

## New Tennessee Legislation Expands Prenatal Syphilis and Hepatitis Screening and Requires Post-Birth Maternal Warning Signs Education

**Serologic Testing:** On July 1, 2025, mandatory prenatal testing for syphilis and hepatitis will expand as directed by an [amendment to Tennessee Code Annotated § 68-5-602](#).

Tennessee Requirements for Standard Serologic Tests During Pregnancy	
<b>Initial Prenatal Visit<sup>1</sup></b>	Hepatitis C antibody (anti-HCV) with reflex to HCV RNA if reactive ( <i>new!</i> ) Hepatitis B surface antigen (HBsAg) Syphilis antibody test <sup>2</sup> Rubella immunity <sup>3</sup>
<b>Third Trimester (28–32 weeks)</b>	Repeat syphilis testing ( <i>new!</i> )
<b>Delivery</b>	Repeat syphilis testing ( <i>new!</i> )

<sup>1</sup> Or at delivery if no prenatal care is received. All positive results for syphilis, hepatitis B, and hepatitis C must be [reported](#).

<sup>2</sup> Either a nontreponemal (e.g., RPR) or treponemal (e.g., TP-PA) test reflexed to the other if positive.

<sup>3</sup> Not required if previously documented.

Congenital syphilis is preventable with timely treatment during pregnancy. Over the past decade, congenital syphilis has increased forty-fold in Tennessee, with at least 122 cases reported in 2024. Because infection can occur after initial prenatal testing, repeated syphilis testing in the third trimester and at delivery is recommended by the [American College of Obstetrics and Gynecology](#) (ACOG) and now required by [Tennessee law](#). The updated legislation adds hepatitis C to required prenatal testing, aligning with [CDC guidance](#) and [ACOG recommendation](#). Nearly 1,000 infants are perinatally exposed to hepatitis C annually in Tennessee. Identification of hepatitis C during pregnancy facilitates testing and treatment of infants, as well as treatment of the mother. For patients not in prenatal care, healthcare providers should consider testing in non-traditional settings (e.g., community outreach events, emergency departments).

**Maternal Warning Signs:** In 2025, [a new law was passed](#) requiring mothers to be provided information about post-birth warning signs by all hospitals and birth centers prior to discharge following a birth. Post-birth warning signs, also known as urgent maternal warning signs, are signs and symptoms that may indicate a life-threatening condition during pregnancy and postpartum, up to one year after delivery. It is important that all pregnant and postpartum women, their families, and all healthcare providers be aware of the urgent maternal warning signs. The Department of Health has provided information about urgent maternal warning signs on [our website](#).

### Public Health Recommendations and Action Steps for Consideration:

- Update protocols and standing orders to meet new requirements.
- Immediately [treat syphilis in pregnancy](#) with penicillin G benzathine.
- Refer women for hepatitis C treatment postpartum and notify pediatricians of perinatal exposure.
- Implement maternal warning signs education prior to discharge at delivery hospitalization as required; consider providing with all discharges from *any* hospitalization or ED visit during pregnancy.

Questions? Email [STD.Health@tn.gov](mailto:STD.Health@tn.gov) or call 615-741-7500.

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