

## REFERENCES

### 1. Panel on Treatment of HIV-Infected Pregnant Women and Prevention of Perinatal Transmission

*Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States.*

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](http://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](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



**Southeast AIDS  
Training and Education Center**

[www.seatec.emory.edu](http://www.seatec.emory.edu)

404-727-2929

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## POCKET GUIDE

### Rapid HIV Testing and Treatment in Labor and Delivery



### Quick Reference for

- Physicians
- Nurse Midwives
- Nurses



## 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<sup>1</sup>

### 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<sup>1,2</sup>

### 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<sup>1</sup>

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](http://www.APRegistry.com)  
1-800-258-4263