

PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMCT) OF HIV KIT SUMMARY OF BC GUIDELINES FOR ANTIRETROVIRAL USE IN PREGNANCY

For HIV positive Women and Women Considered at High Risk of HIV Infection but Unknown HIV Status

Oak Tree Clinic personnel (604-875-2212) are available to provide telephone advice regarding any HIV positive pregnant woman in BC. After 1630 hours and on weekends, contact Children's and Women's Hospital (604-875-2161) and ask for the Perinatologist on call.

1. Ensure that maximal confidentiality of the woman's HIV status is maintained and obtain verbal consent.
2. Universal Precautions: Ensure that universal blood and body fluid precautions are carefully observed (i.e. utilize gown, mask, eye protection and double glove for delivery). Consult your infection control manual for details. No additional precautions are required.
3. **Labs:** CBC, differential, AST, ALT, lactate, BUN, Cr, glucose, bilirubin.
 - Mother known to be HIV positive: add CD4, HIV viral load.
 - Mother with unknown HIV status: add HIV DNA PCR and HIV EIA
 - Send blood in EDTA tube to BC CDC Lab using BC CDC HIV Serology Requisition
 - Ensure that all prenatal bloodwork has been done, including Hepatitis B and C virus serology.
 - Send placenta to pathology for examination.
4. General management of labour and delivery:
 - No scalp electrodes, fetal scalp sampling or intrauterine pressure catheters unless absolutely necessary.
 - No artificial rupture of membranes unless absolutely necessary for obstetrical management.
 - Rupture of membranes greater than 4 hours should be avoided if possible.
 - Epidural anesthesia is not contraindicated.
5. **Mode of delivery:** should be discussed in detail with all women known to be HIV positive:
 - see Antenatal Record for patient specific recommendations from Oak Tree Clinic
 - (a) Women on optimal antiretroviral therapy (ART) with plasma viral load suppression (viral load <1000 copies/mL within 30 days) are recommended to have a vaginal delivery (in the absence of other obstetrical indications for C-section), but elective Cesarean section may be performed at patient request.
 - (b) Women not on optimal antiretroviral therapy (e.g. no ART, or with viral load >1000 copies/mL) should be offered elective Cesarean section at approximately 38 weeks of completed gestation.

Continue antenatally prescribed combination oral antiretroviral therapy for as long as possible during labour.

6. **Initiate antiretroviral therapy:**

- With rupture of membranes at any time.
- With onset of labour, even if preterm.
- At least two hours prior to planned cesarean section
- In any situation where delivery is anticipated.

7. **All women: give intravenous zidovudine (ZDV) throughout labour and delivery.**

Zidovudine (ZDV, also known as AZT) dosage:

ZDV 2 mg/kg IV loading dose over 1 hour followed by:

ZDV 1 mg/kg/hour continuous infusion (see Zidovudine Preparation and Administration Protocol for details on mixing and infusing based on patient weight) until the umbilical cord is clamped.

If the patient has not delivered and is no longer in labour, then restart on oral antiretroviral regimen that was prescribed antenatally. If infusion discontinued for greater than six hours, then re-administer loading dose.

8. **Oral Nevirapine 200 mg tablets**

For HIV positive women:

- If woman is on antiretrovirals and has most recent viral load < 1000 copies/mL:
Woman does **NOT** need nevirapine

- If woman has not receive any antiretrovirals antenatally/intrapartum **OR**
- If woman has received antiretrovirals but has most recent viral load > 1000 copies/mL:

Give nevirapine 200 mg x 1 dose as soon as possible at onset of labour or presentation to labour/delivery suite

For women at high risk of HIV:

Give nevirapine 200 mg x 1 dose as soon as possible at onset of labour or presentation to labour/delivery suite

9. Oral antiretrovirals prescribed antenatally should be resumed after delivery, (unless the woman chooses to discontinue therapy), and treatment should be interrupted for as short a time as possible through labour and delivery.

10. **Breast feeding is NOT** recommended irrespective on maternal antiretroviral therapy.

Women should be referred for post-partum assessment to the Oak Tree Clinic (604 - 875-2212) and offered ongoing appropriate HIV care, and combination antiretroviral therapy as per non-pregnant adult guidelines. Complete Guidelines at: www.oaktreeclinic.bc.ca

Appendix A	Physicians Orders Maternal - Delivery Orders For HIV Positive Women
Appendix B	Physicians Orders Maternal - Delivery Orders For Women At High Risk For HIV Infection and Unknown HIV Status
Appendix C	HIV Delivery Protocol Algorithm
Appendix D	Intravenous Zidovudine Preparation and Administration Protocol