

**PERINATAL HIV PREVENTION PROTOCOL**  
**Guidelines for Maternal / Newborn Assessment and Care**

- Ensure that confidentiality of maternal HIV status is always maintained.**
- Determine if woman is known to be HIV-positive or is at risk for HIV infection. Examples of High Risk categories<sup>1</sup> for HIV infection:
  - Self-identifies as being at high risk of HIV
  - Sex partner of an HIV positive 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)
- If HIV-positive, questions to ask: ***This information may help inform Infectious Diseases Specialist. This information is not to direct care and should be documented on the patient's health record, with the source noted.***
  - What is the name of your doctor/health care provider?
  - What was the result of your last viral load? (Viral load available on eHealth viewer)
  - When was your last viral load test done?
  - Determine if woman is taking antiretroviral therapy and determine adherence to regime, i.e. any missed doses?
  - *If above information is not known, ask:*
    - Can we call your HIV care provider to get your previous blood work records? [ ] Y [ ] N
- Initiate** intrapartum IV zidovudine during labour and delivery, to the mother. Continue antiretroviral regimen (i.e., HIV medications) as prior to admission. (Medication information available on Pharmaceutical Information Program (PIP) system or eHealth viewer)
- Avoid any invasive monitoring** (e.g. internal fetal scalp electrode, intrauterine pressure catheter, and/or fetal scalp sampling).
- Avoid, if possible, unless benefits exceed risks:** artificial rupture of membranes, forceps, vacuum extractor, and episiotomy.
- Isolation of mother or baby is not required for infection control.
- Contact Infectious Diseases Specialist on call following birth or if questions regarding management of either mother or newborn. **Saskatoon** 306-655-1000 **Regina** 306-766-3915.
- Bathe the infant as soon as possible after delivery once the infant's condition, especially temperature, has stabilized. **Bathe infant with soap and water to remove maternal blood or amniotic fluid prior to intramuscular injections or blood sampling. The infant should be rinsed initially and then the water should be changed to provide a thorough bath with clean water and soap. If urgent blood work is required for other medical reasons, wash access site with soap and water prior to sampling.**
- Breastfeeding is contraindicated.** HIV can be transmitted through breastfeeding from an HIV infected mother to her infant.

**References:**

Canadian AIDS Treatment Information Exchange. (CATIE; 2013). *MaterniKit* (4<sup>th</sup> ed.). Toronto, ON.

Panel on Treatment of HIV-Infected Pregnant Women and Prevention of Perinatal Transmission. (2015). *Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1- Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States*. Retrieved September 2015 from <http://aidsinfo.nih.gov/contentfiles/lvguidelines/PerinatalGL.pdf>

Society of Obstetricians and Gynecologists of Canada. (2014). *Guidelines for the Care of Pregnant Women Living With HIV and Interventions to Reduce Perinatal Transmission*. Retrieved September 2015 from <http://sogc.org/wp-content/uploads/2014/08/August2014-CPG310-ENG-online-Complete-REV.pdf>

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<sup>1</sup> [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)