Screening for HIV as Part of Prenatal Care Prior to Week 36

All patients should be counseled on the benefits of HIV testing during pregnancy and informed that you are required by law to order this test unless patient refuses in writing.

Accepts

Declines in Writing

If patient declines HIV screening, the topic of HIV testing should be revisited at each subsequent prenatal care visit. It is never too late to test.

Order HIV Screening Test

If HIV Screening Test is negative Continue prevention counseling and routine prenatal care, unless the patient has the following risk factors:
- Lives in the area with elevated HIV incidence.
- Diagnosed with an STD during pregnancy.
- Known or suspected IV drug user.
- Known or suspected multiple sex partners prior to or during pregnancy.
- Know or suspect patient's partner is participating in high risk behaviors outlined above.
- Patient has signs/symptoms consistent with acute HIV infection.

If HIV Screening Test is positive

Order an HIV Confirmatory Test. Some labs do this automatically with a Positive HIV Screening Test and others require a separate order, Check with your lab.

If HIV Confirmatory Test is negative or indeterminate, obtain an Infectious Disease consult to discuss further testing options.

If HIV Confirmatory Test is positive, then the patient should be called into the office for an appointment where they are informed of the test result, provided referral information, instructed on how HIV is transmitted, counseled on risk reduction - including methods of reducing perinatal transmission, and be informed that breast feeding is contraindicated.

HIV Care referrals should also be made at this time. Every attempt should be made for the patient to be evaluated by Infectious Diseases within 2 weeks of the diagnosis.

This new diagnosis of HIV infection must be reported to the Indiana State Department of Health. Indicate that the patient is pregnant on reporting forms. Forms can be found at http://www.in.gov/isdh/17764.htm

No Known or Suspected Risk Factors

Continue with routine prenatal care. Additonal HIV testing is not indicated.

Patient has one or more Risk Factors

A second HIV Test in the third trimester is indicated.

At next prenatal visit, confirm with patient or HIV Care Provider that the patient was seen and a plan of HIV care initiated. You should also discuss:

The importance of adherence to antiretrovirals and adverse effects that the patient may experience. Talk about this at each subsequent OB visit.

Method of delivery should be discussed with the patient and the benefits and risks of cesarean section verses vaginal delivery.

Benefits of zidovudine infusion at the time of delivery should be discussed with the patient so that they know to expect this medication.

Benefits of zidovudine prophylaxis for infant within 6-12 hours of birth should be discussed with patient so that they know to expect this medication for their baby.

ONE TEST TWO LIVES
Prevent HIV Indiana

HIV Warmline - National HIV Telephone Consultation Service
800-933-3413 • Monday-Friday • 9am to 8pm EST

Post-Exposure Prophylaxis Hotline (PEPline)
888-448-4911 • 24/7