QUICK REFERENCE GUIDE – MANAGEMENT OF THE PREGNANT HIV POSITIVE WOMAN.

This quick reference guide must be used in conjunction with its respective Clinical Guideline HIV Management

KEY POINTS

- Antiretroviral therapy (ART) is indicated in pregnancy for all HIV positive women.
- The majority (70%) of perinatal transmissions of HIV appear to occur during labour.
- Strategies to reduce the risk of maternal – child transmission
  - Maternal antiretroviral therapy.
  - Shortened duration of membrane rupture.
  - Avoidance of invasive fetal interventions
  - Elective caesarean section – mode of delivery is an individualised decision.
- Zidovudine (AZT) is compatible with Oxytocin, Magnesium Sulphate, Ranitidine, Morphine and many antibiotics. See full guidelines for a complete list of drug compatibilities.

ANTENATAL

- The HIV physician shall create an individualised ART regimen for all HIV positive women.

INTRAPARTUM MANAGEMENT

VAGINAL BIRTH

- For women on antiretroviral therapy and no concerns regarding adherence to the regimen with an undetectable viral load, IV Zidovudine is no longer required during labour.
- Avoid Artificial Rupture of Membranes (ARM) unless obstetrically indicated
- Avoid fetal scalp electrode placement and fetal blood sampling

ELECTIVE CAESAREAN SECTION

- For women on antiretroviral therapy and no concerns regarding adherence to the regimen with an undetectable viral load, IV Zidovudine (AZT) is no longer required.
- For women with a detectable viral load, regardless of their medications, IV Zidovudine will be commenced 4 hours prior to the planned time of surgery (See Regimen below). The requirement for Zidovudine must be clearly documented in the woman’s medical chart.
- Continue the infusion until the birth of the baby and cord clamping.
ZIDOVUDINE (AZT) REGIME

- 1000mg of Ziduvudine (AZT) (5 vials of AZT 200mg / 20 mL) is added to 900mL 5% Glucose or Hartmann’s solution (Total volume = 1000mL).
- **Loading dose** – 2 mg/kg maternal body weight IV for 1 hour followed by the maintenance dose.
- **Maintenance dose** – 1mg / kg maternal body weight until the birth of the baby and cord clamping.

Zidovudine (AZT) is compatible with oxytocin, magnesium sulphate, ranitidine, morphine and many antibiotics. For drug incompatibilities see full guideline

POSTNATAL MATERNAL MANAGEMENT

- Complete avoidance of breast feeding or mixed breast / formula feeding.
- Consider lactation suppression with Cabergoline.
- Antiretroviral Therapy (ART) will be prescribed by the HIV physician.
- Expert contraceptive advice is essential prior to discharge.

REFERENCES (STANDARDS)

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<thead>
<tr>
<th>National Standards – 1.7.2 Clinical care</th>
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<tbody>
<tr>
<td>Legislation - Nil</td>
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<tr>
<td>Related Guidelines/Policies – Management of the HIV Positive Woman and her Neonate</td>
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RESPONSIBILITY

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