

Sample Checklist for Pre-Pregnancy Management of Persons With HIV

Optimize patient health prior to pregnancy by addressing vaccinations, chronic health conditions, and substance use including alcohol, tobacco and other substances.

Assess need for social supports including assistance with housing, transportation or other needs.

Assess whether antiretroviral therapy (ART) agents are appropriate for use during pregnancy and ensure an undetectable HIV viral load before pregnancy.

Pre-pregnancy care

- Discuss whether pregnancy is desired and provide information about appropriate contraception options if not desired.
 - Refer to the section on Drug–Drug Interactions Between Hormonal Contraceptives and Antiretroviral Therapy in [Prepregnancy Counseling and Care for People of Childbearing Age With HIV \(https://clinicalinfo.hiv.gov/en/guidelines/perinatal/prepregnancy-counseling-care-overview\)](https://clinicalinfo.hiv.gov/en/guidelines/perinatal/prepregnancy-counseling-care-overview).
- For persons with HIV on effective antiretroviral therapy who have sustained viral suppression, sexual intercourse without a condom allows conception without sexual HIV transmission to the person without HIV.
- Assess partner(s) HIV status and need to screen partner(s) for HIV and STIs.
 - Discuss disclosure of patient’s HIV status to partner(s), if necessary.
 - Offer partner(s) testing and referral to partner services and infectious disease specialist if indicated.
 - Discuss PrEP for partner(s) to prevent HIV acquisition if necessary (e.g., viral load not fully suppressed.)
 - Ensure partner’s routine vaccines are up to date.
- Ensure an undetectable HIV viral load prior to attempting pregnancy.
 - For persons not yet on antiretroviral therapy (ART), counsel that with ART started before pregnancy and an undetectable viral load maintained throughout pregnancy and delivery, risk of HIV transmission to the infant is less than 1%.
 - For persons already on ART, in most cases, their regimen should be continued if safe, tolerated, and effective in suppressing viral replication.
- Ensure ART agents are appropriate for use during pregnancy.
 - See [HIV Clinical Guidelines: Recommendations for Use of Antiretroviral Drugs During Pregnancy and When Trying To Conceive](#)

<https://clinicalinfo.hiv.gov/en/guidelines/perinatal/recommendations-arv-drugs-pregnancy-situation-specific-conceive-full>) for recommendations OR refer to specialist (see below).

- It may be helpful to consider that ART regimens taken during pregnancy can be modified after delivery, depending on patient's goals and preferences.
- Perform pre-pregnancy laboratory testing (if not already performed as part of routine HIV care):
 1. HIV viral load and CD4 count
 2. Antiretroviral genotypic resistance testing if detectable VL
 3. Toxoplasmosis IgG
 - See Toxoplasmosis section in [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/toxoplasmosis) (<https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections/toxoplasmosis>).
 4. Hepatitis B serology (HbsAg, HbsAb)
 5. Hepatitis C screening (HCV antibody +/- HCV RNA)
 6. Tuberculosis screening (TST or IGRA)
 7. Syphilis screening
 - See [Syphilis Screening Recommendations for Nonpregnant People](https://www.health.state.mn.us/diseases/syphilis/screenrec.pdf) (<https://www.health.state.mn.us/diseases/syphilis/screenrec.pdf>) (PDF)
 8. Ensure screening for STIs is up to date as appropriate (*Chlamydia trachomatis*, *Trichomonas vaginalis*, and *Neisseria gonorrhea*).
- Ensure vaccines are up to date (pneumococcal, hepatitis B, hepatitis A, influenza, COVID-19, HPV), and administer MMR and varicella **prior** to pregnancy if patient does not have evidence of immunity and is not severely immunosuppressed.
 - See [HIV Clinical Guidelines: Immunizations in Adults and Adolescents with HIV](https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections/immunizations) (<https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections/immunizations>) and [ACOG: Maternal Immunizations](https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2022/10/maternal-immunization) (<https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2022/10/maternal-immunization>) for more information.
- Counsel on maintaining a healthy diet and healthy weight before and during pregnancy.
- Counsel to begin taking a daily multivitamin containing 400mcg of folic acid prior to pregnancy to help prevent neural tube defects.
- Optimize patient health prior to pregnancy:
 - Support cessation of tobacco, alcohol, and other substances, including treatment for substance use disorders if needed
 - Optimize management of chronic health conditions (e.g., hypertension, diabetes, co-infections such as hepatitis B or C)

- Consider teratogenic potential of all medications and switch to safer options if possible
- Discuss infant feeding options including discussions of breastfeeding options, as appropriate. Support patient's feeding choice following national guidelines
 - See [Preventing HIV Transmission During Infant Feeding \(https://clinicalinfo.hiv.gov/en/guidelines/pediatric-arv/preventing-transmission-infant-feeding\)](https://clinicalinfo.hiv.gov/en/guidelines/pediatric-arv/preventing-transmission-infant-feeding)
- 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).
- Patients may be referred for infertility treatment if necessary. HIV status of one or both parents is not a contraindication.

Community Supports for Pregnant Women Living with HIV:

Children's Minnesota Perinatal and Pediatric HIV Program

- [Perinatal and pediatric HIV program \(https://www.childrensmn.org/services/care-specialties-departments/infectious-diseases/conditions-and-services/perinatal-pediatric-hiv-program/\)](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\)](https://www.ajog.org/article/S0002-9378(20)30945-5/fulltext) and [Clinical Guidelines \(https://clinicalinfo.hiv.gov/en/guidelines\)](https://clinicalinfo.hiv.gov/en/guidelines)