DEPARTMENT OF HEALTH

Sample Checklist for Antepartum Management of Persons with HIV

Coordination of services among obstetric, primary care, and HIV providers, and when appropriate, mental health and substance use disorder treatment services and public assistance programs, is **essential to care** and enables adherence to antiretroviral therapy (ART) to minimize risk of perinatal HIV transmission.

Planning for infant care including ART and follow up for diagnostic testing should be performed and any pediatric referrals placed **prior to delivery** to ensure continuity of care.

At every visit, assess:

- Adherence and tolerance to ART, including nausea or other barriers to adherence.
- Mental health and substance use disorders.
- Need for supportive care such as assistance with transportation, housing, health insurance, or other community resources.
- Medication safety including ART interactions.

First prenatal visit

- Order any laboratory tests listed in pre-pregnancy checklist that are not already completed.
- Order updated HIV viral load and CD4 count.
- Perform baseline screening for syphilis (first of three recommended screenings during pregnancy).
- Ensure ART agents are appropriate for use during pregnancy.
  - See HIV Clinical Guidelines: Recommendations for Use of Antiretroviral Drugs During Pregnancy (https://clinicalinfo.hiv.gov/en/guidelines/perinatal/recommendations-arv-drugs-pregnancy-overview?view=full) OR refer to specialist (see below).
  - If currently on effective ART, continue the same treatment during pregnancy unless contraindicated.
- If not already on antiretroviral therapy (ART), begin regimen **immediately** based on perinatal guidelines recommendations and/or consult with specialist.
  - If genotypic resistance testing is pending, do not wait for results to start treatment.
- Specialist consultation for ART recommendations is available at:
  - Children's Minnesota Physician's Access Line: 866-755-2121 (24/7)
  - Perinatal HIV hotline
    - Clinical consultation (https://nccc.ucsf.edu/clinician-consultation/)

  - 844-ASK-NCCC or 844-275-6222 (24/7)
- If CD4 count <200 copies/mL, begin prophylaxis against opportunistic infections if not already done.
  - See Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents With HIV (https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections/whats-new) for more information and/or consult with specialist.
- Refer to Children's Minnesota Perinatal HIV Program or Hennepin Health System Perinatal HIV Services if Hennepin Health System patient (See contacts under Community Supports for Pregnant Women Living with HIV).
- Assess need for vaccinations, including any boosters as indicated (pneumococcal, hepatitis B, hepatitis A, influenza, COVID-19, Tdap, RSV).
  - See Immunizations for Preventable Diseases in Adults and Adolescents With HIV (https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections/whats-new) and ACOG: Maternal Immunizations (https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2022/10/maternal-immunization) for more information.

First and second trimesters

- Recheck CD4 cell count every three months.
  - Every six months for patients with undetectable viral load and CD4 count greater than 200 cells/microL.
- Recheck HIV viral load monthly until RNA levels are undetectable, then every one to three months thereafter.
  - Recheck viral load two to four weeks after initiating (or changing) ART.
  - If failure of viral suppression is found (HIV RNA > 48 or >50 copies/ml, depending on lower limit of detection of laboratory assay), assess adherence and consult a HIV specialist and care team.
- Refer to Children's Minnesota Perinatal HIV Program or Hennepin Health System Perinatal HIV Services if Hennepin Health System patient, if not referred in first trimester. (See contacts under Community Supports for Pregnant Women Living with HIV).
- Discuss infant feeding options. Support patient's feeding choice following national guidelines.
  - See Preventing HIV Transmission During Infant Feeding | NIH for more information.

Third trimester

- Repeat screening for syphilis, gonorrhea, and chlamydia at 28-32 weeks.
- Reassess viral load at 34-36 weeks for delivery planning.
  - If viral load is not suppressed, assess adherence and viral resistance.
- Make a postpartum plan for ART.
- Determine plan for contraception after delivery.
- Discuss infant plan of care and availability of pediatric infectious disease team for infant prophylaxis.
  - Infant will require ART during the immediate neonatal period to reduce the risk of HIV transmission and will require separate follow-up.
  - Referral for infant care and direct communication with pediatric HIV or ID provider should occur prior to delivery.
- Make delivery plan including whether zidovudine will be used and route of delivery.
  - Refer to Checklist for Intrapartum and Postpartum Management of Persons living with HIV on Perinatal HIV Transmission for Health Professionals (https://www.health.state.mn.us/diseases/hiv/hcp/perinatal/index.html) for delivery planning.
  - If viral load is greater than or equal to 1000 copies/mL at 37-38 weeks, schedule cesarean delivery at 38 weeks. If HIV RNA is less than 1000 copies/mL, delivery decisions should be made according to standard obstetric indications.
- Discuss infant feeding options including a breastfeeding option, as appropriate. Support patient's feeding choice following national guidelines
  - See Preventing HIV Transmission During Infant Feeding (https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-pediatric-arv/infant-feeding-individuals-hiv-united-states) for more information.
- Refer to Children's Minnesota Perinatal HIV Program or Hennepin Health System Perinatal HIV Services if Hennepin Health System patient, if not referred in first or second trimester. (See contacts under Community Supports for Pregnant Women Living with HIV).

Community Supports for Pregnant Women Living with HIV:

Children's Minnesota Perinatal and Pediatric HIV Program

- Perinatal and pediatric HIV program (https://www.childrensmn.org/services/care-specialties-departments/infectious-diseases/conditions-and-services/perinatal-pediatric-hiv-program/)
- Perinatal HIV Nurse Coordinator, 612-387-2989

- Referral forms can be faxed to 612-813-6770.

Children's Minnesota Medical Consultation & Care

- Minnesota Physician Access: 612-343-2121 (24/7)

Hennepin Health System Perinatal HIV Services

- High Risk OB Clinical Care Coordinator, RN
  - Phone: 612-873-5074
  - Mobile: 612-477-3703

Adapted from Society for Maternal-Fetal Medicine Special Statement: Updated checklists for pregnancy management in persons with HIV (https://www.ajog.org/article/S0002-9378(20)30945-5/fulltext) and Clinical Guidelines (https://clinicalinfo.hiv.gov/en/guidelines)

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