenatal examination, after a diagnosis of pregnancy, take or cause to be taken a sample of the blood of the woman and submit it to an approved laboratory for a standard serological test for syphilis. If the woman has not had a serological test prior to delivery, a sample of blood from the umbilical cord shall be taken at delivery for examination.
- B. Any other person permitted by law to attend pregnant women but not permitted to take blood samples shall cause a sample of the blood of each pregnant woman attended by him to be taken under the direction of a duly licensed physician of medicine and surgery as required by subsection A. The physician shall have the sample submitted to an approved laboratory for a standard serological test for syphilis.
- C. For the purpose of this section “standard serological test” means a test for syphilis approved by the director and made at a laboratory approved by the director to make such tests. A laboratory test required by this section shall be made by the state laboratory without charge.

A.A.C. R9-6-381

R9-6-381. Syphilis

- A. Case control measures:
 - 1. A syphilis case shall obtain serologic testing for syphilis three months, six months, and one year after initiating treatment, unless more frequent or longer testing is recommended by a local health agency.
 - 2. A health care provider for a pregnant syphilis case shall order serologic testing for syphilis at 28 to 32 weeks gestation and at delivery.
 - 3. A local health agency shall:
 - a. Conduct an epidemiologic investigation, including a review of medical records, of each reported syphilis case or suspect case, confirming the stage of the disease;
 - b. For each syphilis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D);
 - c. If the syphilis case is pregnant, ensure that the syphilis case obtains the serologic testing for syphilis required in subsection (A)(1) and (A)(2); and

- d. Comply with the requirements specified in R9-6-1103 concerning treatment and health education for a syphilis case.
- 4. The operator of a blood bank, blood center, or plasma center shall notify a donor of a test result with significant evidence suggestive of syphilis, as required under A.R.S. § 32-1483 and 21 CFR 630.6.
- B. Contact control measures: When a syphilis case has named a contact, a local health agency shall comply with the requirements specified in R9-6-1103 concerning notification, testing, treatment, and health education for the contact.
- C. Outbreak control measures: A local health agency shall:
 - 1. Conduct an epidemiologic investigation of each reported syphilis outbreak; and
 - 2. For each syphilis outbreak, submit to the Department the information required under R9-6-206(E).

Arkansas

A.C.A. § 20-16-507

§ 20-16-507. Pregnant women--Examination requirements

(a)(1)(A) Every physician and health care provider attending pregnant women in this state for conditions relating to their pregnancy shall, in the case of every woman so attended, take or cause to be taken a sample of venous blood or other approved specimen of the woman as early as reasonably possible in the pregnancy or, if not attended prenatally, at the time of delivery, and shall submit the sample to an approved laboratory for:

- (i) A standard serological test for syphilis;
- (ii) A standard test for human immunodeficiency virus; and
- (iii) A standard test for hepatitis B.

(B) If for any reason the pregnant woman is not tested for syphilis, human immunodeficiency virus, or hepatitis B, that fact shall be recorded in the patient's records, which, if based upon the refusal of the patient, shall relieve the physician of any responsibility under this subsection.

(2) Every other person authorized by law to attend or to provide medical treatment to pregnant women in this state but not permitted by law to take blood samples shall cause a sample of blood or other approved specimen of the pregnant woman to be taken as early as reasonably possible in the pregnancy or, if not attended prenatally, at the time of delivery, by or under the direction of a physician licensed to practice medicine and surgery and have the sample submitted to an approved laboratory for:

- (A) A standard serological test for syphilis;
- (B) A standard test for human immunodeficiency virus; and
- (C) A standard test for hepatitis B.

(3) Every physician described in subdivision (a)(1) of this section and every person described in subdivision (a)(2) of this section shall:

(A) Inform each pregnant woman whom he or she is attending of the fact that syphilis, human immunodeficiency virus, and hepatitis B may be transmitted from an infected mother to the fetus or unborn child and that these infections may be prevented if the maternal infection is recognized and treated; and

(B) Provide counseling and instruction for human immunodeficiency virus in a manner prescribed by the Department of Health based upon contemporary state and federal standards.

(b) For the purpose of this section, a standard serological test shall be a test for syphilis, human immunodeficiency virus, and hepatitis B, approved or authorized by the Centers for Disease Control and Prevention, and approved by the

Director of the Department of Health and shall be made at the division's laboratory or at another laboratory approved to make such tests.

(c) All records, reports, data, or other information collected or maintained under this section that identifies or could be used to identify any individual patient, provider, or institution shall be confidential, shall not be subject to discovery pursuant to the Arkansas Rules of Civil Procedure or the Freedom of Information Act of 1967, § 25-19-101 et seq. However, ¹ this subsection shall not affect the reports required to be submitted to the department under other laws and rules and regulations.

Ark. Admin. Code 007.35.7-XXI

Formerly cited as AR ADC 007.15.2-XXI

07.35.7-XXI. Sexually Transmitted Disease (Syphilis, Gonorrhea, Chlamydia, Hiv (Human Immunodeficiency Virus), Chancroid, Lymphogranuloma Venereum, Granuloma Inguinale) and Ophthalmia Neonatorum (Gonorrheal Ophthalmia)

A. Testing of pregnant women.

1. Every physician attending a pregnant woman shall take, or cause to be taken, a sample of venous blood at the time of first examination and during the third trimester, ideally at 28 to 32 weeks gestation, and submit such sample to an approved laboratory for a standard serologic test for Syphilis; a standard test for Human Immunodeficiency Virus; and a standard test for Hepatitis B. Any person other than a physician permitted by law to attend pregnant women but not permitted by law to take blood samples, shall cause a specimen of blood to be taken by, or under the direction of a physician duly licensed to practice medicine and surgery, and have such specimen submitted to an approved laboratory for testing.
2. Any person reporting a birth or stillbirth shall state on the certificate whether a blood test for Syphilis had been made upon a specimen of blood taken from the woman who bore the child for which a birth or stillbirth certificate is filed and the approximate date when the specimen was taken.

B. Ophthalmia Neonatorum (Gonorrhea Ophthalmia)

1. Ophthalmia Neonatorum is to be reported to the Epidemiology Program, Arkansas Department of Health, as soon as the disease is suspected.
2. It shall be the duty of the local health authority in whose jurisdiction the case occurs to investigate the case to confirm the diagnosis by bacteriological examination and, if of Gonococcal origin, to determine if the attendant at delivery used prophylactic medication in the eyes of the infant.
3. Due to the nature of the infection and its communicability, and inasmuch as Gonorrheal Ophthalmia is amenable to antimicrobial therapy; it shall be the duty of every physician to administer appropriate antimicrobial therapy at once (consistent with the current American Academy of Pediatrics' Report of the Committee on Infectious Diseases (i.e.: The Red Book). It shall be the duty of every midwife attending such cases, or suspected cases, to refer all such cases to a licensed physician for treatment.

C. It shall be the duty of every physician to report, as soon as diagnosed, every case of sexually transmitted disease using either of (1) the reporting methods under Section III (D) of these Rules; or (2) Adult Case Report form, found at <https://www.healthy.arkansas.gov/programs-services/topics/std-prevention>, as provided by the Department, to

the Sexually Transmitted Disease Program, Arkansas Department of Health. Physicians shall report the patient by name, address, age, sex, race and date of birth within twenty-four (24) hours of the diagnosis in case of primary, secondary and congenital Syphilis and Syphilis in pregnant women.

- D. Whenever the Secretary has reasonable grounds to believe that any person is suffering from Syphilis, Gonorrhea, Chancroid, Chlamydia, HIV (Human Immunodeficiency Virus), Lymphogranuloma Venereum or Granuloma Inguinale in a communicable state, the Secretary is authorized to cause such person to be apprehended and detained for the necessary tests and examination, including an approved blood serologic test and other approved laboratory tests, to ascertain the existence of said disease or diseases: provided, that any evidence so acquired shall not be used against such person in any criminal prosecution.
- E. The Secretary may, when in the exercise of his discretion he believes that the public health requires it, commit any commercial prostitute, or other persons apprehended and examined and found afflicted with said diseases, or either of them who refuses or fails to take treatment adequate for the protection of the public health, to a hospital or other place in the State of Arkansas for such treatment even over the objection of the person so diseased and treated provided the commitment can be done without endangering the life of the patient.
- F. It shall be the duty of a physician on the occasion of the first visit to or by a person suffering from Syphilis, Gonorrhea, Chancroid, Chlamydia, HIV (Human Immunodeficiency Virus), Lymphogranuloma Venereum or Granuloma Inguinale to instruct said person in the precautions to be taken to prevent communication of the disease to others, and to inform him of the necessity of continued uninterrupted treatment until such adequate treatment has been administered.
- G. It shall be the duty of every physician to administer appropriate and adequate treatment to any individual regardless of age, sex, or race whom he has reasonable grounds to believe is suffering from Syphilis, Gonorrhea, Chancroid, Chlamydia, HIV (Human Immunodeficiency Virus), Lymphogranuloma Venereum or Granuloma Inguinale in a communicable state, to render the disease non-communicable to others for the protection of the public health. Likewise, it shall be the duty of every physician to treat, prophylactically or therapeutically, any individual regardless of age, sex or race whom he has reasonable grounds to believe has been exposed to a communicable case of Syphilis, Gonorrhea, Chancroid, Chlamydia, HIV (Human Immunodeficiency Virus), Lymphogranuloma Venereum or Granuloma Inguinale for the protection of the public health. Consent to the provision of medical and surgical care or services by a physician licensed to practice medicine in this State, when executed by a minor who is or believes himself to be afflicted with a sexually transmitted disease, shall be valid and binding as if the minor had achieved his majority.

California

West's Ann.Cal.Health & Safety Code § 120685 § 120685. Required provision of syphilis screening and testing

- a. Every licensed health care professional engaged in providing prenatal care or attending a birthing patient at the time of delivery, shall provide syphilis screening and testing as outlined in the most recent guidelines published by the State Department of Public Health.
- b. This section does not limit a local health jurisdiction's ability to provide additional recommendations or guidelines for syphilis screening and testing, nor does it limit the ability of a health care professional to follow other existing clinical guidelines for syphilis screening and testing recommendations, including guidelines issued by local health authorities, as long as, at minimum, the health care professional complies with subdivision (a).

West's Ann.Cal.Health & Safety Code § 120690 § 120690. Submission of specimen for test

The blood specimen thus obtained shall be submitted to an approved laboratory for a standard laboratory test for syphilis.

West's Ann.Cal.Health & Safety Code § 120715 § 120715. Violation; offense

Any licensed physician and surgeon, or other person engaged in attendance upon a pregnant woman or a recently delivered woman, or any representative of a laboratory who violates any provision of this chapter, is guilty of a misdemeanor. However, a licensed physician and surgeon, or other person engaged in attendance upon a pregnant or recently delivered woman, whose request for a specimen is refused, is not guilty of a misdemeanor for failure to obtain it.

West's Ann.Cal.Health & Safety Code § 125110 § 125110. Objections to test on religious grounds; inapplicability of Maternal and Child Health Program Act

The Maternal and Child Health Program Act (Section 27) shall not apply if the pregnant woman objects to the test required by that act on the ground that the test conflicts with her religious beliefs or practices.

Colorado

C.R.S.A. § 25-4-201

§ 25-4-201. Pregnant woman to take blood test

- (1) Every licensed health care provider authorized to provide care to a pregnant woman in this state for conditions relating to her pregnancy during the period of gestation or at delivery shall take or cause to be taken a sample of blood of the woman at the time of the first professional visit or during the first trimester for testing pursuant to this section. The blood specimen obtained shall be submitted to an approved laboratory for a standard serological test for syphilis and HIV. Every other person permitted by law to attend pregnant women in this state but not permitted by law to take blood samples shall cause a sample of blood of each pregnant woman to be taken by a licensed health care provider authorized to take blood samples and shall have the sample submitted to an approved laboratory for a standard serological test for syphilis and HIV. A pregnant woman may decline to be tested as specified in this subsection (1), in which case the licensed health care provider shall document that fact in her medical record.
- (2) If a pregnant woman entering a hospital for delivery has not been tested for HIV during her pregnancy, the hospital shall notify the woman that she will be tested for HIV unless she objects and declines the test. If the woman declines to be tested, the hospital shall document that fact in the pregnant woman's medical record.

C.R.S.A. § 25-4-204

§ 25-4-204. Penalty

Any licensed physician and surgeon or other person engaged in attendance upon a pregnant woman during the period of gestation or at delivery or any representative of a laboratory who violates the provisions of this part 2 is guilty of a misdemeanor and, upon conviction thereof, shall be punished by a fine of not more than three hundred dollars. Every licensed physician and surgeon or other person engaged in attendance upon a pregnant woman during the period of gestation or at delivery who requests such specimen in accordance with the provisions of section 25-4-201 and whose request is refused is not guilty of a misdemeanor.

Connecticut

C.G.S.A. § 19a-90

§ 19a-90. Blood testing of pregnant women for syphilis and HIV

- (a) A health care provider giving prenatal care to a pregnant woman in this state during gestation shall order a blood sample of such woman for each of the following serological tests: (1) Not later than thirty days after the date of the first prenatal examination, a serological test for HIV and syphilis; (2) not later than twenty-eight to thirty-two weeks of gestation, a serological test for syphilis; (3) not later than thirty-two to thirty-six weeks of gestation, a serological test for HIV; and (4) at the time of delivery, a serological test for HIV and syphilis, provided the woman presents to labor and delivery without documentation of the required serological testing prescribed under subdivisions (2) and (3) of this subsection. No pregnant woman shall be subject to serological testing more than once during each of the time frames outlined in subdivisions (1) to (4), inclusive. A pregnant woman's consent to the HIV-related test, as defined in section 19a-581, shall be consistent with the consent given for the HIV-related test prescribed under section 19a-582. The laboratory tests required by this section shall be made on request without charge by the Department of Public Health. For purposes of this subsection, "health care provider" means a physician licensed pursuant to chapter 370,¹ advanced practice registered nurse licensed pursuant to chapter 378,² physician assistant licensed pursuant to chapter 370 or nurse midwife licensed pursuant to chapter 377.³
- (b) The provisions of this section shall not apply to any woman who objects to a blood test as being in conflict with her religious tenets and practices.

Delaware

24 Del. Admin. Code 1795-6.0 1795-6.0. Prenatal Care

6.1 During prenatal care, the midwife or other licensed health care provider shall follow a regular schedule of prenatal care with increasing frequency towards term. The responsibilities of the midwife during this time include:

6.1.1 Initial Prenatal Visit:

6.1.1.1 History and assessment of general health;

6.1.1.2 History and assessment of obstetric and psychosocial status;

6.1.1.3 Discussion of current CDC recommendations for immunization during pregnancy;

6.1.1.4 Physical Exam, including:

6.1.1.4.1 Height;

6.1.1.4.2 Weight;

6.1.1.4.3 Blood pressure;

6.1.1.4.4 Pulse;

6.1.1.4.5 Breast exam;

6.1.1.4.6 Abdomen, to include fundal height, fetal heart tones, fetal lie, and presentation;

6.1.1.4.7 Estimation of gestational age;

6.1.1.4.8 Assessment of varicosities, edema, and reflexes.

6.1.1.5 The midwife must complete the following laboratory tests at the initial prenatal visit:

6.1.1.5.1 Hemoglobin or hematocrit or CBC;

6.1.1.5.2 Urinalysis for protein and glucose;

6.1.1.5.3 Syphilis serology;

6.1.1.5.4 Blood group, Rh type, and antibody screen;

6.1.1.5.5 Hepatitis B surface antigen;

6.1.1.5.6 Rubella screen;

6.1.1.5.7 Gonorrhea test;

6.1.1.5.8 Chlamydia test;

6.1.1.5.9 HIV test;

6.1.1.5.10 Urine culture.

6.1.1.6 The midwife must provide appropriate prophylactic antibiotic therapy for GBS positive clients pursuant to CDC guidelines.

6.1.1.7 The midwife should consider genetic testing, urine drug screen, and Hepatitis C testing as indicated.

6.1.2 On-going Prenatal Care:

6.1.2.1 Assessment of general health;

6.1.2.2 Assessment of psychosocial health;

6.1.2.3 Nutritional counseling;

6.1.2.4 Physical Exam to include, but not limited to:

6.1.2.4.1 Blood pressure;

6.1.2.4.2 Weight;

6.1.2.4.3 Abdomen, to include fundal height, fetal heart tones, fetal lie, and presentation;

6.1.2.4.4 Estimation of gestational age by physical findings;

6.1.2.4.5 Assessment of varicosities, edema and reflexes.

6.1.2.5 The midwife must offer the following laboratory tests:

6.1.2.5.1 Hemoglobin, hematocrit, or CBC between 28 and 32 weeks;

6.1.2.5.2 Gross urinalysis for protein and glucose at each visit;

6.1.2.5.3 Glucose Tolerance Test;

6.1.2.5.4 Group Beta Strep (GBS) cultures, according to CDC guidelines. If penicillin allergic, determine antibiotics to which the strain of GBS carried by the client is sensitive and treat appropriately during labor;

6.1.2.5.5 Herpes (HSV 1 or HSV 2) cultures, if indicated;

6.1.2.5.6 Prophylactic Rh-immune globulin information for Rh negative clients;

6.1.2.5.7 Urine Drug Screen.

16 Del.C. § 708

§ 708. Prenatal standard tests for syphilis, gonorrhea, chlamydia and other STDs

- (a) Every health-care professional qualified to attend a pregnant woman in this State during gestation shall take or cause to be taken suitable specimens of such woman and submit such specimens to an approved laboratory for standard tests for syphilis and gonorrhea, chlamydia and other such tests for STDs as may be designated by the Department of Health and Social Services. Every other person permitted by law to attend upon pregnant women in the State but not permitted by law to take such specimens shall cause such specimens of such pregnant woman to be taken by a qualified health care professional and submitted to an approved laboratory for standard tests for gonorrhea, syphilis and chlamydia and other such tests for STDs as may be designated by the Department of Health and Social Services. The specimens shall be taken at the time of the first examination relating to the current pregnancy and a second specimen during the third trimester of pregnancy which is in addition to or exclusive of the test taken at delivery. Every pregnant woman shall permit the specimens to be taken by a qualified health care professional as herein provided. However, the Director or the Director's authorized deputy within the county wherein any person affected by this section resides may waive the requirements of this section if the Director or deputy is satisfied by written affidavit or other notarized written proof that the tests required by this section are contrary to the tenets and practices of the religious teachings of which the applicant is an adherent, and that the public health and welfare would not be injuriously affected by such waiver.
- (b) The term "approved laboratory" means a laboratory approved for this purpose by the Department of Health and Social Services. Standard tests for syphilis, chlamydia and gonorrhea are ones recognized as such by the Department of Health and Social Services.
- (c) The laboratory tests required by this section shall be made on request without charge by the Department of Health and Social Services.

District of Columbia

22-B DCMR § 205

D.C. Mun. Regs. Subt. 22-B, § 205

205. TESTS FOR SYPHILIS AND GONORRHEA REQUIRED DURING PREGNANCY

205.1 Unless the person in charge of a case of pregnancy includes in the patient's case history a written statement giving the medical reasons why a serological test for syphilis and a laboratory test for gonorrhea performed at the times specified in this section would be harmful to the patient, that person shall include both of these tests in the management of the case at the first visit of that patient's pregnancy is established as a certainty.

205.2 When it is determined that tests for syphilis and gonorrhea have been performed within thirty (30) days before the visit at which pregnancy is established, the serological test need not be performed at that time.

205.3 Any person in charge of a case of pregnancy during the last trimester shall include in the management of the case a serological test for syphilis and a laboratory test for gonorrhea, notwithstanding the fact that either or both tests have already been performed during the pregnancy.

205.4 Any person required by the provisions of this section to make a written report of a case of venereal disease shall submit the report to the Director in a sealed envelope, marked "Confidential."

205.5 The name of the person reported as having a case of venereal disease may be referred to by number.

205.6 Whenever the person reporting a case of venereal disease elects to report by number instead of by name, a record shall be kept of the case in the files of the person reporting under the same number for a period of not less than three (3) years from the date of diagnosis.

205.7 The record required in § 205.6 shall be made available to the Director upon request.

205.8 The reports and records incident to a case of venereal disease shall be used for statistical and public health purposes only, and the Director shall not disclose the identity of the person so reported except under order of a court or with the written permission of the person.

Florida

Rule 64B24-7.007, F.A.C.
Fla. Admin. Code r. 64B24-7.007

64B24-7.007. Responsibilities of Midwives During the Antepartum Period.

- (1) The licensed midwife shall:
- (a) Require each patient to have a complete history and physical examination which includes:
 - 1. Pap smear.
 - 2. Serological screen for syphilis.
 - 3. Gonorrhea and Chlamydia screening.
 - 4. Blood group including Rh factor and antibody screen.
 - 5. Complete blood count (CBC).
 - 6. Rubella titer.
 - 7. Urinalysis with culture.
 - 8. Sickle cell screening for at risk population.
 - 9. Screen for hepatitis B surface antigen (HBsAG).
 - 10. Screen for HIV/AIDS.
 - (b) Conduct the Healthy Start Prenatal Screen interview or assure that each patient has been previously screened.
 - (c) Provide counseling and offer screening related to the following:
 - 1. Neural tube defects.
 - 2. Group B Streptococcus.
 - 3. CVS or genetic amniocentesis for women 35 years of age or older at the time of delivery.
 - 4. Nutritional counseling.
 - 5. Childbirth preparation.
 - 6. Risk Factors.
 - 7. Common discomforts of pregnancy.
 - 8. Danger signs of pregnancy.
 - (d) Follow-up screening:
 - 1. Hematocrit or hemoglobin levels at 28 and 36 weeks gestation.
 - 2. Diabetic screening between 24 and 28 weeks gestation.
 - 3. Antibody screen for Rh negative mothers, at 28 weeks gestation. Counsel and encourage RhoGAM prophylaxis. In those clients declining RhoGAM prophylaxis repeat antibody screen at 36 weeks.
 - (e) Require prenatal visits every four weeks until 28 weeks gestation, every two weeks from 28 to 36 weeks gestation and weekly from 36 weeks until delivery.
- (2) The following procedures and examinations shall be completed and recorded at each prenatal visit:
- (a) Weight.
 - (b) Blood pressure.

- (c) Urine dip stick for protein and glucose each visit with leukocytes, ketones, and nitrites as indicated.
 - (d) Fundal height measurements.
 - (e) Fetal heart tones and rate.
 - (f) Assessment of edema and patellar reflexes, when indicated.
 - (g) Indication of weeks' gestation and size correlation.
 - (h) Determination of fetal presentation after 28 weeks of gestation.
 - (i) Nutritional assessment.
 - (j) Assessment of subjective symptoms of PIH, UTI and preterm labor.
- (3) An assessment of the Expected Date of Delivery (EDD) and gestational age shall be done by 20 weeks, if practical, according to:
- (a) Last normal menstrual period.
 - (b) Reference to the statement of uterine size recorded during the initial exam.
 - (c) Hearing fetal heart tones at eleven weeks with a Doppler unit, if one is available, and patient gives consent.
 - (d) Recording of quickening date.
 - (e) Recording weeks of gestation by dates and measuring in centimeters the height of the uterine fundus.
 - (f) Hearing the fetal heart tones at twenty weeks with a fetoscope.
- (4) If a reliable EDD cannot be established by the above criteria, then the licensed midwife shall encourage the patient to have an ultrasound for EDD.
- (5) The midwife shall refer a patient for consultation to a physician with hospital obstetrical privileges if any of the following conditions occur during the pregnancy:
- (a) Hematocrit of less than 33% at 37th week gestation or hemoglobin less than 11 gms/100 ml.
 - (b) Unexplained vaginal bleeding.
 - (c) Abnormal weight change defined as less than 12 or more than 50 pounds at term.
 - (d) Non-vertex presentation persisting past 37th week of gestation.
 - (e) Gestational age between 41 and 42 weeks.
 - (f) Genital herpes confirmed clinically or by culture at term.
 - (g) Documented asthma attack.
 - (h) Hyperemesis not responsive to supportive care.
 - (i) Any other severe obstetrical, medical or surgical problem.
- (6) The midwife shall transfer a patient if any of the following conditions occur during the pregnancy:
- (a) Genetic or congenital abnormalities or fetal chromosomal disorder.
 - (b) Multiple gestation.
 - (c) Pre-eclampsia.
 - (d) Intrauterine growth retardation.
 - (e) Thrombophlebitis.
 - (f) Pyelonephritis.
 - (g) Gestational diabetes confirmed by abnormal glucose tolerance test.
 - (h) Laboratory evidence of Rh sensitization.

- (7) If the conditions listed pursuant to this section are resolved satisfactorily and the physician and midwife deem that the patient is expected to have a normal pregnancy, labor and delivery, then the care of the patient shall continue with the licensed midwife.

Rule 59A-11.012, F.A.C.
Fla. Admin. Code r. 59A-11.012
59A-11.012. Prenatal Care.

- (1) Initial Visit shall include:
- (a) A comprehensive health history shall be completed which includes medical, emotional, dietary, and obstetrical data including a pre-term delivery risk assessment.
 - (b) A physical examination shall be completed by a physician, or certified nurse midwife or advanced practice registered nurse, or licensed midwife, which includes measurement of height and weight, vital signs including blood pressure and examination of the skin, head and neck, heart and lungs, breasts, abdomen, pelvis and neurologic reactions.
 - (c) The following tests are required:
Hemoglobin or hematocrit, urinalysis by dipstick for protein, sugar, and ketones; serological test for syphilis; cervical cytology, and Rh determination and blood type. Results of a cervical cytology done within one year is acceptable. The hemoglobin test and urinalysis may be performed by a clinical staff member or qualified personnel.
- (2) Return visits shall include:
- (a) Measurements of the weight, blood pressure, fundal height, and fetal heart rate when applicable;
 - (b) Urinalysis by dipstick for protein and sugar;
 - (c) Hemoglobin or hematocrit should be repeated at least twice and more often if indicated during the course of the pregnancy;
 - (d) Review of signs and symptoms of complications of pregnancy and risk status; and,
 - (e) Examination to determine the estimated weeks of gestation, fetal position and presentation.
- (3) Return prenatal visits shall be scheduled at least every four weeks until the 32nd week, every two weeks until the 36th week and then every week until delivery unless the client's condition requires more frequent visits.
- (4) A prenatal delivery risk assessment shall be performed during the initial visit and repeated at 28 weeks gestation.
- (5) All patients shall receive specific instruction regarding pre-term labor including the potential hazards, preventive measures, symptoms, detection and timing of contractions, and the need for prompt notification of the health provider.
- (6) All clients found to be at high obstetrical risk pursuant to criteria described in rule 59A-11.009, F.A.C., shall be referred to a qualified physician for continued care.

West's F.S.A. § 383.312
383.312. Prenatal care of birth center clients

- (1) A birth center shall ensure that its clients have adequate prenatal care, as defined by the agency, and shall ensure that serological tests are administered as required by this chapter.
- (2) Records of prenatal care shall be maintained for each client and shall be available during labor and delivery.

Rule 64D-3.042, F.A.C.
Fla. Admin. Code r. 64D-3.042
64D-3.042. STD Testing Related to Pregnancy.

- (1) Practitioners attending a woman for prenatal care shall cause the woman to be tested for chlamydia, gonorrhea, hepatitis B, HIV and syphilis as follows:
 - (a) At initial examination related to her current pregnancy; and again
 - (b) At 28 to 32 weeks gestation.
- (2) Exceptions to the testing outlined in subsection (1) above are as follows:
 - (a) A woman, who tested positive for hepatitis B surface antigen (HbsAg) during the initial examination related to her current pregnancy, need not be re-tested at 28-32 weeks gestation.
 - (b) A woman, with documentation of HIV infection or AIDS need not be re-tested during the current pregnancy.
- (3) Women who appear at delivery or within 30 days postpartum with:
 - (a) No record of prenatal care; or
 - (b) Prenatal care with no record of testing;
 - (c) Prenatal care with no record of testing after the 27th week of gestation shall be considered at a high risk for sexually transmissible diseases and shall be tested for hepatitis B surface antigen (HBsAg), HIV and syphilis prior to discharge.
- (4) Emergency Departments of hospitals licensed under Chapter 395, F.S., may satisfy the testing requirements under this rule by referring any woman identified as not receiving prenatal care after the 12th week of gestation, to the county health department.
 - (a) The referral shall be in writing; and
 - (b) A copy shall be submitted to the county health department having jurisdiction over the area in which the emergency department is located.
- (5) Prior to any testing required by this rule, practitioners shall:
 - (a) Notify the woman which tests will be conducted;
 - (b) Inform the woman of her right to refuse any or all tests;
 - (c) Place a written statement of objection signed by the woman each time she refuses required testing in her medical record specifying which tests were refused. If the woman refuses to sign the statement, the provider shall document the refusal in the medical record. No testing shall occur for the infections specified in the refusal statement of objection.

- (6) Women who had a serologic test for syphilis during pregnancy that was reactive, regardless of subsequent tests that were non-reactive shall be tested as soon as possible at or following delivery.
- (7) (a) Specimens shall be submitted to a laboratory licensed under Part I, Chapter 483, F.S., to perform tests for chlamydia, gonorrhea, hepatitis B surface antigen (HBsAg), HIV and syphilis.
(b) The practitioner submitting the specimens for testing to a licensed laboratory shall state that these specimens are from a pregnant or postpartum woman.
- (8) Practitioners required by law to prepare birth and stillbirth certificates shall document on the certificate if chlamydia, gonorrhea, hepatitis B, HIV, syphilis infections or genital herpes or genital human papilloma virus were present and/or treated during this pregnancy.
- (9) Nothing in this rule shall prohibit a practitioner from testing these women for other sexually transmissible diseases in accordance to prevailing national standards, community disease distribution or the professional judgment of the practitioner.

West's F.S.A. § 384.31

384.31. Testing of pregnant women; duty of the attendant

Every person, including every physician licensed under chapter 458 or chapter 459 or midwife licensed under part I of chapter 464 or chapter 467, attending a pregnant woman for conditions relating to pregnancy during the period of gestation and delivery shall cause the woman to be tested for sexually transmissible diseases, including HIV, as specified by department rule. Testing shall be performed by a laboratory appropriately certified by the Centers for Medicare and Medicaid Services under the federal Clinical Laboratory Improvement Amendments and the federal rules adopted thereunder for such purposes. The woman shall be informed of the tests that will be conducted and of her right to refuse testing. If a woman objects to testing, a written statement of objection, signed by the woman, shall be placed in the woman's medical record and no testing shall occur.

Georgia

Ga. Code Ann., § 31-17-4 **§ 31-17-4. Serologic tests for pregnant women**

The department may require every pregnant woman to submit to a standard serologic test, as defined by the department, and may require any person attending or giving prenatal care to such woman to take or cause to be taken a blood specimen for use in such test. Such specimens shall be submitted for laboratory testing in the manner prescribed by the department; and all laboratories conducting such tests shall comply with the rules, regulations, and reporting requirements prescribed therefor by the department.

Ga. Code Ann., § 31-17-4.2 **§ 31-17-4.2. Georgia HIV/Syphilis Pregnancy Screening**

- a. This Code section shall be known and may be cited as the “Georgia HIV/Syphilis Pregnancy Screening Act of 2015.”
- b. Except in cases where the pregnant woman refuses the testing, a pregnant woman shall be tested for HIV and syphilis:
 1. At the pregnant woman’s first prenatal visit;
 2. When she is at 28-32 weeks’ gestation; and
 3. At delivery.Each such test shall be conducted by the physician or other healthcare provider who is providing prenatal care for such pregnant woman at each such point in the woman’s pregnancy.
- c. If the woman tests positive for HIV or syphilis, counseling services provided by the Department of Public Health shall be made available to her and she shall be referred to appropriate medical care providers for herself and her child.
- d. If for any reason the pregnant woman is not tested for HIV and syphilis, that fact shall be recorded in the patient’s records, which, if based upon the refusal of the patient, shall relieve the physician or other healthcare provider of any other responsibility under this Code section.
- e. The Department of Public Health shall be authorized to promulgate rules and regulations for the purpose of administering the requirements under this Code section.

Ga Comp. R. & Regs. 511-5-4-.03
511-5-4-.03. Provisions

1. Unless the patient declines screening, every pregnant woman shall have a blood specimen taken as prescribed herein for a standard serologic test for syphilis, a standard serologic test for HIV, a standard serologic test for hepatitis B and a standard serologic test for hepatitis C.
2. Every health care provider in this state providing prenatal care to a pregnant woman, or delivering or attending a woman just delivered, shall take or cause to be taken a venous blood specimen for submission to a clinical laboratory for a standard serologic test for syphilis, a standard serologic test for HIV, a standard serologic test for hepatitis B and a standard serologic test for hepatitis C, as follows:
 - a. At the initial visit to the health care provider for prenatal care, a standard serologic test for:
 1. Syphilis;
 2. HIV;
 3. Hepatitis B; and
 4. Hepatitis C.
 - b. In the third trimester in the following circumstances:
 1. A standard serologic test for syphilis, as required in O.C.G.A. Section 31-17-4.2. The specimen shall be taken early during the third trimester, ideally at 28-32 weeks of gestation;
 2. A standard serologic test for HIV, as required in O.C.G.A. Section 31-17-4.2; and
 3. A standard serologic test for hepatitis C if the woman has known or potential exposures to hepatitis C.
 - c. As soon as possible upon admission to the hospital or birth facility for delivery:
 1. A standard serologic test for syphilis, for women not tested prenatally, who deliver a stillborn infant, are at high risk for syphilis, or as long as Georgia is classified by the Centers for Disease Control and Prevention as a state with high syphilis morbidity. In accordance with O.C.G.A. Section 31-17-4.2, if a syphilis test was conducted in the third trimester, and the woman does not disclose activities posing a risk for syphilis infection more recently, this test is not required;
 2. A standard serologic test for HIV, for women not tested prenatally and for women at increased risk for HIV infection who were not tested in the third trimester. In accordance with O.C.G.A. Section 31-17-4.2, if an HIV test was conducted in the third trimester, and the woman does not disclose activities posing a risk for HIV infection more recently, this test is not required;
 3. A standard serologic test for Hepatitis B, for women not tested prenatally, with signs or symptoms of hepatitis, or at high risk for hepatitis B; and

4. A standard serologic test for Hepatitis C, for women not tested prenatally.
3. Patients shall be notified of all tests to be conducted and shall have the opportunity to refuse the test.

Hawaii

HRS § 325-51

§ 325-51. Blood samples of pregnant women required

Every physician attending a pregnant woman in the State for conditions relating to the woman's pregnancy during the period of gestation or at delivery, shall, in the case of every woman so attended, take or cause to be taken one or more samples of the blood of the woman, except when the attending physician shall have evidence that a pregnant woman has met this requirement through a previous test for syphilis, and shall submit such samples to an approved laboratory for a standard serologic test for syphilis. Every other person permitted by law to attend pregnant women in the State, but not permitted by law to take blood samples, shall cause one or more samples of the blood of every pregnant woman attended by the person to be taken by a duly licensed physician or state certified laboratory, or any other person permitted by law to withdraw blood and shall have the samples submitted to an approved laboratory for a standard serologic test for syphilis. The samples of blood shall be taken at such times during the period of gestation as are designated by rules adopted by the department of health. Every pregnant woman shall permit the sample of the woman's blood to be taken as hereinabove provided.

Idaho

I.C. § 39-1001

§ 39-1001. Serological test of pregnant or recently-delivered women

Every licensed physician attending a pregnant woman for a condition relating to her pregnancy, or at delivery, or after delivery for a condition relating to her pregnancy, shall in the case of every woman so attended, take or cause to be taken a sample of blood of such woman at the time of first examination or within fifteen (15) days thereafter, and shall submit such sample to the laboratory of the department of health and welfare or to a laboratory approved by the director of the department, for a standard serological test for syphilis. In submitting such sample to the laboratory, the physician shall specify whether it is for a prenatal test or a test following recent delivery. The laboratory of the department of health and welfare shall analyze such sample upon the request of any licensed physician and may collect a fee for the performance of such analyses.

I.C. § 39-1002

§ 39-1002. Procedure when woman not attended by licensed physician

Every other person attending a pregnant or recently delivered woman in the state, but not permitted by law to take blood samples, shall within fifteen (15) days of the first examination cause a sample of blood of such woman to be taken by a licensed physician and have the sample submitted to the laboratory of the state department of health and welfare for a standard serological test for syphilis, or to a laboratory approved by said board.

I.C. § 39-1006

§ 39-1006. Penalty for violations

Any person who violates the provisions of sections 39-1001--39-1006 shall be guilty of a misdemeanor; provided, however, that every licensed physician or other person attending a pregnant or recently delivered woman, who requests such sample in accordance with the provisions of sections 39-1001--39-1006, and whose request is refused, shall not be guilty of a misdemeanor.

77 Ill. Adm. Code 250.1830

250.1830 General Requirements for All Obstetric Departments

- a) The temperature and humidity in the nurseries and in the delivery suite shall be maintained at a level best suited for the protection of mothers and infants as recommended by the Guidelines for Perinatal Care. Chilling of the neonate shall be avoided; a non-stable neonate shall, immediately after birth, be placed in a radiant heat source that is ready to receive the infant and that allows access for resuscitation efforts. The radiant heat source shall comply with the recommendations of the Guidelines for Perinatal Care. When the neonate has been stabilized, if the mother wishes to hold her newborn, a radiant heater or pre-warmed blankets shall be available to keep the neonate warm. Stable infants shall be placed, and remain, in direct skin-to-skin contact with their mother immediately after delivery to optimally support infant breastfeeding and to promote mother/infant bonding. Personnel shall be available who are trained to use the equipment to maintain a neutral thermal environment for the neonate. For general temperature and humidity requirements, see Section 250.2480(d)(1). In general, a temperature between 72 degrees and 76 degrees and relative humidity between 35% and 60% are acceptable.
- b) Linens and Laundry: Linens shall be cleaned and disinfected in compliance with the Guidelines for Perinatal Care.
- 1) Nursery linens shall be washed separately from other hospital linens.
 - 2) No new unlaundered garments shall be used in the nursery.
- c) Sterilizing equipment, as required in Section 250.1090, shall be available. Sterilizing equipment may be provided in the obstetric department or in a central sterilizing unit, provided that flash sterilizing equipment or adequate sterile supplies and instruments are provided in the obstetric department.
- d) Accommodations and Facilities for Obstetric Patients
- 1) The hospital shall identify specific rooms and beds, adjacent when possible to other obstetric facilities, as obstetric rooms and beds. These rooms and beds shall be used exclusively for obstetric patients or for combined obstetric and clean gynecological service beds in accordance with Section 250.1820(g).
 - 2) Patient rooms and beds that are adjacent to another nursing unit may be used for clean cases as part of the adjacent nursing unit. A corridor partition with doors is recommended to provide a separation between the obstetric beds and facilities and the non-obstetric rooms. The doors shall be kept closed except when in active use as a passageway.
 - 3) Facilities shall be available for the immediate isolation of all patients in whom an infectious condition inimical to the safety of other obstetric and neonatal patients exist.
 - 4) Labor rooms shall be convenient to the delivery rooms and shall have facilities for examination and preparation of patients. Each room used for labor, delivery and postpartum (see Section 250.1870) shall include

a bathroom equipped with a toilet and a shower. The bathroom also shall include a sink, unless a sink is located in the patient room. The bathroom shall be directly accessible from the patient room without going through the corridor.

5) Delivery rooms shall be equipped and staffed to provide emergency resuscitation for infants pursuant to the recommendation of the American Academy of Pediatrics and ACOG and shall comply with the American Academy of Pediatrics/American Health Association's American Heart Association (AHA) Guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) of Pediatric and Neonatal Patients: Neonatal Resuscitation Guidelines.

6) If only one delivery room is available and in use, one labor room shall be arranged as an emergency delivery room and shall have a minimum clear floor area of 180 square feet.

7) The patient shall be kept under close observation until her condition is stabilized following delivery. Observations at established time intervals shall be recorded in the patient's medical record. A recovery area shall be provided. Emergency equipment and supplies shall be available for use in the recovery area.

e) Accommodations and Facilities for Infants

1) Level I nurseries:

A) A clean nursery or nurseries shall be provided, near the mothers' rooms, with adequate lighting and ventilation. A minimum of 30 square feet of floor area for each bassinet and 3 feet between bassinets shall be provided. Equipment shall be provided to prevent direct draft on the infants. Individual nursery rooms shall have a capacity of six to eight neonates or 12 to 16 neonates. The normal newborn infant care area in a smaller hospital shall limit room size to eight neonates, with a minimum of two rooms available to permit cohorting in the presence of infection.

B) Bassinets equipped to provide for the medical examination of the newborn infant and for the storage of necessary supplies and equipment shall be provided in a number to exceed obstetric beds by at least 20% to accommodate multiple births, extended stay, and fluctuating patient loads. Bassinets shall be separated by a minimum of 3 feet, measuring from the edge of one bassinet to the edge of the adjacent one.

C) A glass observation window shall be provided through which infants may be viewed.

D) Resuscitation equipment as described in subsection (e)(1)(E)(iii), and personnel trained to use it, shall be available in the nursery at all times.

E) Each nursery shall have necessary equipment immediately available to stabilize the sick infant prior to transfer. Equipment shall consist of:

- i) A heat source capable of maintaining the core temperature of even the smallest infant at 98 degrees (an incubator, or preferably a radiant heat source);
- ii) Equipment with the ability to monitor bedside blood sugar;

iii) A resuscitation tray containing equipment pursuant to the American Heart Association (AHA) Guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) of Pediatric and Neonatal Patients: Neonatal Resuscitation Guidelines; and

iv) Equipment for delivery of 100% oxygen concentration, and the ability to measure delivered oxygen in fractional inspired concentrations (FI O₂) pursuant to AAP recommendations. The oxygen analyzer shall be calibrated and serviced according to the manufacturer's instructions at least monthly by the hospital's respiratory therapy department or other responsible personnel trained to perform the task.

F) Consultation and Referral Protocols shall comply with the Regionalized Perinatal Health Care Code.

2) Level II and Level III nurseries shall comply with the Regionalized Perinatal Health Care Code. Cribs shall be separated by 4 to 6 feet to allow for ease of movement of additional personnel, and to allow space for additional equipment used in care of infants in these areas. New buildings or additions or material alterations to existing buildings that affect the Level II with Extended Neonatal Capabilities nursery shall provide at least 70 square feet of space for each infant.

3) A Level III nursery shall provide 80 to 100 square feet of space for each infant.

4) Facilities shall be available for the immediate isolation of all newborn infants who have or are suspected of having an infectious disease.

5) When an infectious condition exists or is suspected of existing, the infant shall be isolated in accordance with policies and procedures established and approved by the hospital and consistent with recommended procedures of the Guidelines for Perinatal Care and the Control of Communicable Diseases Code.

f) The personnel requirements and recommendations set forth in Subpart D apply to the operation of the obstetric department, in addition to the following:

1) Each hospital shall have a staffing plan for nursing personnel providing care for obstetric and neonatal patients. The registered nursing components of the plan shall comply with Section 250.1130 of this Part, with requirements for the level of perinatal care, as designated in accordance with the Regionalized Perinatal Health Care Code, the Guidelines for Perinatal Care, the National Association of Neonatal Nurses' (NANN) Position Statement #3009 Minimum RN Staffing in NICUs, and the following parameters:

A) Nursing supervision by a registered nurse shall be provided for the entire 24-hour period for each occupied unit of the obstetric and neonatal services. This nurse shall have education and experience in obstetric and neonatal nursing.

B) At least one registered nurse trained in obstetric and nursery care shall be assigned to the care of mothers and infants at all times. To prepare for an unexpected delivery, at least one registered nurse or LPN trained to give care to newborn infants shall be assigned at all times to the nursery with duties restricted to the care of the infants. Infants shall never be left unattended.

C) A registered nurse shall be in attendance at all deliveries and shall be available to monitor the mother's general condition and that of the fetus during labor, for at least two hours after delivery, and longer if complications occur.

D) Nursing personnel providing care for obstetric and other patients shall be instructed on a continuing basis in the proper technique to prevent cross-infection. When it is necessary for the same nurse to care for both obstetric and non-obstetric patients in the gynecologic unit, proper technique shall be followed.

E) Obstetric and neonatal department nurses providing input to the hospital's nursing care committee pursuant to Section 250.1130 shall, prior to proposing their recommendations for the hospital's written staffing plan, consider the staffing standards listed in subsection (f)(1).

F) Temporary relief from outside the obstetric and neonatal division by qualified personnel shall be permitted as necessary according to appropriate infection control policy.

G) For each shift in the obstetric department, at least one of the registered nurses or LPNs shall also have certification or experience in lactation training, pursuant to the requirements of subsection (k).

2) Nursing staff - Level I requirements for occupied units. These units shall meet the following requirements in addition to General Care Requirements in Section 250.1830(f)(1).

A) At least two nursing personnel shall be assigned per shift. One shall be a registered nurse and one shall be a registered nurse or an LPN.

B) The capability to provide neonatal resuscitation in the delivery room shall be demonstrated by the current completion of a nationally recognized neonatal resuscitation program by medical, nursing and respiratory care staff or a hospital rapid response team, in accordance with the requirements of the Regionalized Perinatal Health Care Code.

C) Hospitals shall have the capability for continuous electronic maternal-fetal monitoring for patients, with staff available 24 hours a day, including physician and nursing, who are knowledgeable of electronic maternal-fetal monitoring use and interpretation. Physicians and nurses shall complete a competence assessment in electronic maternal-fetal monitoring every two years, in accordance with the Regionalized Perinatal Health Care Code.

3) Nursing staff - Level II requirements for occupied units. These units shall meet the requirements for Level I in subsection (f)(2). Nursery personnel may be shared with the Level I nursery as needed.

4) Nursing staff - Level II with Extended Neonatal Capabilities requirements for occupied units. In addition to the requirements in subsection (f)(3), the obstetric-newborn nursing services shall be directed by a full-time registered nurse experienced in perinatal nursing. Preference shall be given to registered nurses with a master's degree.

5) Nursing staff - Level III requirements for occupied units. These units shall meet the following requirements in addition to requirements in subsection (f)(3). Half of all neonatal intensive care direct nursing care hours shall be provided by registered nurses who have two years or more of nursing experience in a Level III NICU. All neonatal intensive care direct nursing care hours shall be provided or supervised by registered nurses who have advanced neonatal intensive care training and documented competence in neonatal pathophysiology and care technologies used in the NICU.

6) Medical personnel

A) Each hospital providing obstetric services shall have an organized obstetric staff with a chief of obstetric service. The chief's level of qualification and expertise shall be appropriate to the hospital's designated level of care. The responsibilities of the chief of obstetric services shall include the following requirements, as they relate to the care of obstetric patients:

- i) General supervision of the care of the perinatal patients assigned to the unit;
- ii) Establishment of criteria for admissions;
- iii) Adherence to licensing requirements;
- iv) Adoption, by the medical staff, of standards of practice and privileges;
- v) Identification of clinical conditions and procedures requiring consultation;
- vi) Arrangement of conferences, held at least quarterly, to review operations, complications and mortality;
- vii) Assurance that the clinical records, consultations and reports are properly completed and analyzed; and
- viii) Provision for exchange of information between medical, administrative and nursing staffs.

B) Each hospital providing pediatric services shall have an organized pediatric staff with a chief of pediatric service. The chief's level of qualification and expertise shall be appropriate to the hospital's designated level of care. The responsibilities of the chief of pediatric services shall include those listed in subsection (f)(6)(A), as they relate to the care of newborn infants.

C) Level I shall comply with the Regionalized Perinatal Health Care Code:

- i) One physician shall be Chief of Obstetrical Care. He or she shall be a board certified or board qualified obstetrician. If this is not possible, a physician with experience and regular practice may be the Chief and be responsible for obstetrical care and available on a 24-hour basis, and a source of obstetric or maternal fetal medicine consultation shall be documented when indicated.
- ii) One physician shall be Chief of Pediatric Service. He or she shall be a board certified or board qualified pediatrician. If this is not possible, a physician with experience and regular

practice may be the Chief and be responsible for pediatric care and available on a 24-hour basis, and a source of neonatology consultation shall be documented when indicated.

D) Level II shall comply with the Regionalized Perinatal Health Care Code:

A board certified obstetrician shall be Chief of Obstetrical Care. A board certified pediatrician shall be Chief of Neonatal Care. Obstetrical anesthesia shall be directed by a board certified anesthesiologist with experience and competence in obstetrical anesthesia. Hospital staff shall also include a pathologist and an on call radiologist 24 hours a day. Specialized medical and surgical consultation shall be readily available.

E) Level II With Extended Neonatal Capabilities: Staffing shall comply with the Regionalized Perinatal Health Care Code.

F) Level III: Staffing shall comply with the Regionalized Perinatal Health Care Code.

g) Practices and procedures for care of mothers and infants:

1) The hospital shall follow procedures approved by the infection control committee for the isolation of known or suspected cases of infectious disease in the obstetric department.

2) Patients with clean obstetric complications (regardless of month of gestation), such as pregnancy-induced hypertension for observation and treatment, placenta previa for observation or delivery, ectopic pregnancy, and hypertensive heart disease in a pregnant patient, may be admitted to the obstetric department and be subject to the same requirements as any other obstetric case. (See Section 250.1820(g)(6).)

3) The physician shall determine whether a prenatal serological test for syphilis and a test for HIV have been done on each mother and the results recorded. If no tests have been done before the admission of the patients, the tests shall be performed as soon as possible pursuant to the Perinatal HIV Prevention Act. Specimens for a syphilis test may be submitted in appropriate containers to an Illinois Department of Public Health laboratory for testing without charge. Mothers shall be tested for Group B streptococcus prior to delivery and for Hepatitis B prior to discharge of either mother or infant, pursuant to AAP recommendations.

4) No obstetric patient under the effect of an analgesic or an anesthetic, in the second stage of labor or delivery, shall be left unattended at any time.

5) Fetal lung maturity shall be established and documented prior to elective inductions and caesarean sections if the infant is at less than 39 weeks of gestation, or 38 weeks of gestation for twins. The hospital shall establish a written policy and procedure concerning the administration of oxytocic drugs.

A) Oxytocin shall be used for the contraction stress test only when qualified personnel, determined by the hospital staff and administration, can attend the patient closely. Written policies and procedures shall be available to the team members assuming this responsibility.

B) The oxytocin solution shall be administered intravenously via a controlled infusion device, using both a primary intravenous solution and a secondary oxytocin solution.

C) Oxytocin shall be used for medical induction or stimulation of labor only when qualified personnel, determined by the hospital staff and administration, can attend the patient closely. Written policies and procedures shall be available to the team members assuming this responsibility. The following shall be included in these policies:

- i) An attending physician shall evaluate the patient for induction or stimulation, especially with regard to indications.
- ii) The physician or other individuals starting the oxytocin shall be familiar with its effect and complications and be qualified to identify both maternal and fetal complications.
- iii) A qualified physician shall be immediately available as is necessary to manage any complication effectively.
- iv) During oxytocin administration, the fetal heart rate; the resting uterine tone; and the frequency, duration and intensity of contractions shall be monitored electronically and recorded. Maternal blood pressure and pulse shall be monitored and recorded at intervals comparable to the dosage regimen; that is, at 30 to 60 minute intervals, when the dosage is evaluated for maintenance, increase or decrease. Evidence of maternal and fetal surveillance shall be documented.

6) Identification of infants:

A) While the neonate is still in the delivery room, the nurse in the delivery room shall prepare identical identification bands for both the mother and the neonate, as outlined in the hospital's policy. Wrist bands alone may be used; however, it is recommended that both wrist and ankle bands be used on the neonate. The hospital shall not use foot-printing and fingerprinting alone as methods of patient identification. The bands shall indicate the mother's admission number, the neonate's gender, the date and time of birth, and any other information required by hospital policy. Delivery room personnel shall review the bands prior to securing them on the mother and the neonate to ensure that the information on the bands is identical. The nurse in the delivery room shall securely fasten the bands on the neonate and the mother without delay as soon as he/she has verified the information on the identification bands. The birth records and identification bands shall be checked again before the neonate leaves the delivery room.

B) If the condition of the neonate does not allow the placement of identification bands, the identification bands shall accompany the neonate and shall be attached as soon as possible, as outlined in the hospital's policy. Identification bands shall not be left unattached and unattended in the nursery.

C) When the neonate is taken to the nursery, both the delivery room nurse and the admitting nursery nurse shall check the neonate's identification bands and birth records, verify the gender of the neonate, and sign the neonate's medical record. The admitting nurse shall complete the bassinet card and attach it to the bassinet.

D) When the neonate is taken to the mother, the nurse shall check the mother's and the neonate's identification bands, verify the gender of the neonate and verify that the information on the bands is identical.

E) The umbilical cord (cords, with multiple births) shall be identified according to hospital policy (e.g., by the use of a different number of clamps) so that umbilical cord blood specimens are correctly labeled. All umbilical cord blood samples shall be labeled correctly with an indication that these are a sample of the neonate's umbilical cord blood and not the blood of the mother.

F) The hospital shall develop a newborn infant security system. This system shall include instructions to the mother regarding safety precautions designed to avoid abduction. Electronic sensor devices may be included as well.

7) Within one hour after delivery, ophthalmic ointment or drops containing tetracycline or erythromycin shall be instilled into the eyes of the newborn infant as a preventive against ophthalmia neonatorum. The eyes shall not be irrigated.

8) A single parenteral dose of vitamin K-1, water soluble to 0.5-1.0 milligrams, shall be given to the infant, shortly after birth, but usually within the first hour after delivery, as a prophylaxis against hemorrhagic disorder in the first days of life.

9) Each infant shall be given complete individual crib-side care. The use of a common bath table is prohibited. Scales shall be adequately protected to prevent cross-infection.

10) Artificial feedings and formula changes shall not be instituted except by written order of the attending physician, pursuant to the requirements of the Hospital Infant Feeding Act.

11) Facilities for drug services. See Section 250.2130(a).

12) Newborn infants shall be transported from the delivery room to the nursery in a safe manner. Adequate support systems (heating, oxygen, suction) shall be incorporated into the transport units for infants (e.g., to x-ray). Chilling of the newborn and cross-infection shall be avoided. If travel is excessive and through other areas, special transport incubators may be required. The method of transporting infants from the nursery to the mothers shall be individual, safe and free from cross-infection hazards.

13) The stay of the mother and the infant in the hospital after delivery shall be planned to allow the identification of problems and to reinforce instructions in preparation for the infant's care at home. The mother and infant shall be carefully observed for a sufficient period of time and assessed prior to discharge to ensure that their conditions are stable. Healthy infants shall be discharged from the hospital simultaneously with the mother, or to other persons authorized by the mother, if the mother remains in the hospital for an extended stay. Follow-up shall be provided for mothers and infants discharged within 48 hours after delivery, including a face-to-face encounter with a health care provider who will assess the condition of mother and infant and arrange for intervention if problems are identified.

14) When a patient's condition permits, an infant may be transferred from an intensive care nursery to the referring nursery or to another nursery that is nearest the home and at which an appropriate level of care may be provided. Transfers shall be conducted pursuant to the Regionalized Perinatal Health Care Code.

15) The hospital shall have a policy regarding circumcisions performed by a Mohel.

16) Circumcisions shall not be performed in the delivery room or within the first six hours after birth. A physician may order and perform a circumcision when the infant is over the age of six hours and, in the physician's professional judgment, is healthy and stable.

17) The hospital shall comply with the Guidelines for Perinatal Care and Guidelines for Women's Health Care (see Section 250.160).

h) Medical Records

1) Obstetric records:

A) Adequate, accurate, and complete medical records shall be maintained for each patient. The medical records shall include findings during the prenatal period, which shall be available in the obstetric department prior to the patient's admission and shall include medical and obstetric history, observations and proceedings during labor, delivery and the postpartum period, and laboratory and x-ray findings.

B) Records shall be maintained in accordance with hospital medical records policies and procedures, including the applicable requirements of the Health Insurance Portability and Accountability Act and the minimum observations and laboratory tests outlined in Guidelines for Perinatal Care and Guidelines for Women's Health Care. The physician director of the obstetric department shall require all physicians delivering obstetric care to send copies of the prenatal records, including laboratory reports, to the obstetric unit at or before 37 weeks of gestation, including updates from that time until admission.

2) Infant records. Accurate and complete medical records shall be maintained for each infant. The medical records shall include:

A) History of maternal health and prenatal course, including mother's HIV status, if known.

B) Description of labor, including drugs administered, method of delivery, complications of labor and delivery, and description of placenta and amniotic fluid.

C) Time of birth and condition of infant at birth, including the Apgar score at one and five minutes, the age at which respiration became spontaneous and sustained, a description of resuscitation if required, and a description of abnormalities and problems occurring from birth until transfer from the delivery room.

D) Report of a complete and detailed physical examination within 24 hours following birth; report of a physical examination within 24 hours before discharge and daily during any remaining hospital stay.

E) Physical measurements, including length, weight and head circumference at birth, and weight every day; temperature twice daily.

F) Documentation of infant feeding: intake, content, and amount if by formula.

G) Clinical course during hospital stay, including treatment rendered and patient response; clinical note of status at discharge.

3) The hospital shall keep a record of births that contains data sufficient to duplicate the birth certificate. The requirement may be met by:

A) retaining the yellow "hospital copy" of the birth certificate properly bound in chronological order, or

B) retaining this copy with the individual medical record.

i) Reports

1) Each hospital that provides obstetric and neonatal services shall submit a monthly perinatal activities report to its affiliated Administrative Perinatal Center.

2) Maternal death report

A) The hospital shall submit an immediate report of the occurrence of a maternal death to the Department, in accordance with the Department's rules titled Maternal Death Review. Maternal death is the death of any woman dying of any cause whatsoever while pregnant or within one year after termination of the pregnancy, irrespective of the duration of the pregnancy at the time of the termination or the method by which it was terminated. A death shall be reported regardless of whether the death occurred in the obstetric department or any other section of the hospital, or whether the patient was delivered in the hospital where death occurred, or elsewhere.

B) The filing of this report shall in no way preclude the necessity of filing a death certificate or of including the death on the Perinatal Activities Report.

3) The hospital shall comply with the laws of the State and the rules of the Department in the preparation and filing of birth, death and fetal death certificates.

4) Epidemic and communicable disease reporting

A) The hospital shall develop a protocol for the management and reporting of infections consistent with the Control of Communicable Diseases Code, the Perinatal HIV Prevention Act, Guidelines for Perinatal Care and Guidelines for Women's Health Care, and as approved by the infection control committee. These policies shall be known to obstetric and nursery personnel.

B) The facility shall particularly address those infections specifically related to mothers and infants, including but not limited to, methicillin-resistant Staphylococcus Aureus occurring in infants under 61 days of age, ophthalmia neonatorum, and perinatal hepatitis B infection.

j) Infant Feeding Policy

1) For the purposes of this subsection (j):

A) Baby-Friendly Hospital Initiative means the voluntary program sponsored by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) that recognizes hospitals that meet certain evaluation criteria regarding the promotion of breastfeeding.

B) Infant Nutrition Resource means breastfeeding education and infant formula safety and preparation.

2) Infant Feeding Policy Required

A) Every hospital that provides birthing services must adopt an infant feeding policy that promotes breastfeeding. In developing the policy, a hospital shall consider guidance provided by the Baby-Friendly Hospital Initiative.

B) An infant feeding policy adopted under this Section shall include guidance on the use of formula for medically necessary supplementation, if preferred by the mother, or when exclusive breastfeeding is contraindicated for the mother or for the infant.

3) Communication of Policy. A hospital shall routinely communicate the infant feeding policy to staff in the hospital's obstetric and neonatal areas, beginning with hospital staff orientation. The hospital shall also ensure that the policy and infant nutrition resources are posted in a conspicuous place in the hospital's obstetric or neonatal area or on the hospital's Internet or Intranet web site or on the Internet or Intranet web site of the health system of which the hospital is a part. The hospital shall make copies of the policy available to the Department upon request.

4) Application of Policy. A hospital's infant feeding policy adopted under the Hospital Infant Feeding Act must apply to all mother-infant couplets in the hospital's obstetric and neonatal areas. (Sections 5 through 20 of the Hospital Infant Feeding Act)

k) Breast Milk and Formula

1) Pursuant to the requirements of subsection (j), the hospital shall provide the mother with information regarding lactation, the nutritional benefits of breast milk, and lactation support organizations within the area. The hospital staff shall include, at a minimum, lactation support staff with certification or experience in lactation training. The lactation support staff shall attend continuing education in relation to lactation counseling and training, consistent with hospital policy. At least one lactation support staff shall be on duty at all times in the obstetric department.

2) Pursuant to the requirements of subsection (j), the hospital shall have a policy for the preparation of formula by hospital staff when hospital-prepared formula is needed in place of commercially-prepared formula. Adequate space, equipment and procedures for processing, handling and storing commercially-prepared formula shall be provided.

A) All hospitals providing obstetric or pediatric services that prepare their own formula shall provide a well-ventilated and well-lighted formula room, which shall be adequately supervised and used exclusively for the preparation of formulas.

B) Equipment shall include hand-washing facilities with hot and cold running water with knee, foot or elbow controlled valves; a double-section sink for washing and rinsing bottles; facilities for storing cleaning equipment, refrigeration facilities; utensils in good condition for preparation of formulas; cupboard and work space and a work table; an autoclave and a supply of individual formula bottles, nipples and protecting caps, adequate to prepare a 24-hour supply of formula and water for each infant. Procedures shall be established by the hospital and enforced.

I) Visiting Policy

- 1) The visiting requirements set forth in Subpart B shall apply to obstetric departments, except as modified in this subsection (I).
- 2) Each obstetric department shall have a visiting policy that complies with the Guidelines for Perinatal Care and is approved by the hospital's infection control committee.
- 3) The visiting policy shall cover all programs in the obstetric department.
- 4) The visiting policy shall comply with the hospital's infection control policy and shall include signage instructing visitors to wash their hands.

m) *Every hospital shall demonstrate to the Department that the following have been adopted:*

- 1) *Procedures designed to reduce the likelihood that an infant patient will be abducted from the hospital. The procedures may include, but need not be limited to, architectural plans to control access to infant care areas, video camera observation of infant care areas, and procedures for identifying hospital staff and visitors.*
- 2) *Procedures designed to aid in identifying allegedly abducted infants who are recovered. The procedures may include, but need not be limited to, foot-printing infants by staff who have been trained in that procedure, photographing infants, and obtaining and retaining blood samples for genetic testing. (Section 6.15 of the Act)*

410 ILCS 320/1

320/1. Blood tests for pregnant women as to syphilis

§ 1. Every physician, or other person, attending in a professional capacity a pregnant woman in Illinois, shall take or cause to be taken a sample of blood of such woman at the time of the first examination, and a second sample of blood shall be taken or caused to be taken during the third trimester of pregnancy. These blood specimens shall be submitted to a laboratory approved by the Department of Public Health for a serological test for syphilis approved by the State Department of Public Health. In the event that any such blood test shall show a positive or doubtful result an additional test or tests shall be made. Such serological test or tests shall, upon request of any physician, be made free of charge

by the State Department of Public Health or the Health Departments of cities, villages and incorporated towns maintaining laboratories for the testing of blood specimens of any woman who resides in that city, village or incorporated town.

The provisions of this Section shall not apply to any woman who objects to such serological tests on the grounds that such tests are contrary to her religious beliefs and practices.

77 Ill. Adm. Code 630.30 **630.30. Health Services for Women of Reproductive Age**

The Division of Family Health, Department of Public Health, State of Illinois, through its Maternal and Child Health Program may allocate funds for programs providing health services for women of reproductive age. All such services must be delivered based upon the standards of the American College of Obstetrics and Gynecology set forth in Section 630.80(a)(5), Family Planning Services Code (77 Ill. Adm. Code 635.90), Regionalized Perinatal Health Care Code (77 Ill. Adm. Code 640), and Hospital Licensing Requirements (77 Ill. Adm. Code 250.1810-1860) (See Section 630.80(a)(5)). One or more of the following MCH services may be included in application proposals for Title V and State MCH Project grant funds:

- a) Services for nonpregnant women that relate to the occurrence and course of future pregnancy.
 - 1) Comprehensive family planning services as described in the Department's Family Planning Services Code - 77 Ill. Adm. Code 635.90.
 - 2) Genetic evaluation counseling as indicated.
 - 3) Counseling and referral to licensed adoption services if indicated or desired.
- b) Services for pregnant woman.
 - 1) Early diagnosis of pregnancy.
 - 2) Counseling regarding plans for pregnancy continuation.
 - A) For those electing to carry to term, referral for and provision of prenatal care. Referral to childbirth preparation classes as desired or to adoption services at licensed agencies if indicated.
 - B) For those electing abortion, referral to appropriate counseling and family planning facilities.
 - 3) Prenatal care services including:
 - A) History (general medical-surgical, social and occupational, family and genetic background, health habits, previous pregnancies, and current pregnancy).
 - B) Complete physical examination including blood pressure, height and weight, and fetal development as well as a complete systems review.

- C) Laboratory tests as appropriate, such as syphilis serology, Papanicolaou smear, gonococcal culture, chlamydia smear, hepatitis B, diabetic screening, hemoglobin/hematocrit, urinalysis for glucose and protein, Rh determination and irregular antibody screening, blood group determination, and rubella test.
- D) Diagnosis and treatment or referral and follow-up of general health problems, both acute and chronic, preexisting or arising during the prenatal period, that can adversely affect pregnancy, fetal development, or maternal health.
- E) Referral and follow-up of mental health problems, both acute and chronic, preexisting or arising during the prenatal period, that can adversely affect pregnancy, fetal development, or maternal health.
- F) Nutritional assessment and services as needed. Provision of vitamin, iron and other supplements as appropriate. The water supply for clients on nonpublic sources should be tested for nitrates by the Illinois Department of Public Health Laboratories.
- G) Dental services limited to oral pathology that can directly affect the outcome of pregnancy.
- H) Subsequent prenatal visits should include at the minimum: blood pressure, weight, urinalysis for protein and glucose, ascertaining fetal development, update on pertinent medical history, height of fundus, rate and location of fetal heart tones, periodic hemoglobin and/or hematocrit as well as a vaginal examination and other special tests as indicated (e.g., Rh titer). Visits should occur at ACOG recommended frequency.
- I) Screening, diagnosis (including amniocentesis), and counseling with follow-up for selected fetal genetic defects.
- J) An assessment to identify high risk pregnancies and appropriately consult and/or refer within the Perinatal System.
- K) Home health and homemaker services.
- L) Counseling and anticipatory guidance with referral and followup as needed regarding:
- i) Physical activity and exercise.
 - ii) Nutrition during pregnancy, including the importance of adequate but not excessive weight gain.
 - iii) Avoidance during pregnancy of smoking, alcohol and other drugs; and of environmental hazards including radiation, hazardous chemicals, and various workplace hazards.
 - iv) Signs of problems arising during pregnancy and at the onset of labor, including signs of preterm labor.
 - v) Preparation of the woman (and her partner where appropriate) for labor and delivery, including plans for place of delivery and use of anesthesia.

- vi) Use of medication during pregnancy.
- vii) Infant nutritional needs and feeding practices, including breast feeding.
- viii) Child care arrangements.
- ix) Parenting skills, including meeting the physical, emotional and intellectual needs of the infant, with specific appraisal to detect parents at risk of child abuse or neglect.
- x) Planning for continuous and comprehensive pediatric care following delivery, including arrangements for a pediatric antenatal visit to link the family to pediatric care.
- xi) Emotional and social changes occasioned by the birth of a child, including changes in marital and family relationships, the special needs of the mother in the postpartum period, and preparing the home for the arrival of the newborn.
- xii) Referral to appropriate community health resources such as WIC, food stamps, welfare and social services that can benefit health status significantly.
- xiii) Discussions regarding postpartum family planning options.
- xiv) Housing (including alternative placement).
- xv) Other relevant topics in response to patient concern.

4) Services in the intrapartum period.

- A) Assessing the progress of labor and the condition of the mother and fetus throughout labor.
- B) Medical services during labor and delivery for diagnosis and management of conditions threatening the mother and/or infant, including the availability of a Cesarean birth operation when indicated and consultation and/or referral for high risk perinatal problems within the Perinatal System.
- C) Delivery and/or referral of the baby to the appropriate level facility within the Perinatal System.
- D) RH workup and Rhogam administration as indicated.

5) Services during the postpartum period.

- A) Diagnosis and treatment or referral and follow-up of general health problems, both acute and chronic, preexisting or arising during the postpartum period that can adversely affect the mother's health and/or child caring abilities.
- B) Diagnosis and treatment or referral and follow-up of mental health or behavioral problems, both acute and chronic, preexisting or arising during the perinatal and postpartum periods (including maternal depression) that can adversely affect the mother's health and/or child care abilities.
- C) Counseling and anticipatory guidance with referrals and follow-up as needed regarding:

- i) Postpartum changes, both normal and abnormal.
- ii) Family planning methods.
- iii) Infant development and behavior.
- iv) Infant nutritional needs and feeding practices, including breast feeding.
- v) Automobile restraints for infants and children, and general accident prevention concepts (especially home accidents and accidental poisoning).
- vi) Infant stimulation and parenting skills, with specific appraisal to identify parent as risk for child abuse or neglect.
- vii) Need for and importance of immunizations.
- viii) Effect on children of parental smoking, use of alcohol and other drugs, and other health-damaging behaviors.
- ix) The importance of a source of continuous and comprehensive care for both mother and child, including identification of available resources to help with such problems as illness in the newborn, breast feeding difficulties or problems with contraception.
- x) Recognition and management of illness in the newborn.
- xi) Infant care.
- xii) Child care arrangements.
- xiii) Using community health resources such as WIC, food stamps, welfare and social services that bear significantly on health status.
- xiv) Physical activity and exercise.
- xv) Nutrition assessment and services.
- xvi) General health practices.
- xvii) Genetic diagnostic services and counseling if indicated.
- xviii) Other relevant topics in response to parental concern.
- xix) Organic medical problems such as renal and heart disease, hypertension, diabetes, and endocrine problems.

D) Diagnosis and treatment or referral and follow-up for general health problems (of project registrants) that can adversely affect future pregnancy, fetal development, and maternal health such as:

- i) Sexually transmitted diseases.

- ii) Immune status (such as rubella).
- iii) Gynecological anatomic and functional disorders.
- iv) Inadequate nutritional status, including both under and overweight.
- v) Occupational exposures.
- vi) Acute dental problems such as infection.
- vii) Family history of genetic disorder.

E) Comprehensive family planning services, during intrapartum and postpartum period, including:

- i) Information, education, and counseling regarding family planning concepts and techniques, and other issues such as the importance of prenatal care, and risks to mother and child of childbearing at extremes of the reproductive age span.
- ii) History and physical examination, including heart, lungs, thyroid, breast and pelvic examination, as indicated, and tests such as a Papanicolaou smear, gonococcal culture, chlamydia testing, hematocrit urinalysis, and serological examination for syphilis, as appropriate.
- iii) Provision of family planning methods and instruction regarding their use.
- iv) Sterilization counseling, information, and education.
- v) Sterilization treatment services for persons 21 years of age and over, and legally capable of consent.
- vi) Rubella immunization as indicated.
- vii) Genetic counseling services.

F) Home health and homemaker services.

G) Routine postpartum examination, four to six weeks following delivery with referrals and follow-up as needed, including:

- i) Physical examination and intrapartum history.
- ii) Laboratory services as appropriate.
- iii) Family planning services.
- iv) Rubella immunization as indicated.

c) Access-related services:

- 1) Outreach services.

- 2) Translator and 24-hour emergency telephone services.
- 3) Child care services to facilitate obtaining needed health services and other social services as needed.
- 4) Availability of services directly or through referral regardless of handicapping conditions.
- 5) Transportation.

Indiana

IC 16-41-15-10

16-41-15-10 Syphilis testing during pregnancy; duty of physician

Sec. 10. A physician who diagnoses a pregnancy of a woman shall take or cause to be taken a sample of blood:

(1) at the time of diagnosis of pregnancy; and

(2) during the third trimester of pregnancy, if the woman belongs to a high risk population for which the Centers for Disease Control "Sexually Transmitted Diseases Treatment Guidelines" recommend a third trimester syphilis testing;

and shall submit each sample to an approved laboratory for a standard serological test for syphilis.

IC 16-41-15-11

16-41-15-11 Syphilis testing during pregnancy; duty of attendant

Sec. 11. A person other than a physician who is permitted by law to attend a pregnant woman, but who is not permitted by law to take blood specimens, shall cause a sample of the blood of the pregnant woman to be taken by a licensed physician, who shall submit the sample to an approved laboratory for a standard serological test for syphilis.

IC 16-41-15-12

16-41-15-12 Syphilis testing at time of delivery

Sec. 12. If at the time of delivery positive evidence is not available to show that standard serological tests for syphilis have been made in accordance with section 10 of this chapter, the person in attendance at the delivery shall take or cause to be taken a sample of the blood of the woman at the time of the delivery and shall submit the sample to an approved laboratory for a standard serological test for syphilis.

Iowa

I.C.A. § 139A.37 139A.37. Pregnant women

The department shall adopt rules which incorporate the prenatal guidelines established by the centers for disease control and prevention of the United States department of health and human services as the state guidelines for prenatal testing and care relative to infectious disease.

I.C.A. § 139A.39 139A.39. Religious exceptions

A provision of this chapter shall not be construed to require or compel any person to take or follow a course of medical treatment prescribed by law or a health care provider if the person is an adherent or member of a church or religious denomination and in accordance with the tenets or principles of the person's church or religious denomination the person opposes the specific course of medical treatment. However, such person while in an infectious stage of disease shall be subject to isolation and such other measures appropriate for the prevention of the spread of the disease to other persons.

Iowa Admin. Code 641-1.18(135,139A) 641-1.18(135,139A) Specimens for which the fee charged by the state hygienic laboratory shall be waived.

1.18(1) Purpose. Iowa Code section 263.8 and 681—subrule 5.3(1) provide that the state hygienic laboratory shall perform without charge all bacteriological, serological, and epidemiological examinations and investigations which are required by the department and established in rule, including specimens relating to diseases communicable from human to human and from animals to human and any specimen when there is probable cause that a direct threat to public health exists. The purpose of this rule is to designate those examinations which shall be performed by the state hygienic laboratory without charge pursuant to these legal authorities.

1.18(2) Acute infectious diseases. Regardless of the entity that submits the specimen, the following examinations shall be performed by the state hygienic laboratory without charge:

- a. Anthrax;
- b. Botulism;
- c. Cholera;

- d. Diphtheria;
- e. Haemophilus influenzae type B invasive disease;
- f. Measles;
- g. Meningococcal invasive disease;
- h. Pulsed-field gel electrophoresis (PFGE) (Listeria, Salmonella, E. coli);
- i. Plague;
- j. Poliomyelitis;
- k. Rabies, animal (human exposure only);
- l. Rabies, human;
- m. Smallpox;
- n. Vancomycin intermediate Staphylococcus aureus (VISA) and vancomycin-resistant Staphylococcus aureus (VRSA) confirmation;
- o. Tuberculosis (exception: QuantiFERON-TB Gold testing that is not associated with contact investigation);
- p. Viral hemorrhagic fever;
- q. Yellow fever; and
- r. Under any of the following circumstances:
 - (a) All outbreaks (respiratory and enteric pathogens, and environmental contaminants where justified) shall be reported to the department, and the department will instruct the state hygienic laboratory to waive the fee.
 - (b) Periodic confirmations at the request of the department.
 - (c) All situations where negative stool cultures are being requested for public health purposes.
 - (d) When the state hygienic laboratory is specifically funded to do testing.

1.18(3) Sexually transmitted disease and infections and HIV/AIDS. The following examinations shall be performed by the state hygienic laboratory without charge if the following defined criteria have been met and if the specimen was sent to the state hygienic laboratory from sites approved by and submitted to the laboratory by the department:

- a. Chlamydia and gonorrhea.
 - (1) All individuals 24 years of age or younger.
 - (2) Individuals above the age of 24 with any of the following:
 - 1. New or multiple sex partners in the last 90 days;

2. Persons with reported symptoms consistent with chlamydia or gonorrhea;
3. Persons with observed clinical signs consistent with chlamydia or gonorrhea or pelvic inflammatory disease (PID);
4. Persons recently diagnosed with another sexually transmitted infection (STI);
5. Persons who have a sex partner in one of the other risk groups (new or multiple partners, STI diagnosis); or
6. Women presenting for an intrauterine device (IUD) insertion.

(3) Persons who have tested positive within the last four months (i.e., retesting).

(4) Persons diagnosed with gonorrhea and treated with alternative regimens as defined by the Centers for Disease Control and Prevention (CDC) (i.e., tests of cure).

b. Hepatitis B. All unvaccinated individuals at increased risk, including:

- (1) Men who have sex with men;
- (2) HIV-positive persons; or
- (3) Persons who have ever injected drugs.

c. Maternal hepatitis B.

- (1) Testing related to case management of HBsAG-positive pregnant women;
- (2) Household contacts of HBsAG-positive pregnant women tested for infection or immunity (HBsAG, anti-HBs);
- (3) Children born to HBsAG-positive women (postvaccination serology testing).

d. Hepatitis C. All individuals at increased risk, including persons who have ever injected drugs.

e. Herpes simplex virus. Individuals who present with clinical signs of genital herpes.

f. Human immunodeficiency virus (HIV). All individuals at increased risk, including:

- (1) Men who have sex with men;
- (2) Disproportionately impacted populations (as determined by the department based on epidemiological data);
- (3) Persons who have ever injected drugs;
- (4) Persons who exchange sex for drugs or money; or
- (5) Persons with an STI diagnosis within the last 12 months or someone who has a partner in another risk group (IDU, MSM, recent STI, exchange sex for drugs or money).

g. Syphilis.

(1) All individuals at increased risk, including:

1. Persons who have had signs or symptoms consistent with primary or secondary syphilis within the last 12 months;
2. Men who have sex with men;
3. Persons diagnosed with other STIs;
4. Persons who exchange sex for drugs or money; or
5. Persons who have recently been treated for syphilis to monitor serologic response (titers) at intervals recommended by the CDC.

(2) All pregnant women at first prenatal visit. Tests that are initially reactive will be followed up with a secondary test of different methodology to assist with diagnosis and staging of the infection (i.e., specimens reactive using a nontreponemal test will be analyzed using a treponemal test). Testing should be repeated in the third trimester for women at high risk of having been exposed to the infection.

Kansas

K.S.A. 65-153f

65-153f. Prenatal serological tests for syphilis and hepatitis b; approved laboratories; laboratory reports, confidentiality

Each physician or other person attending a pregnant woman in this state during gestation, with the consent of such woman, shall take or cause to be taken a sample of blood of such woman within 14 days after diagnosis of pregnancy is made. Such sample shall be submitted for serological tests which meet the standards recognized by the United States public health service for the detection of syphilis and hepatitis b to a laboratory approved by the secretary of health and environment for such serological tests. Any state, United States public health service, or United States army, navy or air force laboratory or any laboratory approved by the state health agency of the state in which the laboratory is operated shall be considered approved for the purposes of this act. Any laboratory in this state, performing the tests required by this section shall make a report to the secretary of health and environment of all positive or reactive tests on forms provided by the secretary of health and environment and also shall make a report of the test results to the submitting physician or person attending the woman. Laboratory statements, reports, files and records prepared pursuant to this section shall be confidential and shall not be divulged to or open to inspection by any person other than state or local health officers or their duly authorized representatives, except by written consent of the woman.

Kentucky

KRS § 214.160

214.160 Blood specimen of pregnant women to be taken; laboratory test; substance abuse tests of pregnant women and newborn infants; use of tests; tests for presence of hepatitis B and hepatitis C

- (1) Every physician and every other person legally permitted to engage in attendance upon a pregnant woman in this state shall take or cause to be taken from the woman a specimen of blood for serological test for syphilis as soon as he is engaged to attend the woman and has reasonable grounds for suspecting that pregnancy exists. If the woman is in labor at the time the diagnosis of pregnancy is made, which may make it inadvisable to obtain a blood specimen at that time, the specimen shall be obtained within ten (10) days after delivery. The specimen of blood shall be submitted to the laboratory of the Cabinet for Health and Family Services or a laboratory approved by the cabinet for the purpose of having made a serological test for syphilis. The test shall be of a type approved by the Cabinet for Health and Family Services.
- (2) The Cabinet for Health and Family Services shall, as often as necessary, publish a list of the five (5) most frequently abused substances, including alcohol, by pregnant women in the Commonwealth. Any physician and any other person legally permitted to engage in attendance upon a pregnant woman in this state may perform a screening for alcohol or substance dependency or abuse, including a comprehensive history of such behavior. Any physician may administer a toxicology test to a pregnant woman under the physician's care within eight (8) hours after delivery to determine whether there is evidence that she has ingested alcohol, a controlled substance, or a substance identified on the list provided by the cabinet, or if the woman has obstetrical complications that are a medical indication of possible use of any such substance for a nonmedical purpose.
- (3) Any physician or person legally permitted to engage in attendance upon a pregnant woman may administer to each newborn infant born under that person's care a toxicology test to determine whether there is evidence of prenatal exposure to alcohol, a controlled substance, or a substance identified on the list provided by the Cabinet for Health and Family Services, if the attending person has reason to believe, based on a medical assessment of the mother or the infant, that the mother used any such substance for a nonmedical purpose during the pregnancy.
- (4) The circumstances surrounding any positive toxicology finding shall be evaluated by the attending person to determine if abuse or neglect of the infant, as defined under [KRS 600.020\(1\)](#), has occurred and whether investigation by the Cabinet for Health and Family Services is necessary.
- (5) No prenatal screening for alcohol or other substance abuse or positive toxicology finding shall be used as prosecutorial evidence.
- (6) No person shall conduct or cause to be conducted any toxicological test pursuant to this section on any pregnant woman without first informing the pregnant woman of the purpose of the test.
- (7) Every physician or other person legally permitted to engage in attendance upon a pregnant woman in the Commonwealth shall take or cause to be taken from the woman a specimen of blood which shall be submitted for the purpose of serologic testing for the presence of hepatitis B surface antigen to a laboratory certified by the United States Department for Health and Human Services pursuant to Section 333 of the Public Health Service Act ([42 U.S.C. sec. 263a](#)), as revised by the Clinical Laboratory Improvement Amendments (CLIA), [Pub.L. 100-578](#).

- (8) (a) Every physician or other person legally permitted to engage in attendance upon a pregnant woman in the Commonwealth shall take or cause to be taken from the woman a specimen of blood which shall be submitted for the purpose of serologic testing for the presence of hepatitis C virus antibodies and RNA in the blood.
- (b) The results of this testing shall be recorded by the physician or other person legally permitted to engage in attendance upon a pregnant woman in the Commonwealth, in:
1. The permanent medical record of the woman; and
 2. The permanent medical record of the child or children she was pregnant with at the time of the testing after the child or children are born.
- (c) If the woman receives a test result that shows she is positive for hepatitis C virus antibodies or RNA, the physician or other person legally permitted to engage in attendance upon a pregnant woman in the Commonwealth shall orally inform and clearly document the woman or the legal guardian of the child or children she was pregnant with at the time of the testing, that it is recommended that serologic testing for the presence of hepatitis C virus antibodies and confirmation RNA in the blood be conducted on the child or children she was pregnant with at the time of the testing at the twenty-four (24) month recommended well baby pediatric check-up.

Louisiana

LSA-R.S. 40:1121.21
Formerly cited as LA R.S. 40:1091
§ 1121.21. Blood samples; standard test

- A. Every physician who attends any pregnant woman for conditions relating to pregnancy during the period of gestation shall offer to take or to have taken a sample of her blood at the time of first examination or as soon as possible thereafter. Additionally, every physician who attends any pregnant woman for conditions relating to pregnancy during the third trimester of gestation shall offer to take or to have taken a sample of her blood at the time of first examination during such trimester or as soon as possible thereafter, regardless of whether such a sample was taken or offered during the first two trimesters of her pregnancy. Every physician who attends any pregnant woman during labor or delivery shall offer to take or to have taken a sample of her blood at such time or as soon as possible thereafter. If available documentation indicates that a sample of her blood was already screened in accordance with this Section during the third trimester of her pregnancy, and she does not disclose when questioned any activities posing a risk for infection with HIV or syphilis occurring more recently than would have been detected by such screening, the attending physician during labor or delivery is not required to offer to take or to take a blood sample. If no objection is made by the woman, a blood sample shall be taken and submitted to any approved laboratory for a standard test for syphilis as approved by the American Board of Pathology and for a standard diagnostic HIV test approved by the Food and Drug Administration.
- B. All other persons permitted by law to attend pregnant women but not permitted to take blood samples shall have a sample of the blood of every pregnant woman attended by them taken by a duly licensed physician, if no objection to the taking of the sample is made by the woman, and submitted to an approved laboratory for a standard test for syphilis and a standard diagnostic HIV test.

Maine

22 M.R.S.A. § 1231

§ 1231. Blood sample for laboratory test

Every physician attending a woman in the State by reason of her being pregnant during gestation shall in the case of every woman so attended take or cause to be taken, with her consent, a sample of blood of such woman, and submit such sample for a standard serological test for syphilis and Rh factors to a laboratory of the department or to a laboratory approved for these tests by the department. Such laboratory tests as are required by sections 1231 to 1234 must be made on request without charge by the department.

Maryland

MD Code, Health - General, § 18-307 § 18-307. Blood tests for syphilis

Application of section

(a) This section does not apply to a woman who objects to a standard serological syphilis test because the test is against the religious beliefs and practices of the woman.

Submission of blood test

(b)(1) The individual attending a woman for pregnancy shall submit to a medical laboratory:

- (i) A blood sample taken from the woman at the time that the individual first examines the woman; and
- (ii) A blood sample taken from the woman during the third trimester of the pregnancy.

(2) The medical laboratory to which a blood sample is submitted shall do a standard serological syphilis test that is approved by the Department.

COMAR 10.06.01.17 .17 Syphilis and HIV.

A. Control of a Case.

(1) For an individual who appears to have or who has syphilis in a stage which is or may become communicable, or HIV, a physician shall instruct the individual in the use of any measure and render any treatment which may be necessary to prevent the spread of the disease.

(2) An individual under medical observation for diagnosis of syphilis or HIV shall remain under medical supervision until the:

- (a) Observation for diagnosis has been completed;
- (b) Syphilis or HIV, if present, has been reported to the health officer;
- (c) Individual with syphilis has had the treatment that is necessary for the protection of the public health;
and
- (d) Individual with HIV has entered into HIV medical care.

(3) A physician shall report to the health officer within 1 working day and in writing the name and address of an individual who is:

(a) Receiving or has received treatment for syphilis; or

(b) Under medical observation for diagnosis or treatment of syphilis in an infectious or potentially infectious stage, who fails to return for observation or treatment within 1 week of the date of a missed appointment, and is not known to the attending physician to be under medical observation or treatment elsewhere for this infection.

(4) A health officer shall:

(a) Investigate an individual reported to the health officer under the provisions of § A(3) of this regulation or [Health-General Article, § 18-201.1](#), Annotated Code of Maryland, who is within the health officer's territorial jurisdiction;

(b) Take such measures as may be deemed necessary for the protection of the public health; and

(c) Forward to the Secretary immediately a report of an individual reported under the provisions of § A of this regulation or [Health-General Article, § 18-201.1](#), Annotated Code of Maryland, who is outside the health officer's territorial jurisdiction for referral to the health officer of the proper jurisdiction.

B. Control of Contacts.

(1) A physician in attendance upon a patient having syphilis or HIV:

(a) Shall endeavor to bring an individual with whom the patient has had potentially infectious contact to examination and, as appropriate, prophylaxis by:

(i) Requesting the health officer to conduct a contact investigation of any case of syphilis or HIV; or

(ii) Interviewing the patient in order to ascertain the names, descriptions, addresses, telephone numbers, and email addresses of those with whom the patient has had potentially infectious contact;

(b) Shall report immediately to the health officer an individual identified as having had potentially infectious contact with a patient having syphilis reported under the provisions of § A(3) of this regulation; and

(c) May report to the health officer an individual identified as having had potentially infectious contact with a patient having HIV reported under [Health-General Article, § 18-201.1](#), Annotated Code of Maryland, if a patient that has been informed of the patient's HIV positive status refuses to notify the patient's sexual and needle-sharing partners.

(2) A health officer shall:

(a) Investigate and notify immediately an individual reported under the provisions of § B(1)(b) of this regulation, who is within the health officer's jurisdiction, of the individual's exposure and advise the individual to undergo a medical examination to ascertain whether the individual is infected with syphilis or HIV; and

(b) Forward immediately to the Secretary all reports of individuals who are outside the health officer's territorial jurisdiction for referral to the health officer of the proper jurisdiction.

(3) A reported individual shall:

(a) Within 1 week of notification, be examined to ascertain whether the individual has been infected with syphilis or HIV; and

(b) Be treated with a regimen appropriate for the stage of syphilis to which the individual has been exposed.

C. Infection Control. A health care provider shall practice standard precautions.

D. Congenital Syphilis.

(1) A physician in attendance upon a pregnant woman shall:

(a) Serologically test her for syphilis in accordance with [Health-General Article, § 18-307](#), Annotated Code of Maryland, by taking a blood sample and assuring the test is completed:

(i) At the time the physician first examines the woman, either at the first prenatal visit or at the time of delivery if the woman has had no prenatal care;

(ii) In the third trimester at the prenatal visit at 28 weeks of gestation or the first prenatal visit after 28 weeks of gestation; and

(iii) At delivery, for high prevalence communities or high risk individuals;

(b) Render appropriate treatment within 1 week whenever syphilis, in any stage, is diagnosed; and

(c) Report the case to a health officer immediately.

(2) A physician in attendance upon an infant born to an untreated woman who has a positive serological test for syphilis shall:

(a) Evaluate the infant for possible congenital syphilis and render all indicated treatment; and

(b) Report immediately to the health officer the following information:

(i) The name, address, and telephone number of the mother,

(ii) The results of the serological testing, including titers, and

(iii) The results of the medical evaluation for congenital syphilis for the infant.

(3) A health officer shall:

(a) Investigate immediately an individual reported to the health officer under the provisions of § D(1)(c) and (2)(b) of this regulation, who is within the health officer's jurisdiction; and

(b) Forward immediately to the Secretary a report of an individual reported under the provisions of § D(1)(c) and (2)(b) of this regulation, who is outside the health officer's jurisdiction for referral to a health officer of the proper jurisdiction.

Massachusetts

M.G.L.A. 111 § 121A

§ 121A. Serological test for syphilis of pregnant women

A physician attending a pregnant woman in this commonwealth during gestation shall take or cause to be taken a sample of blood of such woman at the time of first examination, and shall submit such sample for a standard serological test for syphilis to a laboratory of the department or to a laboratory approved for such test by the department; provided, that not more than one physician attending a pregnant woman during gestation shall be required to comply with the provisions of this section.

Michigan

M.C.L.A. 333.5123

333.5123. Pregnant women; testing for HIV, syphilis, and hepatitis B; records

Sec. 5123. (1) Except as otherwise provided in subsection (3), a physician or an individual otherwise authorized by law to provide medical treatment to a pregnant woman shall take or cause to be taken at the time of the woman's initial examination test specimens of the woman for the purpose of performing tests for HIV, syphilis, and hepatitis B, and take or cause to be taken during the third trimester of the woman's pregnancy test specimens of the woman for the purpose of performing tests for HIV, hepatitis B, and syphilis in accordance with guidelines established by the federal Centers for Disease Control and Prevention, and shall submit the specimens to a clinical laboratory approved by the department for the purpose of performing tests approved by the department for the infections described in this subsection.

(2) Except as otherwise provided in subsection (3), if, when a woman appears at a health care facility to deliver an infant or for care in the immediate postpartum period having recently delivered an infant outside a health care facility, no record of results from the tests required under subsection (1) is readily available to the physician or individual otherwise authorized to provide care in such a setting, then the physician or individual otherwise authorized to provide care shall take or cause to be taken test specimens of the woman and shall submit the specimens to a clinical laboratory approved by the department for the purpose of performing tests approved by the department for syphilis, HIV, and hepatitis B.

(3) Subsections (1) and (2) do not apply if, in the professional opinion of a physician, the tests are medically inadvisable or the woman does not consent to be tested. The woman may orally communicate her decision to decline the testing.

(4) The physician or other individual described in subsections (1) and (2) shall make and retain a record showing the date the tests required under subsections (1) and (2) were ordered and the results of the tests. If the tests were not ordered by the physician or other person, the record must contain an explanation of why the tests were not ordered.

(5) The test results and the records required under subsection (4) are not public records, but are available to a local health department and to a physician who provides medical treatment to the woman or her offspring.

Minnesota

M.S.A. § 147D.05 147D.05. Professional conduct

Subdivision 1. Practice standards.

(a) A licensed traditional midwife shall provide an initial and ongoing screening to ensure that each client receives safe and appropriate care. A licensed traditional midwife shall only accept and provide care to those women who are expected to have a normal pregnancy, labor, and delivery. As part of the initial screening to determine whether any contraindications are present, the licensed traditional midwife must take a detailed health history that includes the woman's social, medical, surgical, menstrual, gynecological, contraceptive, obstetrical, family, nutritional, and drug/chemical use histories. If a licensed traditional midwife determines at any time during the course of the pregnancy that a woman's condition may preclude attendance by a traditional midwife, the licensed traditional midwife must refer the client to a licensed health care provider. As part of the initial and ongoing screening, a licensed traditional midwife must provide or recommend that the client receive the following services, if indicated, from an appropriate health care provider:

- (1) initial laboratory pregnancy screening, including blood group and type, antibody screen, Indirect Coombs, rubella titer, CBC with differential and syphilis serology;
- (2) gonorrhea and chlamydia cultures;
- (3) screening for sickle cell;
- (4) screening for hepatitis B and human immunodeficiency virus (HIV);
- (5) maternal serum alpha-fetoprotein test and ultrasound;
- (6) Rh antibody and glucose screening at 28 weeks gestation;
- (7) mandated newborn screening;
- (8) Rh screening of the infant for maternal RhoGAM treatment; and
- (9) screening for premature labor.

(b) A client must make arrangements to have the results of any of the tests described in paragraph (a) sent to the licensed traditional midwife providing services to the client. The licensed traditional midwife must include these results in the client's record.

Subd. 2. Written plan. A licensed traditional midwife must prepare a written plan with each client to ensure continuity of care throughout pregnancy, labor, and delivery. The written plan must incorporate the conditions under which the medical consultation plan, including the transfer of care or transport of the client, may be implemented.

Subd. 3. Health regulations. A licensed traditional midwife must comply with all applicable state and municipal requirements regarding public health.

Subd. 4. Client records. A licensed traditional midwife must maintain a client record on each client, including:

- (1) a copy of the informed consent form described in [section 147D.07](#);
- (2) evidence of an initial client screening described in this section;
- (3) a copy of the written plan described in subdivision 2;
- (4) a record of prenatal and postpartum care provided to the client at each visit; and
- (5) a detailed record of the labor and delivery process.

Subd. 5. Data. All records maintained on each client by a licensed traditional midwife are subject to [sections 144.291](#) to [144.298](#).

Mississippi

15 Miss. Admin. Code Pt. 2, Subpt. 11, R. 1.17.16 Rule 1.17.16 Sexually Transmitted Diseases -- General

1. Any person known or suspected of having syphilis, gonorrhea, Chlamydia, chancroid, human immunodeficiency virus (HIV) or other sexually transmissible disease (STD) or suspected of having been exposed to syphilis, gonorrhea, Chlamydia, chancroid, HIV or other STD shall submit to examination as provided in Section 105. Any person who, after due notification, fails or refuses to report for examination at the time and place designated by the health officer shall be subject to prosecution and the local health officer or the Mississippi State Department of Health or its representative may make an affidavit of such fact and cause the issuance of a warrant returnable before any court of competent jurisdiction. All records and reports herein required shall be kept in secret files and disclosed only as required before the court (Section 41-23-29, Mississippi Code of 1972 as amended.).

2. It shall be the duty of the local health officer or his or her representative to conduct effective epidemiological actions including initial and follow up interviews, rapid contact and suspect referral to medical examination, satisfactory determination of the source of patient infection and all subsequent infections, and appropriate administration of prophylactic treatment to all at risk critical period contacts.

3. Case reports of genital Chlamydia, gonorrhea, chancroid and syphilis shall include date, type of treatment and dose, or if no treatment has been initiated.

4. Syphilis

a. Class 1B (including congenital and infection in pregnancy) case report required.

b. General

i. Any reactive serologic test for syphilis (STS) shall be reported to the State Department of Health by the laboratory performing the test. Report shall include test result, patient's name, age, race, sex, and address, and name of physician ordering the test.

ii. RPR or VDRL \geq 1:8 - Class 1B case report required.

iii. Any reactive STS in persons 10 years of age or younger - Class 1B case report required.

iv. RPR or VDRL \leq 1:4 - Class 1B case report required. MSDH "Laboratory Log Sheet" or a form providing all the same information may be used.

5. All Mississippi physicians and medical practitioners providing prenatal care to pregnant people shall be required to:

a. Perform syphilis testing for all pregnant people in their first trimester (or at the initial visit for prenatal care) and again in the third trimester (28-32 weeks).

b. Perform syphilis testing for all pregnant people at the time of delivery.

- c. Ensure appropriate treatment for syphilis infections during pregnancy and for congenital syphilis, per the most current Centers for Disease Control and Prevention (CDC) treatment guidelines.
- d. Ensure appropriate reporting of syphilis infection in pregnancy to the Department.

Missouri

V.A.M.S. 210.030

210.030. Blood tests of pregnant women

1. Every licensed physician, midwife, registered nurse and all persons who may undertake, in a professional way, the obstetrical and gynecological care of a pregnant woman in the state of Missouri shall, if the woman consents, take or cause to be taken a sample of venous blood of such woman at the time of the first prenatal examination, or not later than twenty days after the first prenatal examination, and subject such sample to an approved and standard serological test for syphilis, an approved serological test for hepatitis B and such other treatable diseases and metabolic disorders as are prescribed by the department of health and senior services. In any area of the state designated as a syphilis outbreak area by the department of health and senior services, if the mother consents, a sample of her venous blood shall be taken later in the course of pregnancy and at delivery for additional testing for syphilis as may be prescribed by the department. If a mother tests positive for hepatitis B, the physician or person who professionally undertakes the pediatric care of a newborn shall also administer the appropriate doses of hepatitis B vaccine and hepatitis B immune globulin (HBIG) in accordance with the current recommendations of the Advisory Committee on Immunization Practices (ACIP). If the mother's hepatitis B status is unknown, the appropriate dose of hepatitis B vaccine shall be administered to the newborn in accordance with the current ACIP recommendations. If the mother consents, a sample of her venous blood shall be taken. If she tests positive for hepatitis B, hepatitis B immune globulin (HBIG) shall be administered to the newborn in accordance with the current ACIP recommendations.
2. The department of health and senior services shall, in consultation with the Missouri genetic disease advisory committee, make such rules pertaining to such tests as shall be dictated by accepted medical practice, and tests shall be of the types approved by the department of health and senior services. An approved and standard test for syphilis, hepatitis B, and other treatable diseases and metabolic disorders shall mean a test made in a laboratory approved by the department of health and senior services. No individual shall be denied testing by the department of health and senior services because of inability to pay.

V.A.M.S. 210.060

210.060. Noncompliance a misdemeanor--penalty

Any licensed physician, midwife, registered nurse and all persons who may undertake, in a professional way, the obstetrical and gynecological care of pregnant women in the state of Missouri, who shall publish in any manner not required by law the result of said blood tests, or who, if a blood test is made, fails to follow the provisions of sections 210.030 to 210.060 or who misrepresents the facts required to be reported in said sections, shall, on conviction, be adjudged guilty of a misdemeanor, and be punished by imprisonment in the county jail not exceeding one year, or by a fine of not more than one thousand dollars, or by both such fine and imprisonment.

Montana

MCA 50-19-103

50-19-103. Prenatal blood sample required for serological test

- (1) Every female, regardless of age or marital status, seeking prenatal care from a health care provider is required to submit a blood specimen for the purpose of a standard serological test. In submitting the specimen to the laboratory, the health care provider shall designate it as a prenatal test.
- (2) A health care provider who attends a pregnant woman shall at the first professional visit take the blood sample and submit it to a laboratory.
- (3) A person permitted to attend a pregnant woman, but not permitted to take blood samples, must have the sample taken by a person permitted to take blood samples and submit it to a laboratory.
- (4) A health care provider who violates this part is guilty of a misdemeanor. However, a health care provider who requests a sample of blood in accordance with this provision and whose request is refused is not guilty of a violation of this section.

MCA 37-27-312

37-27-312. Screening procedures

In addition to meeting the eligibility criteria for client screening established by the board pursuant to 37-27-105, a direct-entry midwife shall recommend that patients secure the following services by an appropriate health care provider:

- (1) the standard serological test, as defined in 50-19-101, for women seeking prenatal care;
- (2) screening for human immunodeficiency virus, when appropriate;
- (3) maternal serum alpha-fetoprotein test and ultrasound, upon request;
- (4) Rh antibody and glucose screening at 28 weeks' gestation, upon request;
- (5) nonstress testing by a fetal monitor of a fetus at greater than 42 1/2 weeks' gestation or if other reasons indicate the testing;
- (6) screening for phenylketonuria;
- (7) Rh screening of the infant for RhoGAM treatment if the mother is Rh negative; and
- (8) screening for premature labor and other risk factors.

MCA 50-19-109

50-19-109. Waiver of test by court when contrary to patient's religious creed

The district court within the county wherein any person affected by this part resides may waive the requirements of this part as to the person if the judge is satisfied, by affidavit or other proof, that the tests required by the part are contrary to the tenets or practices of the religious creed of which the applicant is an adherent and that the public health and welfare will not be injuriously affected thereby.

Nebraska

Neb.Rev.St. § 71-502.03

71-502.03. Pregnant women; subject to syphilis test; fee; human immunodeficiency virus infection test

- (1) Every physician, or other person authorized by law to practice obstetrics, who is attending a pregnant woman in the state for conditions relating to her pregnancy during the period of gestation or at delivery shall take or cause to be taken a sample of the blood of such woman at the time of the first examination and shall submit such sample to an approved laboratory for a standard serological test for syphilis. Every other person permitted by law to attend pregnant women in the state, but not permitted by law to take blood samples, shall cause such a sample of the blood of such pregnant women to be taken by a physician, duly licensed to practice either medicine and surgery or obstetrics, or other person authorized by law to take such sample of blood and have such sample submitted to an approved laboratory for a standard serological test for syphilis. The results of all such laboratory tests shall be reported to the Department of Health and Human Services on standard forms prescribed and furnished by the department. For the purpose of this section, a standard serological test shall be a test for syphilis approved by the department and shall be made at a laboratory approved to make such tests by the department. Such laboratory tests, as are required by this section, shall be made on request at the Department of Health and Human Services Laboratory. A fee may be established by rule and regulation by the department to defray no more than the actual cost of such tests. Such fee shall be deposited in the state treasury and credited to the Health and Human Services Cash Fund. In reporting every birth and stillbirth, physicians and others required to make such reports shall state on the portion of the certificate entitled For Medical and Health Use Only whether a blood test for syphilis has been made upon a specimen of blood taken from the woman who bore the child for which a birth or stillbirth certificate is filed and the approximate date when the specimen was taken. No birth certificate shall show the result of such test. If no test was made, the reason shall be stated. The department shall provide the necessary clerical, printing, and other expenses in carrying out this section.
- (2) Every physician or other person authorized by law to practice obstetrics who is attending a pregnant woman in the state for conditions relating to her pregnancy during the period of gestation shall administer or cause to be administered a test of the pregnant woman's blood for the presence of the human immunodeficiency virus infection unless the pregnant woman has given written informed consent that she does not want to be tested.

Nevada

N.R.S. 442.010

442.010. Examination of pregnant woman for discovery of syphilis: Blood sample; treatment for infection; exception

1. Except as otherwise provided in subsection 6, every:
 - a. Physician attending a pregnant woman during gestation for conditions relating to her pregnancy shall make an examination, including a standard serological test, for the discovery of syphilis. The physician shall take or cause to be taken a sample of blood of the woman at the times prescribed by subsection 2, if applicable, and shall submit the sample to a laboratory licensed pursuant to chapter 652 of NRS for a standard serological test for syphilis.
 - b. Person permitted by law to attend upon pregnant women, but not permitted by law to make blood tests in Nevada, shall cause a sample of the blood of the pregnant woman to be taken at the times prescribed by subsection 2, if applicable, by a duly licensed physician and submitted to a laboratory licensed pursuant to chapter 652 of NRS for a standard serological test for syphilis.
 - c. Non-hospital medical facility or emergency department or labor and delivery unit in a hospital that evaluates or treats a woman of childbearing age shall ensure that:
 - i. The woman is asked if she is pregnant and, if she responds in the affirmative, whether she has had the prenatal screenings and tests recommended by the American College of Obstetricians and Gynecologists or its successor organization; and
 - ii. An examination is made, including a standard serological test, for the discovery of syphilis, if the woman indicates that she is pregnant and has not had the prenatal screenings and tests recommended by the American College of Obstetricians and Gynecologists or its successor organization. The non-hospital medical facility, emergency department or labor and delivery unit shall ensure that a sample of blood of the woman is taken at the times prescribed by subsection 2, if applicable, and shall ensure the submission of the sample to a laboratory licensed pursuant to chapter 652 of NRS for a standard serological test for syphilis.
2. An examination for the discovery of syphilis pursuant to subsection 1 must be performed:
 - a. During the first trimester of pregnancy at the first visit to a physician or other person permitted by law to attend upon pregnant women, a non-hospital medical facility or an emergency department or labor and delivery unit of a hospital or as soon thereafter as practicable;
 - b. During the third trimester of pregnancy between the 27th and 36th week of gestation or as soon thereafter as practicable; and
 - c. At delivery for a pregnant woman who:
 - i. Should be routinely tested for infection with syphilis, as recommended by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services;
 - ii. Lives in an area designated by the Division as having high syphilis morbidity;

- iii. Did not receive prenatal care; or
 - iv. Delivers a stillborn infant after 20 weeks of gestation.
3. A qualified serological test for syphilis is one recognized as such by the State Board of Health.
 4. If the test is made in a state laboratory, it must be made without charge.
 5. If a serological or physical examination test performed pursuant to subsection 1 shows that a pregnant woman is infected with syphilis, the physician, other person, non-hospital medical facility, emergency department or labor and delivery unit shall:
 - a. If the physician, other person, non-hospital medical facility, emergency department or labor and delivery unit is capable of providing treatment for syphilis, seek the consent of the pregnant woman to begin such treatment and, if such consent is obtained, commence treatment; or
 - b. If the physician, other person, non-hospital medical facility, emergency department or labor and delivery unit is not capable of providing treatment for syphilis, seek the consent of the pregnant woman to refer her for such treatment and, if such consent is obtained, issue the referral.
 6. If the pregnant woman objects to the taking of the sample of blood or the serological test, the sample must not be taken and the test must not be performed.
 7. As used in this section, "non-hospital medical facility" means:
 - a. An obstetric center;
 - b. An independent center for emergency medical care, as defined in NRS 449.013;
 - c. A psychiatric hospital, as defined in NRS 449.0165;
 - d. A rural clinic, as defined in NRS 449.0175;
 - e. A facility for modified medical detoxification, as defined in NRS 449.00385;
 - f. A mobile unit, as defined in NRS 449.01515; and
 - g. A community triage center, as defined in NRS 449.0031.

New Hampshire

N.H. Code Admin. R. Mid 502.03 Mid 502.03 Requirements for Prenatal Care.

(a) A midwife shall provide prenatal care to a client at least:

- (1) Once a month through the twenty-eighth week of pregnancy;
- (2) Once every 2 weeks from the twenty-eighth through the thirty-sixth week of pregnancy; and
- (3) Once a week from the thirty-sixth week of pregnancy until the onset of labor.

(b) A midwife shall schedule the initial prenatal visit with a client in the first or second trimester of pregnancy.

(c) If a woman requesting midwifery services does not contact the midwife before the third trimester of her pregnancy, the midwife shall accept her as a client only if she:

- (1) Has had adequate prenatal care, or has met the criterion for a low risk birth as defined by an NHCM's scope of practice; and
- (2) Displays adequate fetal growth, fetal heart rate and fetal movement.

(d) During the initial prenatal visit the midwife shall:

- (1) Obtain a maternal health, obstetrical, and gynecological history;
- (2) Perform a nutritional assessment and provide nutritional counseling;
- (3) Discuss the availability of options for screening and testing for fetal abnormalities;
- (4) Obtain blood pressure;
- (5) Perform a pelvic exam, if indicated, including:
 - a. Uterine sizing to estimate gestational age;
 - b. Pelvimetry;
 - c. A chlamydia and gonorrhea screening test; and
 - d. A Pap test;
- (6) Either perform or order blood analysis, including, but not limited to:
 - a. Blood group and Rh factor;
 - b. Antibody screen;

- c. A complete blood count;
- d. Rubella titre;
- e. Syphilis serology;
- f. Hepatitis B surface antigen;
- g. Hepatitis C surface antigen, if indicated; and
- h. HIV testing, if accepted by the client;

(7) Recommend that the client receive a general physical exam by a qualified health care provider to screen for general health problems that have the potential to complicate the pregnancy or delivery; and

(8) Obtain informed consent for midwifery care and out-of-hospital birth, to include the following information:

- a. A description of the midwife's background and credentials;
- b. Whether the midwife has professional liability coverage; and
- c. The address and telephone number of the council, where complaints against the midwife may be filed.

(e) During subsequent prenatal visits the midwife shall:

- (1) Assess maternal nutrition and weight gain;
- (2) Obtain blood pressure;
- (3) Test urine for protein and glucose;
- (4) Assess general well-being;
- (5) Check for signs and symptoms of edema, bleeding, headache, visual disturbances, or unusual vaginal discharge;
- (6) Obtain fundal height measurement;
- (7) Arrange for periodic hematocrit or hemoglobin testing;
- (8) Assess fetal heart rate and fetal activity;
- (9) Assess position and presentation of the fetus;
- (10) Perform or order the following as necessary:
 - a. Rh antibody screening;
 - b. Urinalysis;
 - c. Microscopic analysis of vaginal discharges;

- d. Obstetric ultrasound;
- e. Prophylactic Rh immune globulin injection;
- f. Blood sugar screening;
- g. Cultures; and
- h. Thyroid screening, if indicated;

(11) Observe aseptic technique and standard precautions; and

(12) Discuss:

- a. Any recent illnesses, symptoms, social or emotional problems;
- b. Diet;
- c. Medications and supplements;
- d. Reading suggestions;
- e. Exercise;
- f. Rest and sleep requirements;
- g. Sexuality;
- h. Partner's role;
- i. Birth preparation;
- j. Newborn care;
- k. Parenting; and
- l. Transportation arrangements.

(f) A midwife shall advise any client with genital herpes of the ACOG herpes protocol current at the time of the midwife's conversation with the client.

(g) A midwife shall discuss with clients the standards of care and recommendations for testing for and treating of group B streptococcus.

(h) A midwife shall encourage any client expecting a first child to attend childbirth education classes.

(i) A midwife shall discuss with the client, during the prenatal period, the selection of a pediatrician, family physician, or other health care provider who will assume care of the newborn.

(ii) A midwife shall alert the client to:

- (1) Signs of complications that necessitate immediate contact with the midwife; and

(2) Signs of labor and when it is time to call the midwife.

(i) A midwife shall be on call or make specific arrangements for on call coverage with another midwife or licensed health care provider whose scope of practice includes birth.

(j) In the third trimester, a midwife shall ensure that a client is adequately preparing for birth in an out-of-hospital location by discussing:

(1) The place of the birth and the facilities available there;

(2) The availability of adequate heat and water;

(3) The supplies the client must procure;

(4) The availability of a telephone;

(5) Arrangements for help after the birth;

(6) With a client preparing for birth in a private home, the importance of keeping readily available the following written information, as appropriate:

a. The name, location, and phone number of the nearest ambulance service;

b. The name, location, and phone number of the nearest hospital;

c. The name and phone number of the newborn's health care provider; and

d. The street address of the location of the birth and directions to that location from the nearest ambulance service; and

(k) The transfer of care to a hospital setting in an emergency.

N.J.A.C. 8:43A–28.8

8:43A–28.8 Additional patient care services

- (a) A certified nurse-midwife and/or physician shall perform an initial physical assessment of the patient and an evaluation of the patient's medical and emotional needs.
- (b) A certified nurse-midwife and/or physician shall develop and implement a plan of care, if needed, for each patient with the patient's participation. The plan shall include at least care and treatment to be provided for the duration of the pregnancy, including laboratory studies and provision for the patient's health, psychosocial and nutritional needs.
- (c) Each patient shall have at least the following prenatal laboratory tests and diagnostic procedures performed:
1. Urinalysis for glucose and protein;
 2. Hemoglobin and hematocrit repeated at 28 weeks;
 3. Sickle cells preparation (when appropriate);
 4. Rh factor and blood typing;
 5. Serological test for syphilis at the first prenatal visit, and in the last trimester of pregnancy or at delivery. If the patient is exposed to an infected partner, a serological test for syphilis shall be performed no sooner than three weeks after exposure;
 6. Papanicolaou smear at the first prenatal visit if not documented within the previous six months;
 7. Tuberculin test with indicated follow-up if in close contact with a diagnosed case of tuberculosis or from a high-incidence area so designated by the Department;
 8. Rubella titer. If this is negative, rubella vaccine with appropriate counseling regarding timing of future pregnancies shall be offered to the patient after delivery and prior to discharge from the birth center;
 9. One hour glucose tolerance test at 28 weeks gestation, if indicated by risk factors;
 10. Maternal serum alpha-fetoprotein testing offered at 15 to 20 weeks; and
 11. Hepatitis B virus screen with appropriate follow-up.
- (d) Each patient shall be individually counseled about her progress in pregnancy by a certified nurse-midwife, physician, or a registered professional nurse at every visit, and a progress note shall be recorded in the patient's medical record.
- (e) Each patient shall be examined at least once a month during the first seven months of gestation. Thereafter, the patient shall be seen every two weeks until 36 weeks and once a week thereafter. The examination shall be performed by either a certified nurse midwife or a physician.
- (f) The results of all tests performed during patient examinations shall be documented in the patient's medical record including at a minimum: blood pressure, weight, dipstick urine analysis for glucose and protein, uterine growth, fetal heart rate, abdominal inspection and palpation, any unusual symptoms reported by the patient, and any physical evidence of abnormality. Evaluation of nutritional status and breast and pelvic examinations shall be documented on a regular basis. The medical record shall be in conformance with [N.J.A.C. 8:33C–4.3](#).

N.J.S.A. 26:4-49.1

26:4-49.1. Pregnant women; blood sample; standard serological test for syphilis

Every physician attending pregnant women in the State for conditions relating to their pregnancy during the period of gestation and/or at delivery shall, in the case of every woman so attended, take or cause to be taken a sample of blood of such woman at the time of first examination and take or cause to be taken a sample of blood of the woman or from the umbilical cord of the infant at the time of delivery of a live infant, and shall submit such sample to an approved laboratory for a standard serological test for syphilis. Every other person permitted by law to attend pregnant women in the State, but not permitted by law to take blood samples, shall cause a sample of blood of such pregnant women or postpartum woman or infant, as the case may be, to be taken by a physician duly licensed to practice medicine and surgery and have such sample submitted to an approved laboratory for a standard serological test for syphilis.

N.J.S.A. 26:4-49.2

26:4-49.2. Standard serological test; duty of State Department of Health

For the purpose of this act a standard serological test shall be a test for syphilis approved by the State Department of Health, and shall be made at a laboratory licensed in syphilis serology by the department, or by a laboratory in this State approved to make such tests by said department, or at a laboratory outside this State approved by said department, or the health department of the state or territory of the United States or District of Columbia wherein it is located, or at a laboratory of the Armed Forces of the United States or the United States Public Health Services. Such laboratory tests as are required by this act may, at the option of the department, be performed in the laboratories of the State Department of Health without charge.

New Mexico

N. M. S. A. 1978, § 24-1-10

§ 24-1-10. Pregnancy; serological test for syphilis

- A. Every physician examining a pregnant woman for conditions relating to her pregnancy during the period of gestation or at delivery or both shall take or cause to be taken a sample of blood of such woman at the time of first examination.
- B. All such blood samples shall be submitted to the state public health laboratory for a standard serological test for syphilis.
- C. The standard serological test shall be a test for syphilis approved by the director of the department. Such serological tests shall be made on request without charge by the department.

New York

§ 2308. Sexually transmitted disease; pregnant persons; blood test for syphilis

1. Every physician or other authorized practitioner attending pregnant persons in the state shall in the case of every person so attended take or cause to be taken a sample of blood of such person at the time of first examination, and submit such sample to an approved laboratory for a standard serological test for syphilis. In addition to testing at the time of first examination, every such physician or other authorized practitioner shall order a syphilis test during the third trimester of pregnancy consistent with any guidance and regulations issued by the commissioner.
2. Every other person permitted by law to attend upon pregnant women in the state but not permitted by law to take blood tests, shall cause a sample of the blood of such pregnant woman to be taken promptly by a duly licensed physician and submitted to an approved laboratory for a standard serological test for syphilis.
3. The term “approved laboratory” means a laboratory approved for the purpose as herein provided by the department, or in the city of New York by the department of health of such city.
4. A standard serological test for syphilis is one recognized as such by the department or in the city of New York by the department of health of such city.

§ 2308-a. Sexually transmitted diseases; tests for sexually transmitted diseases

1. The administrative officer or other person in charge of a clinic or other facility providing gynecological, obstetrical, genito-urological, contraceptive, sterilization or termination of pregnancy services or treatment shall require the staff of such clinic or facility to offer to administer to every resident of the state of New York coming to such clinic or facility for such services or treatment, appropriate examinations or tests for the detection of sexually transmitted diseases.
2. Each physician providing gynecological, obstetrical, genito-urological, contraceptive, sterilization, or termination of pregnancy services or treatment shall offer to administer to every resident of the state of New York coming to such physician for such services or treatment, appropriate examinations or tests for the detection of sexually transmitted diseases.

10 NYCRR 69-2.2*

Section 69-2.2. Cord blood test for syphilis

Every responsible physician or birth attendant shall acquire from all infants born, whether alive or dead after 22 weeks gestation, a sample of blood from the umbilical cord and submit it to an approved laboratory for standard serological tests for syphilis. If body blood from the mother is tested for syphilis at the time of birth, the cord blood test requirement shall be waived if the infant's body blood is tested after any positive test result of the mother's blood.

*10 NYCRR 69-2.2 requires testing of the infant's cord blood at delivery. While this law did not meet our coding criteria of being a test of the woman, it may nevertheless be relevant for purposes of congenital syphilis prevention.

North Carolina

10A NCAC 41A.0204

.0204 CONTROL MEASURES--SEXUALLY TRANSMITTED DISEASES

(a) Local health departments shall provide diagnosis, testing, treatment, follow-up, and preventive services for syphilis, gonorrhea, chlamydia, nongonococcal urethritis, mucopurulent cervicitis, chancroid, lymphogranuloma venereum, and granuloma inguinale. These services shall be provided upon request and at no charge to the patient.

(b) Persons infected with, exposed to, or reasonably suspected of being infected with gonorrhea, chlamydia, nongonococcal urethritis, and mucopurulent cervicitis shall:

(1) Refrain from sexual intercourse until examined and diagnosed and treatment is completed, and all lesions are healed;

(2) Be tested, treated, and re-evaluated in accordance with the STD Treatment Guidelines published by the U.S. Public Health Service. The recommendations contained in the STD Treatment Guidelines are the required control measures for testing, treatment, and follow-up for gonorrhea, chlamydia, nongonococcal urethritis, and mucopurulent cervicitis, and are incorporated by reference including subsequent amendments and editions. A copy of this publication is on file for public viewing with the and a copy may be obtained free of charge by writing the Division of Public Health, 1915 Mail Service Center, Raleigh, North Carolina 27699-1915, and requesting a copy. However, urethral Gram stains may be used for diagnosis of males rather than gonorrhea cultures unless treatment has failed;

(3) Notify all sexual partners from 30 days before the onset of symptoms to completion of therapy that they must be evaluated by a physician or local health department.

(c) Persons infected with, exposed to, or reasonably suspected of being infected with syphilis, lymphogranuloma venereum, granuloma inguinale, and chancroid shall:

(1) Refrain from sexual intercourse until examined and diagnosed and treatment is completed, and all lesions are healed;

(2) Be tested, treated, and re-evaluated in accordance with the STD Treatment Guidelines published by the U.S. Public Health Service. The recommendations contained in the STD Treatment Guidelines are the required control measures for testing, treatment, and follow-up for syphilis, lymphogranuloma venereum, granuloma inguinale, and chancroid, except that chancroid cultures are not required;

(3) Give names to a disease intervention specialist employed by the local health department or by the Division of Public Health for contact tracing of all sexual partners and others as listed in this Rule:

(A) for syphilis:

(i) congenital--parents and siblings;

(ii) primary--all partners from three months before the onset of symptoms to completion of therapy and healing of lesions;

(iii) secondary--all partners from six months before the onset of symptoms to completion of therapy and healing of lesions; and

(iv) latent--all partners from 12 months before the onset of symptoms to completion of therapy and healing of lesions and, in addition, for women with late latent, spouses and children;

(B) for lymphogranuloma venereum:

(i) if there is a primary lesion and no buboes, all partners from 30 days before the onset of symptoms to completion of therapy and healing of lesions; and

(ii) if there are buboes all partners from six months before the onset of symptoms to completion of therapy and healing of lesions;

(C) for granuloma inguinale--all partners from three months before the onset of symptoms to completion of therapy and healing of lesions; and

(D) or chancroid--all partners from ten days before the onset of symptoms to completion of therapy and healing of lesions.

(d) All persons evaluated or reasonably suspected of being infected with any sexually transmitted disease shall be tested for syphilis, encouraged to be tested confidentially for HIV, and counseled about how to reduce the risk of acquiring sexually transmitted disease, including the use of condoms.

(e) All pregnant women shall be tested for syphilis, chlamydia and gonorrhea at the first prenatal visit. All pregnant women shall be tested for syphilis between 28 and 30 weeks of gestation and at delivery. Hospitals shall determine the syphilis serologic status of the mother prior to discharge of the newborn so that if necessary the newborn can be evaluated and treated as provided in (c)(2) of this rule. Pregnant women 25 years of age and younger shall be tested for chlamydia and gonorrhea in the third trimester or at delivery if the woman was not tested in the third trimester.

(f) Any woman who delivers a stillborn infant shall be tested for syphilis.

(g) All newborn infants shall be treated prophylactically against gonococcal ophthalmia neonatorum in accordance with the STD Treatment Guidelines published by the U.S. Public Health Service. The recommendations contained in the STD Treatment Guidelines are the required prophylactic treatment against gonococcal ophthalmia neonatorum.

Ohio

R.C. § 3701.49

3701.49 Duty in case physician is not in attendance

If any pregnant woman is attended during the period of gestation by any person authorized to attend pregnant women, other than a licensed physician, but who is not permitted to take test specimens, then such authorized person shall notify immediately the health commissioner of the city or general health district of the residence of such pregnant woman. The health commissioner shall cause the test specimens to be taken of such pregnant woman for the purpose of the standard syphilis and gonorrhea tests. Such taking of specimens is subject to section 3701.50 of the Revised Code relating to the condition of the pregnant woman.

R.C. § 3701.50

3701.50 Duty of physician to submit sample for tests; waiver

Every physician who attends any pregnant woman for conditions relating to pregnancy during the period of gestation shall take specimens of such woman at the time of first examination or within ten days thereof, and shall submit such specimens to an approved laboratory for standard syphilis and gonorrhea tests. If, in the opinion of the physician attending such woman, her condition does not permit the taking of specimens for submission to an approved laboratory, then no specimens shall be taken prior to delivery. If no specimens are taken prior to delivery because of the woman's condition, then such specimens shall be taken as soon after delivery as the physician deems it advisable.

The health commissioner of the city or general health district, wherein any person required to be tested for syphilis and gonorrhea under this section or section 3701.49 of the Revised Code resides, may waive the requirements of such sections if the commissioner is satisfied by written affidavit or other written proof that the tests required are contrary to the tenets or practices of the religious creed of which the person is an adherent, and that the public health and welfare would not be injuriously affected by such waiver.

Oklahoma

63 Okl.St. Ann. § 1-515 § 1-515. Pregnant women--Tests for syphilis

- A. Every physician, physician assistant, or Advanced Practice Registered Nurse attending a pregnant woman in this state during gestation shall, in the case of each woman so attended, take or cause to be taken a sample of blood of such woman, and shall submit such sample to an approved laboratory for a standard serological test for syphilis, when indicated by current guidance of the Centers for Disease Control and Prevention.
- B. Every other person permitted by law to attend upon pregnant women in the state but not permitted by law to take blood tests shall cause a sample of the blood of such pregnant woman to be taken by a duly licensed physician, physician assistant, or Advanced Practice Registered Nurse, licensed to practice in this state, and submitted to an approved laboratory for a standard serological test for syphilis.
- C. The term “approved laboratory” shall mean a laboratory approved for the purposes of this section by the State Commissioner of Health. A standard serological test for syphilis shall be one recognized as such by the Commissioner. Such laboratory tests shall be made, on request, without charge by the State Department of Health.

63 Okl.St. Ann. § 1-516.1 § 1-516.1. Exemption

None of the provisions of this act¹ shall apply to any person who, as an exercise of religious freedom, administers to or treats the sick or suffering by spiritual means or prayer, nor to any person who, because of religious belief, in good faith selects and depends upon such spiritual means or prayer for the treatment or cure of disease.

Oregon

O.R.S. § 433.017

433.017. Pregnant women; mandatory blood tests

- (1) A licensed physician, physician assistant licensed under ORS 677.505 to 677.525, naturopathic physician licensed under ORS chapter 685 or nurse practitioner licensed under ORS 678.375 to 678.390 attending a pregnant woman in this state for conditions relating to her pregnancy during the period of gestation or at the time of delivery shall, as required by rule of the Oregon Health Authority, take or cause to be taken a sample of blood of every woman so attended at the time of the first professional visit or within 10 days thereafter. The blood specimen obtained under this subsection must be submitted to a licensed laboratory for tests related to any infectious condition which may affect a pregnant woman or fetus, as the authority shall by rule require, including but not limited to an HIV test as defined in ORS 433.045.
- (2) Every other person permitted by law to attend a pregnant woman in this state, but not permitted by law to take blood samples, shall, as required by rule of the authority, cause a sample of blood of such pregnant woman to be taken by a licensed physician, physician assistant licensed under ORS 677.505 to 677.525, naturopathic physician licensed under ORS chapter 685 or nurse practitioner licensed under ORS 678.375 to 678.390 and have such sample submitted to a licensed laboratory for the tests described under subsection (1) of this section.
- (3) In all cases under subsections (1) and (2) of this section the physician, physician assistant, naturopathic physician or nurse practitioner shall request consent of the patient to take a blood sample. A sample may not be taken without the patient's consent.

Pennsylvania

§ 521.13. Prenatal examination for syphilis

- (a) Every physician who attends, treats or examines any pregnant woman for conditions relating to pregnancy, during the period of gestation or at delivery, shall take or cause to be taken, unless the woman dissents, a sample of blood of such woman at the time of first examination, or within fifteen days thereof, and shall submit the sample to an approved laboratory for an approved serological test for syphilis. All other persons permitted by law to attend pregnant women, but not permitted by law to take blood samples, shall, unless the woman dissents, likewise cause a sample of the blood of every such pregnant woman attended by them to be taken by a physician licensed to practice in this Commonwealth and submit it to an approved laboratory for an approved serological test. In the event of dissent, it shall be the duty of the physician to explain to the pregnant woman the desirability of such a test. The serological test required by this section shall be made, without charge by the department, upon the request of the physician submitting the sample, if he submits a certificate that the patient is unable to pay.
- (b) In reporting every birth and fetal death, physicians and others required to make such reports shall state upon the certificate whether or not the blood test required by this section was made. If the test was made, the date of the test shall be given. If the test was not made, it shall be stated whether it was not made because, in the opinion of the physician, the test was not advisable or because the woman dissented.

Rhode Island

Gen.Laws 1956, § 23-11-8
§ 23-11-8. Blood test of pregnant women

It shall be the duty of every physician engaged in prenatal attendance upon a pregnant woman to obtain a blood specimen of that pregnant woman within thirty (30) days after the first professional visit. That blood specimen shall be submitted to the laboratory of the state department of health, or to a laboratory approved by the department, for the performance of a Wassermann or other standard laboratory blood test for syphilis. Any violation of the provisions of this section shall constitute a misdemeanor and that physician shall be fined not less than ten dollars (\$10.00) nor more than one hundred dollars (\$100) for each offense.

South Carolina

Code 1976 § 44-29-120

§ 44-29-120. Serological blood tests for pregnant women.

Every physician attending a pregnant woman in the State for conditions relating to her pregnancy during the period of gestation or at delivery shall, in the case of every woman so attended, take or cause to be taken a sample of blood of such woman at the time of his first examination or within three days thereafter and shall submit such sample to an approved laboratory for a standard serological test for syphilis, rubella, Rh factor and a hemoglobin determination, if the latter test is not performed by the physician's staff. Such an approved laboratory must participate in an appropriate proficiency testing program approved by the Department of Health and Environmental Control. Every person, other than a physician, permitted by law to attend pregnant women in the State, but not permitted by law to take blood samples, shall cause a sample of blood of each such pregnant woman to be taken by a physician duly licensed to practice medicine and surgery, registered nurse, laboratory technician or other person authorized to take blood for blood tests and have such sample submitted to an approved laboratory for a standard serological test for syphilis, rubella, Rh factor and a hemoglobin determination, if the latter test is not performed by the physician's staff. Any person who violates any of the provisions of this section shall be guilty of a misdemeanor and, upon conviction, shall be punished by a fine of not more than one hundred dollars or imprisonment for not more than thirty days. The provisions of this section shall not apply to any person who submits a sworn affidavit stating that she objects to the tests herein required on grounds such tests conflict with her religious tenets or beliefs.

South Dakota

SDCL § 34-23-9

34-23-9. Attending physician to take blood sample from pregnant woman--Submission to office of laboratory services for testing

Each physician attending a pregnant woman in this state during gestation shall, in the case of each woman so attended, take or cause to be taken a sample of blood of such woman at the time of the first examination, and submit such sample for standard serological tests for syphilis to the Office of Laboratory Services or such other laboratories cooperating with, and approved by, the Department of Health.

SDCL § 34-23-10

34-23-10. Blood sample and testing when pregnant woman not attended by physician

Every person other than a physician permitted by law to attend upon pregnant women in the state but not permitted by law to take blood tests, shall cause a sample of the blood of such pregnant woman to be taken by a duly licensed physician and submitted for standard serological tests for syphilis to the Office of Laboratory Services or such other laboratories cooperating with, and approved by, the Department of Health.

Tennessee

T. C. A. § 68-5-602

§ 68-5-602. Examination of pregnant women; taking of blood during first exam; hepatitis B treatment

- (a) Every physician, surgeon, or other person permitted by law to attend a pregnant woman during gestation shall, in the case of each woman so attended, take or cause to be taken a sample of the blood of the woman at the time of first examination and visit or within ten (10) days after the first examination. If the first visit is at the time of delivery, or after delivery, the standard serological test required by this subsection (a) shall be performed at that time. The blood sample shall be sent to a laboratory approved by the department for testing for syphilis infection, rubella immunity, and hepatitis B surface antigen (HBsAg). In the same manner, a sample of blood shall be taken during or after the twenty-eighth week of gestation for a woman whom the attending physician determines to be at high risk of hepatitis B or syphilis according to the current standards of care. This second sample shall be sent to a laboratory approved by the department for testing for syphilis infection and HBsAg only. Additional testing for rubella immunity is not required in subsequent pregnancies once a positive result is verified or a documented history of vaccination against rubella is available. However, all pregnant women shall be tested for syphilis and hepatitis B during an early prenatal visit in each pregnancy. A positive test for syphilis and hepatitis B shall be reported to the local health department in accordance with this chapter, and regulations governing the control of communicable diseases in Tennessee.
- (b) Every person attending a pregnant woman who is not permitted by law to take blood samples shall cause a sample of blood to be taken by a health provider permitted by law to take the samples at the time of first examination and visit or within ten (10) days after the first examination. These samples shall be submitted to the same approved laboratories for testing for syphilis infection and HBsAg. If no rubella immunity is documented, testing for rubella is required.
- (c) Infants born to HBsAg-positive mothers shall receive, in a timely manner, the appropriate treatment as recognized by the centers for disease control.
- (d) This part shall not apply to any female who files with the attending medical authority a signed, written statement that taking a sample of blood or receiving other preventive measures conflict with the female's religious tenets and practices affirmed under the penalties of perjury.

T. C. A. § 68-5-603

§ 68-5-603. Free testing

- (a) Upon request, the laboratory tests required by this part shall be made without charge in the laboratories of the department.
- (b) This section shall not be interpreted to mean that the department's laboratories shall be the only laboratory approved to perform these tests.

T. C. A. § 68-5-607
§ 68-5-607. Crimes and offenses

- (a) (1) Any person who misrepresents any of the facts called for by the serological examination, or who in any way alters the determination of a serological examination, commits a Class C misdemeanor.
(2) It is the duty of the district attorney general to prosecute the suit when requested by the commissioner, the county health officer or local board of health.
- (b) Any physician or representative of a laboratory who willfully and knowingly misrepresents, falsifies, or issues false information under this part commits a Class C misdemeanor.
- (c) It is the duty of the district attorney general in whose jurisdiction an offense is committed to institute proceedings against violators of this part.
- (d) It is the duty of the commissioner to give all assistance necessary for the enforcement of this part to the district attorney general representing the county in which proceedings may be instituted.

Texas

V.T.C.A., Health & Safety Code § 81.090 § 81.090. Diagnostic Testing During Pregnancy and After Birth

(a) A physician or other person permitted by law to attend a pregnant woman during gestation or at delivery of an infant shall:

- (1) take or cause to be taken a sample of the woman's blood or other appropriate specimen at the first examination and visit;
- (2) submit the sample to an appropriately certified laboratory for diagnostic testing approved by the United States Food and Drug Administration for:
 - (A) syphilis;
 - (B) HIV infection; and
 - (C) hepatitis B infection; and
- (3) retain a report of each case for nine months and deliver the report to any successor in the case.

(a-1) A physician or other person permitted by law to attend a pregnant woman during gestation or at delivery of an infant shall:

- (1) take or cause to be taken a sample of the woman's blood or other appropriate specimen at an examination in the third trimester of the pregnancy, but not earlier than the 28th week of the pregnancy;
- (2) submit the sample to an appropriately certified laboratory for a diagnostic test approved by the United States Food and Drug Administration for syphilis and HIV infection; and
- (3) retain a report of each case for nine months and deliver the report to any successor in the case.

(b) A successor is presumed to have complied with this section if the successor in good faith obtains a record that indicates compliance with Subsections (a) and (a-1), if applicable.

(c) A physician or other person in attendance at a delivery shall:

- (1) take or cause to be taken a sample of blood or other appropriate specimen from the mother on admission for delivery; and
- (2) submit the sample to an appropriately certified laboratory for diagnostic testing approved by the United States Food and Drug Administration for hepatitis B infection.

(c-1) If the physician or other person in attendance at the delivery does not find in the woman's medical records results from the diagnostic test for syphilis and HIV infection performed under Subsection (a-1), the physician or person shall:

- (1) take or cause to be taken a sample of blood or other appropriate specimen from the mother;
- (2) submit the sample to an appropriately certified laboratory for diagnostic testing approved by the United States Food and Drug Administration for syphilis and HIV infection; and
- (3) instruct the laboratory to expedite the processing of the HIV test so that the results are received less than six hours after the time the sample is submitted.

(c-2) If the physician or other person responsible for the newborn child does not find in the woman's medical records results from a diagnostic test for syphilis and HIV infection performed under Subsection (a-1), and the diagnostic test for syphilis and HIV infection was not performed before delivery under Subsection (c-1), the physician or other person responsible for the newborn child shall:

- (1) take or cause to be taken a sample of blood or other appropriate specimen from the newborn child less than two hours after the time of birth;
- (2) submit the sample to an appropriately certified laboratory for a diagnostic test approved by the United States Food and Drug Administration for syphilis and HIV infection; and
- (3) instruct the laboratory to expedite the processing of the HIV test so that the results are received less than six hours after the time the sample is submitted.

(d) Repealed by Acts 2009, 81st Leg., ch. 1124, § 7.

(e) Repealed by Acts 2009, 81st Leg., ch. 1124, § 7.

(f) Repealed by Acts 2009, 81st Leg., ch. 1124, § 7.

(g) Repealed by Acts 1993, 73rd Leg., ch. 30, § 3, eff. Sept. 1, 1993.

(h) Repealed by Acts 2009, 81st Leg., ch. 1124, § 7.

(i) Before conducting or causing to be conducted a diagnostic test for HIV infection under this section, the physician or other person shall advise the woman that the result of a test taken under this section is confidential as provided by Subchapter F,¹ but that the test is not anonymous. The physician or other person shall explain the difference between a confidential and an anonymous test to the woman and that an anonymous test may be available from another entity. The physician or other person shall make the information available in another language, if needed, and if resources permit. The information shall be provided by the physician or another person, as needed, in a manner and in terms understandable to a person who may be illiterate if resources permit.

(j) The result of a test for HIV infection under Subsection (a)(2)(B), (a-1), (c-1), or (c-2) is a test result for purposes of Subchapter F.

(k) Before the sample is taken, the health care provider shall distribute to the patient printed materials about AIDS, HIV, hepatitis B, and syphilis. A health care provider shall verbally notify the patient that an HIV test shall be performed if the patient does not object. If the patient objects, the patient shall be referred to an anonymous testing facility or instructed about anonymous testing methods. The health care provider shall note on the medical records that the distribution of

printed materials was made and that verbal notification was given. The materials shall be provided to the health care provider by the department and shall be prepared and designed to inform the patients about:

- (1) the incidence and mode of transmission of AIDS, HIV, hepatitis B, and syphilis;
- (2) how being infected with HIV, AIDS, hepatitis B, or syphilis could affect the health of their child;
- (3) the available cure for syphilis;
- (4) the available treatment to prevent maternal-infant HIV transmission; and
- (5) methods to prevent the transmission of the HIV virus, hepatitis B, and syphilis.

(l) A physician or other person may not conduct a diagnostic test for HIV infection under Subsection (a)(2)(B), (a-1), or (c-1) if the woman objects. A physician or other person may not conduct a diagnostic test for HIV infection under Subsection (c-2) if a parent, managing conservator, or guardian objects.

(m) If a screening test and a confirmatory test conducted under this section show that the woman is or may be infected with HIV, hepatitis B, or syphilis, the physician or other person who submitted the sample for the test shall provide or make available to the woman disease-specific information on the disease diagnosed, including:

- (1) information relating to treatment of HIV infection, acquired immune deficiency syndrome, hepatitis B, or syphilis, which must be in another language, if needed, and must be presented, as necessary, in a manner and in terms understandable to a person who may be illiterate if resources permit; and
- (2) counseling under Section 81.109, if HIV infection or AIDS is diagnosed.

(n) A physician or other person may comply with the requirements of Subsection (m)(1) by referring the woman to an entity that provides treatment for individuals infected with the disease diagnosed.

(o) In this section, "HIV" has the meaning assigned by Section 81.101.

(p) Not later than January 1 of each odd-numbered year, the department shall report to the legislature the number of cases of early congenital syphilis and of late congenital syphilis that were diagnosed in this state in the preceding biennium.

U.C.A. 1953 § 26B-7-216
Formerly cited as UT ST § 26-6-20

§ 26B-7-216. Serological testing of pregnant or recently delivered women

1. As used in this section, a “standard serological test” means a test for syphilis approved by the department and made at an approved laboratory.
2.
 - a. Every licensed physician and surgeon attending a pregnant or recently delivered woman for conditions relating to her pregnancy shall take or cause to be taken a sample of blood of the woman at the time of first examination or within 10 days thereafter.
 - b. The blood sample shall be submitted to an approved laboratory for a standard serological test for syphilis.
 - c. The provisions of this section do not apply to any female who objects thereto on the grounds that she is a bona fide member of a specified, well recognized religious organization whose teachings are contrary to the tests.
3.
 - a. Every other person attending a pregnant or recently delivered woman, who is not permitted by law to take blood samples, shall within 10 days from the time of first attendance cause a sample of blood to be taken by a licensed physician or physician assistant.
 - b. The blood sample shall be submitted to an approved laboratory for a standard serological test for syphilis.
4.
 - a. An approved laboratory is a laboratory approved by the department according to its rules governing the approval of laboratories for the purpose of this title.
 - b. In submitting the sample to the laboratory the physician or physician assistant shall designate whether it is a prenatal test or a test following recent delivery.
5. The laboratory shall transmit a detailed report of the standard serological test, showing the result thereof to the physician or physician assistant.

Vermont

18 V.S.A. § 1102 § 1102. Taking blood samples

A practitioner of medicine and surgery or osteopathy attending a pregnant individual shall take samples of blood of such individual, if possible prior to the third month of gestation, and submit the same to a laboratory approved by the Commissioner for a standard serological test for syphilis. Every other person permitted by law to take blood tests shall similarly cause a sample of blood of a pregnant individual attended by the person to be taken by a duly licensed practitioner of medicine and surgery or osteopathy and submit it to a laboratory approved by the Commissioner for a standard serological test for syphilis.

Virginia

VA Code Ann. § 32.1-60
§ 32.1-60. Prenatal tests required

Every physician, physician assistant, or nurse practitioner attending a pregnant woman during gestation shall examine and test such woman for such venereal diseases as the Board may designate within 15 days after beginning such attendance. Every other person permitted by law to attend upon pregnant women but not permitted by law to make such examinations and tests, shall cause such examinations and tests to be made by a licensed physician, licensed nurse practitioner, or clinic. Serological tests required by this section may be performed by the Department of General Services, Division of Consolidated Laboratory Services (DCLS).

VA Code Ann. § 32.1-73
§ 32.1-73. Failure to comply with provisions; grounds for revocation of license or permit

The failure of any physician, nurse or midwife to comply with the provisions of § 32.1-60, § 32.1-62 or § 32.1-65 shall, in addition to any other penalty prescribed by law, constitute grounds for revocation of the license or permit of such physician, nurse or midwife by the board issuing such license or permit.

Washington

West's RCWA 70.24.090

70.24.090. Pregnant women--Test for syphilis

Every physician attending a pregnant woman in the state of Washington during gestation shall, in the case of each woman so attended, take or cause to be taken a sample of blood of such woman at the time of first examination, and submit such sample to an approved laboratory for a standard serological test for syphilis. If the pregnant woman first presents herself for examination after the fifth month of gestation the physician or other attendant shall in addition to the above, advise and urge the patient to secure a medical examination and blood test before the fifth month of any subsequent pregnancies.

West's RCWA 70.24.080

70.24.080. Penalty

Except as provided in RCW 70.24.025 and 70.24.027, any person who violates any of the provisions of this chapter or any rule adopted by the board under this chapter, or who fails or refuses to obey any lawful order issued by any state, county or municipal health officer under this chapter shall be deemed guilty of a gross misdemeanor punishable as provided under RCW 9A.20.021.

West Virginia

W. Va. Code, § 16-4A-2

§ 16-4A-2. Attending physician to obtain blood specimen

Every physician engaging in attendance upon a pregnant woman in West Virginia shall, as soon as he or she is engaged to attend a woman and has reasonable grounds for suspecting that pregnancy exists, acquaint such woman with the provisions of this article and take or cause to be taken a specimen of blood from such woman. This specimen shall be submitted to the state hygienic laboratory or other laboratory approved by the state department of health as required by the preceding section. If the woman is in a stage of gestation or labor at the time that the diagnosis of pregnancy is made, which may make it inadvisable to obtain the specimen, the specimen of blood shall be obtained within ten days following delivery.

The state hygienic laboratory of the state health department shall perform the serological tests required by law on all blood specimens taken from pregnant women by physicians for examination. These tests shall be performed without charge.

Upon request it shall be the duty of county and district health officers to draw blood specimens from pregnant women for performing thereon a serologic test for syphilis. This service shall be performed without charge.

In those areas where the services of a district or county health officer are not available, the state health department shall assume the responsibility of obtaining the required blood specimens without any charge to the pregnant women.

W. Va. Code, § 16-4A-5

§ 16-4A-5. Offenses; penalty

Any physician or representative of a laboratory, making such examinations or tests as are required by this article, or filing such birth or stillbirth certificates, who shall knowingly misrepresent any of the facts called for in the laboratory reports or birth or stillbirth certificate, or who otherwise knowingly and wilfully shall violate any provision of this article, shall be guilty of a misdemeanor and upon conviction thereof shall be subject to a fine of not less than ten dollars nor more than fifty dollars.

Wyoming

W.S.1977 § 35-4-501

§ 35-4-501. Definition of standard serological test; cost

For the purposes of this act [§§ 35-4-501 through 35-4-505], a standard serological test shall be a test for syphilis approved by the state department of health, and shall be performed in a laboratory approved by the state department of health. Such laboratory tests as are required by this act shall be performed on request without charge at the state department of health laboratory.

W.S.1977 § 35-4-502

§ 35-4-502. Duty of attending physician

Every physician licensed to practice medicine attending a pregnant woman in the state for conditions relating to her pregnancy during the period of gestation or at delivery shall take, or cause to be taken, a sample of blood of such woman at the time of her first professional visit or within ten (10) days thereafter. The blood specimen thus obtained shall be submitted to an approved laboratory for a standard serological test for syphilis. Every other person permitted by law to attend pregnant women in the state but not permitted by law to take blood samples, shall cause a sample of blood of such pregnant women to be taken by a physician duly licensed to practice medicine and have such sample submitted to an approved laboratory for a standard serological test for syphilis.

W.S.1977 § 35-4-504

§ 35-4-504. Penalty

Any licensed physician and surgeon, or other person, engaged in attendance upon a pregnant woman during the period of gestation and/or at delivery, or any representative of a laboratory who violates the provisions of this act [§§ 35-4-501 through 35-4-505] shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not to exceed one hundred dollars (\$100.00); provided, however, every licensed physician and surgeon or other person engaged in attendance upon a pregnant woman during the period of gestation or at delivery, who requests such specimen in accordance with the provisions of W.S. 35-4-502, and whose request is refused, shall not be guilty of a misdemeanor.