

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

For Infants born to 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 maternal HIV status is maintained and obtain verbal consent.
2. Universal Precautions: Ensure that universal blood and body fluid precautions are observed, see infection control manual. No additional precautions are required.
3. Wash infant with soap and water to remove maternal blood or amniotic fluid prior to intramuscular injections or blood sampling.
4. Breast-feeding is **NOT** recommended irrespective of maternal antiretroviral therapy (ART).
5. Offer PMCT-HIV treatment to the infant, whether or not the mother received ART at delivery.
6. **Zidovudine (ZDV) also known as AZT.**

Oral therapy is preferred but IV route may be used if infant unable to tolerate oral feeds.

Begin therapy within 8-12 hours of delivery if mother received zidovudine at delivery

If mother did not receive therapy at delivery start neonatal ZDV as soon as possible after delivery. If more than 72 hours has elapsed since delivery, consult Oak Tree Clinic.

Zidovudine (ZDV) dosage:

- ◆ Infant \geq 35 weeks: ZDV syrup 2 mg/kg/dose PO q6h for 6 weeks. Intravenous ZDV 1.5 mg/kg/dose q6h for 6 weeks may be used if infant unable to tolerate oral feeds.
- ◆ Preterm infant 30-34 weeks gestation dose reduced to 2 mg/kg/dose PO q12h for 2 weeks then q8h until 6 weeks. Intravenous ZDV 1.5 mg/kg/dose q12h for 2 weeks then q8h until 6 weeks may be used if the infant cannot tolerate oral feeds.
- ◆ Preterm infant < 30 weeks dose reduced to 2 mg/kg PO q12h for 4 weeks then q8h until 6 weeks. Intravenous ZDV 1.5 mg/kg/dose q12h for 4 weeks then q8h until 6 weeks may be used if the infant cannot tolerate oral feeds.

7. **Oral nevirapine liquid** (no IV formulation is available)

For infants born to HIV positive women:

- If mother is on antiretrovirals AND has most recent viral load < 1000 copies/mL:
Infant does **NOT** require nevirapine.
- If mother has not receive antiretrovirals antenatally/intrapartum **OR**
- If mother has received antiretrovirals but has most recent viral load >1000 copies/mL:

Give infant **nevirapine 2 mg/kg/dose x 1 dose** as soon as possible. If more than 72 hours has elapsed since delivery, consult Oak Tree Clinic.

For infants born to women at high risk of HIV:

Give infant **nevirapine 2 mg/kg/dose x 1 dose** as soon as possible. If more than 72 hours has elapsed since delivery, consult Oak Tree Clinic.

8. Check maternal hepatitis B status. Give Hepatitis B immune globulin and vaccine if mother is antigen positive. Consider Hepatitis B vaccine for all infants.

9. **Labs** to be ordered prior to discharge (preferably at 24-36 hours post delivery):

For infants born to HIV positive women:

- CBC, differential, AST,ALT, bilirubin. If hospital stay is more than 1 week, repeat CBC and transaminases weekly.
- HIV Testing: HIV DNA PCR and HIV EIA (Antibody)
 - Requires 2 mL venous blood in EDTA (lavender top) tube
 - Use BC CDC Laboratory Services Provincial HIV serology requisitions
 - Ensure arrival of sample at CDC Lab by Wednesday a.m.

For infants born to women at high risk of HIV:

- Same as above, and add:
 - HIV DNA PCR and HIV EIA (Antibody) testing **ONLY** if mother is not available to test for HIV testing

10. Ensure that the remainder of the zidovudine bottle is supplied to the parent/guardian on discharge to treat the infant for 6 weeks. Review dosing and administration of zidovudine with the parent/guardian.

11. All infants born to HIV positive women should be referred for follow-up assessment and care to the Oak Tree Clinic 604-875-2212, with initial visits at 2, 4, and 8 weeks post delivery. If any questions/problems after 1630 hours on weekdays, or on weekends, call the BC Children's Hospital Pediatric Infectious Disease consultant on call (604-875-2161).

Complete Guidelines at: www.oaktreclinic.bc.ca

Appendix A Physicians Orders Infant of HIV Positive Mother
Appendix B Physicians Orders Infant of Mother at High Risk of HIV Infection and Unknown HIV Status

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