

# MATERNAL NEWBORN Care Pathway

Woman presents in labour

**HIV status unknown or at risk\*** and **STAT or HIV Point of Care Test IS AVAILABLE**

Woman presents in labour and meets criteria for “at risk” based on the following:

(Consider asking: “Do you believe you have been at risk of being exposed to HIV during this pregnancy?”)  
ASSESS RISK:

- Self-identifies as being at high risk of HIV without confirmed virology
  - Sex partner of an HIV infected person
  - Ongoing injection drug use or sex with a person using injection drugs
  - Diagnosis of a sexually transmitted infection during pregnancy
  - From a population with a high prevalence of HIV (e.g., recent incarceration, recent immigrant or refugee from an HIV endemic country)
- [http://www.cfenet.ubc.ca/sites/default/files/uploads/docs/guidelines/BC\\_HIV\\_in\\_pregnancy\\_guidelines.pdf](http://www.cfenet.ubc.ca/sites/default/files/uploads/docs/guidelines/BC_HIV_in_pregnancy_guidelines.pdf)

Confirm history of HIV testing in pregnancy when assessing risk.

If any concerns arise, contact the Infectious Disease Specialist on call

Do STAT or HIV Point of Care test

\*\*Do not wait for test results if mother is in late stages of labour. Base decision to treat on risk assessment.

Result **reactive** (send blood sample on to SDCL for confirmation) or no test result available

**Highest HIV Risk**

**For the mother:**

- Send blood for STAT HIV-VL testing and resistance genotype testing
- Intrapartum IV ZDV
- Review options for management of birth with obstetrician on call

**For the newborn:**

- Formula feed only until maternal HIV-negative status confirmed
- Clean baby's skin prior to any IM injections or blood sampling
- Consult Infectious Disease Specialist on-call
- Oral ZDV x 6 wks
- Three doses oral NVP as follows:
  - 1) at birth
  - 2) at 48 hrs [2d]
  - 3) 144 hrs (6d) of age
- Order STAT HIV-VL test ≥ 48 hrs following birth (before hospital discharge)

Refer to Saskatoon Pediatric ID clinic or Regina ID clinic for ongoing testing and treatment.

Did mother have definite sexual contact or shared needle with known HIV-infected person(s) within past 3 mos (possibly in window period)?

Yes

**High HIV Risk**

**For the mother:**

- Send blood for STAT HIV-VL testing to SDCL (**must call** microbiologist there to expedite and do VL, despite the non-reactive screen) and resistance genotype testing
- Intrapartum IV ZDV
- Vaginal delivery (cannot justify C/Section)

**For the newborn:**

- Formula feed only until maternal HIV-negative status confirmed
- Clean baby's skin prior to any IM injections or blood sampling
- Consult Infectious Disease Specialist on-call
- Oral ZDV x 6 wks
- Three doses oral NVP as follows:
  - 1) at birth
  - 2) at 48 hrs [2d]
  - 3) 144 hrs (6d) of age
- Order STAT HIV-VL test ≥ 48 hrs following birth (before hospital discharge)
- Decision to discontinue ARV medications should be made in consultation with ID specialist

Initiate Maternal / Infant Pre-Printed

No

Result **non-reactive**

**Lower HIV Risk**

**For the mother:**

- Vaginal delivery
- **No intrapartum ZDV**

**For the newborn:**

- No postpartum ZDV or NVP
- No ID follow-up required

ARV Rx = anti-retroviral therapy  
ZDV = zidovudine  
NVP = nevirapine  
HIV-VL = HIV viral load  
SDCL = Sask Disease Control Lab

\* Prenatal HIV test was:

1. Not done/ no prenatal care (HIV status unknown throughout) OR
2. Negative early in pregnancy, but has ongoing risk factors for HIV between the last negative test and the onset of labour (status unknown at labour)