

# 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)

\*\*DHSP 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 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/Providers/Perinatal/PerinatalHIV--SpecialtyCentersGuide\\_FINAL\\_11.08.2022.pdf](http://publichealth.lacounty.gov/dhsp/Providers/Perinatal/PerinatalHIV--SpecialtyCentersGuide_FINAL_11.08.2022.pdf)

\_\_\_\_\_ 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](mailto:anaghdi@ph.lacounty.gov).