DEPARTMENT OF HEALTH

Sample Checklist for Management of Persons with HIV and Their Infants During Labor and Delivery

Identify need for antiretroviral medication (ARV) as soon as possible when patients present in labor, including performing expedited HIV testing when maternal HIV status is unknown.

Ensure ARVs are available for infant and that treatment and follow up care plan for infant is established promptly after delivery.

Labor or preoperatively for cesarean

- Patients should continue taking their antepartum ARVs on schedule during labor and before scheduled cesarean birth.
- Administer intrapartum IV zidovudine (ZDV, also known as AZT) in the following situations:
  - HIV RNA >1000 copies/mL or unknown near the time of birth (within four weeks of birth)
  - Known or suspected lack of adherence since the last HIV RNA level
  - Positive expedited HIV result during labor
- IV ZDV may be considered when HIV RNA levels are greater than or equal to 50 copies/mL and less than or equal to 1000 copies/mL within four weeks of birth although data are insufficient to determine whether this provides any additional protection against perinatal HIV transmission.
- If HIV RNA is greater than or equal to 1000 copies/mL or unknown near the time of birth, scheduled cesarean birth at 38 weeks gestation is recommended. If HIV RNA is less than 1000 copies/mL, delivery decisions should be made according to standard obstetric indications.
- When indicated, begin IV ZDV at least three hours prior to delivery. IV ZDV is dosed as 2mg/kg for one hour as a loading dose followed by continuous infusion at 1mg/kg/hr until delivery.
- Avoid scalp electrodes or internal fetal monitors.

Immediately after delivery: infant

- All newborns born to persons with HIV should receive antiretroviral medication as close to the time of birth as possible and preferably within six hours.
- See HIV Clinical Guidelines: Care of Infants with Perinatal Exposure to HIV (https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-

opportunistic-infections/toxoplasmosis)for more information and consult with pediatric HIV/ID specialist (see below).

- Ensure plan of care for neonatal treatment and follow up is in place with appointments scheduled within **24 hours of delivery, and prior to discharge.** Ensure the appropriate medications for initial dosing are readily available for the baby in the birthing hospital or have a clear plan in place for where to acquire medications.
- Obtain HIV viral level of infant. If additional testing for infant is indicated under individual facility's protocol, obtain prior to discharge.
- Ideally, provide take-home medications for baby at discharge or ensure family has obtained the medication from the outpatient pharmacy prior to discharge.

After delivery: mother

- Avoid concomitant use of methergine or other ergotamines with ART regimens containing protease inhibitors or cobicistat to avoid exaggerated vasoconstrictive responses, unless no alternative treatments for postpartum hemorrhage are available, and treatment outweighs risks.
- Continue ART regimen.
- For persons newly diagnosed with HIV at time of delivery, ensure linkage to care with appointments scheduled prior to discharge.

Postpartum

- Support patient's feeding choice following national guidelines including a breastfeeding option, if appropriate.
  - See Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection (https://clinicalinfo.hiv.gov/en/guidelines/pediatric-arv/preventing-transmission-infant-feeding) for more information.
- Support neonatal follow-up medication and testing plan.
- Discuss contraception options if desired.
- Continue ART regimen.
- Ensure cervical cytology (Pap test) and HPV screening are up to date; refer to colposcopy if needed.
- Ensure transition to long-term follow-up with infectious disease/HIV specialist and primary care provider

Community supports for postpartum period

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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