

Caring for Pregnant People with HIV Checklist

For Hospital Leadership



Ending
the
HIV
Epidemic

PREPARE Your Hospital to Care for Pregnant Patients with HIV

_____ HIV testing ready for STAT implementation in all spaces where pregnant people in labor are assessed

- HIV testing must have a **turnaround time within 1 hour**
- Acceptable Test Types:
 - Instrumented, lab-based testing: HIV Antibody/Antigen Test
 - Label and handle as STAT
 - Single-use, point-of-care testing
 - Recommended tests: INSTI, Determine, or SureCheck
 - Requires appropriate training for staff and regular quality assurance
 - If positive, counsel the patient on a preliminary positive result and initiate HIV interventions while pending confirmatory testing is sent to the lab (see below).

_____ Protocols developed for reporting positive HIV test results

- Protocol must be in place to ensure immediate communication to both OB and NICU teams
- All positive results must be communicated within 1 hour of test initiation

_____ Ensure HIV Medications are on the Formulary and In Stock**

- The following *must* be on the formulary:
 1. IV Zidovudine (Adult and Neonatal)
 2. PO Nevirapine 200mg tablets (Adult)
 3. PO Zidovudine 10mg/mL solution (Neonatal)
 4. PO Nevirapine 50mg/mL solution (Neonatal)
 5. PO Lamivudine 10mg/mL solution (Neonatal)
- Consider also PO Raltegravir powder (Neonatal)

**DPH may indicate the need for additional medications to have in stock on a case-by-case basis.

AT ADMISSION: For Patients with Unknown HIV Status, Limited Prenatal Care, or Self-Disclosed HIV Status with Limited HIV Care

_____ Perform STAT HIV Testing using an acceptable test type

- Communicate test results to OB and Neonatal teams within 1 hour of test initiation

_____ If the result of the expedited HIV test for the patient in labor is reactive, operate under assumption it is a true positive.

- Discuss the meaning of the preliminary positive HIV test result.
- Do not delay prophylaxis while awaiting the results of confirmatory serologic testing.
- Collaborate with Pediatric Infectious Disease and HIV specialists.
 - If not available in-house, immediately call **UCSF Perinatal Clinical Provider Hotline** for emergency, 24-hour individualized clinical advice for providers: at **888-448-8765**
- Send the following STAT lab tests:
 1. HIV Antibody/Antigen test (if not already done)
 2. CD4 count
 3. HIV RNA (quantitative, aka the viral load)
 4. HIV genotype
 5. Syphilis and other STD screening
- Call the **DHSP Linkage and Reengagement Program Provider Line** for assistance within 24 hours.
 - Discharge planning and linkage navigation provided
- Inform the birth parent that untreated HIV can be transmitted through breast milk and that breast/chestfeeding is contraindicated until they are confirmed to be HIV negative.
 - Refer the birth parent to a lactation specialist to assist with education and support for maintenance of breast/chest milk supply, if desired, so breast/chestfeeding may be initiated if HIV infection is excluded.

_____ Provide IV AZT during labor and delivery

- Contact the **UCSF Perinatal Clinical Provider Hotline** for dosing support at: **888-448-8765**

Neonatal Care Considerations

_____ Perform HIV Testing at birth

- HIV DNA PCR
 1. [Quest test code 8401](#)
 - EDTA lavender tube 0.5-1mL
 2. Alternative option if DNA PCR not available: HIV RNA PCR
 - If using RNA, please note testing requires large volumes (>2mL) and demarcation as “neonatal/pediatric sample” on requisition form.

_____ Provide presumptive HIV therapy within 6 hours of birth

- Collaborate with Pediatric Infectious Disease or contact the **UCSF Perinatal Clinical Provider Hotline** for dosing support at **888-448-8765**.

Discharge Planning Considerations

_____ Ensure the birth parent is provided with 1 month supply of antiretroviral medication prior to discharge.

_____ Ensure newborn is provided with antiretroviral medication prior to discharge based on specialist recommendation

- Collaborate with Pediatric Infectious Disease or contact the **UCSF Perinatal Clinical Provider Hotline** for dosing support at **888-448-8765**.
- Caregivers must receive teaching in administration of HIV medication.

_____ Schedule follow-up visits with a Perinatal HIV Specialty Center for both birth parent *and* newborn within 3-5 days of discharge.

- Call the **DHSP Linkage and Reengagement Program Provider Line** for assistance.
 - Discharge planning and linkage navigation provided.
- Provide appointment details and key contact information for HIV care provider, pediatrician, and other support resources at discharge.
- Facilitate warm handoff with a Perinatal HIV Specialty Center.
 - For list, see the “Perinatal HIV Specialty Centers Guide”:
http://publichealth.lacounty.gov/dhsp/Perinatal_HIV_Action_Kit.htm

_____ Provide counseling and offer health education to birth parent prior to discharge.

- Counsel patient on breast/chestfeeding and/or refer patient to a lactation specialist, as needed.
- Counsel patient on HIV status disclosure and offer resources, as needed.
- Counsel patient on contraception and family planning.

_____ Complete Los Angeles County Department of Public Health Reporting

- Submit Case Report Form(s) to DHSP
 - For HIV and STD Case report forms: <http://publichealth.lacounty.gov/dhsp/ReportCase.htm>

DHSP Key Contacts

Linkage and Reengagement Program (LRP) Warmline
Monday to Friday 8:00 AM – 5:00 PM
(213) 639-4288

Clinical Guidance & Nursing Warmline
Monday to Friday 8:00 AM – 5:00 PM
(213) 368-7441

For questions related to Perinatal HIV Surveillance and Prevention Activities, contact Azita Naghdi at (323) 893-9095 or anaghdi@ph.lacounty.gov.