REFERENCES

1. Panel on Treatment of HIV-Infected Pregnant Women and Prevention of Perinatal Transmission
   September 14, 2011

2. Centers for Disease Control and Prevention
   Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. MMWR 2006,55 (RR-14)

3. Some materials adapted from authors Elaine Gross and Carolyn Burr, previously at the Francois-Xavier Bagnoud Center at University of Medicine and Dentistry of New Jersey

RESOURCES

Perinatal Hotline: 1-888-448-8765
Provides 24-hour consultation on caring for HIV-infected pregnant women and HIV-exposed infants

AIDS Education and Training Center (AETC)
National Resource Center
www.aidsetc.org
Provides a wealth of educational materials on HIV and preventing perinatal transmission

National AIDS Clinicians’ Consultation Center (NCCC): http://www.nccc.ucsf.edu/consultation_library/state_hiv_testing_laws
State HIV Testing Laws Compendium, June 2011
Provides summary of key state laws and policies on HIV testing

POCKET GUIDE

Rapid HIV Testing and Treatment in Labor and Delivery

Quick Reference for
• Physicians
• Nurse Midwives
• Nurses

Southeast AIDS Training and Education Center
www.seatec.emory.edu
404-727-2929
September 2011
LAW AND POLICY
Georgia HIV testing laws REQUIRE:
- Offer opt-out testing to all pregnant women
- Specific informed consent; may be oral or written
- Pre- and post-test counseling

PERINATAL
TRANSMISSION FACTS

Perinatal HIV Transmission Without Treatment:
- In utero: 25%-40% of cases
- Intrapartum: 60%-75% of cases
- Breastfeeding: increases risk 14% - 29%

Perinatal HIV Transmission With Treatment
- Risk of transmission decreases from 25% to 10% when women are given ARV (antiretroviral medication) during labor and delivery and baby is given ARV right after birth
- Risk of transmission can be <2%, with ARV therapy during pregnancy, scheduled cesarean delivery as appropriate, ARV therapy for the newborn, and avoidance of breastfeeding

CDC RECOMMENDS

Testing of women who present in labor with unknown status:
- Woman: routine rapid testing
- Infant: rapid testing for all babies whose mother’s status is unknown

Treatment:
- ARV therapy should be given to all HIV+ pregnant women regardless of CD4 count or viral load
- ZDV (zidovudine) should be part of drug regimen if possible

COUNSELING CHECKLIST

- Confidentiality: for taking histories, testing, giving results, administering ARV meds
- Informed Consent:
  - HIV- the virus that causes AIDS- is spread by unprotected sex or drug use with shared equipment
  - All pregnant women may be at risk for HIV and not know it
  - A pregnant woman with HIV has a 1 in 4 chance of passing HIV to her baby if she is not treated
  - HIV can be passed from mother to her baby during pregnancy, during delivery, and through breastfeeding
  - A woman with HIV has a 1 in 10 chance of passing HIV to her baby if she is given antiretroviral medicine during labor and delivery and her baby takes the medicine after birth
  - Women who “opt-out” or decline testing will not be denied care

Giving Test Results in Labor and Delivery:
- Invalid
  - Repeat test
- Negative or Nonreactive
  - Provide information about “window period”; repeat test in 2-3 months if woman has high-risk behavior
  - Counsel on how to reduce risk; assess for on-going risk
  - Refer for further intensive counseling if high risk
- Preliminary Positive or Reactive
  - Must be confirmed with Western Blot
  - Offer ARV therapy for mother and infant and begin immediately; stop therapy if confirmatory Western blot is negative

TREATMENT

1. Intrapartum IV ZDV (zidovudine):
   - Loading dose, then continuous infusion until delivery
2. Neonatal: ZDV syrup for 6 weeks beginning 6-12 hours after birth,
   - OR, for women who:
     - receive no antepartum or intrapartum ARV drugs;
     - receive only intrapartum ARV drugs;
     - have known resistance to ZDV; or
     - have an HIV viral load >1000 just before delivery:
       a. 2-drug regimen: ZDV for 6 weeks plus NVP (nevirapine) as 3 different oral doses in the first week of life;
          - OR
       b. 3-drug regimen: ZDV for 6 weeks plus 3TC (lamivudine) and NFV (nelfinavir) for 2 weeks

   - Minimize time of ruptured membranes
   - NO artificial rupture of membranes, fetal scalp electrodes, forceps or vacuum extractor, episiotomy
   - NO breastfeeding

Cesarean Delivery:
- Reduces perinatal transmission if viral load is unknown and woman is only receiving ZDV for prevention during labor

Post-delivery Recommendations:
- Test newborn within 48 hours if mother’s status unknown; obtain HIV DNA-PCR or HIV viral load, not HIV antibody test
- Refer mother for specialty HIV care

Report ARV use to Antiretroviral Pregnancy Registry
www.APRegistry.com
1-800-258-4263