

## 2 COMPLICATIONS OF PREGNANCY

### 2.13 HIV

Date Issued: November 2008  
Date Revised: December 2009  
Review Date: December 2012  
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Review Team: OGCCU / Immunology

2.13.2 QRG Management of the Baby of an HIV positive woman  
Section B  
Clinical Guidelines  
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### 2.13.2 QUICK REFERENCE GUIDE – MANAGEMENT OF THE BABY OF A HIV POSITIVE WOMAN.

This quick reference guide must be used in conjunction with its respective Clinical Guideline [B 2.13 HIV Management](#)

#### AT BIRTH

- Notify the on call consultant paediatrician / senior registrar (KEMH) at delivery.
- Notify the Paediatric Consultant for HIV (PMH) at delivery
  - **During working hours:** contact the allocated Paediatric Immunologist / Infectious Diseases Consultant via the switchboard.
  - **After hours:** contact the on call paediatric immunologist via the switchboard if there are any concerns. Otherwise notify the allocated consultant on the following morning (or the on call immunologist if on the weekend).
- Bath the baby in the labour and birth suite room.
- All injections must be given **after** the bath.
- If any injection is required , carefully clean the site before administration.

#### ANTI RETROVIRAL THERAPY FOR THE NEONATE.

- Is decided on a case by case basis and documented in the neonates ' Antiretroviral Regime and Management Plan'( this will be in the front on the mothers medical chart). Zidovudine (AZT) syrup is *usually* recommended and doses are dependant on the gestational age of the neonate (see full guideline for AZT doses [B 2.13 Management of the HIV Positive Woman and her Neonate](#)).
- Antiretroviral therapy **must** be started as soon as possible after birth and **always within 4 hours of birth** and is continued for 4 weeks.
- See the [full guideline](#) for intravenous doses for infants who cannot tolerate oral Zidovudine
- Zidovudine (AZT) is kept in the Labour and Birth Suite drug imprest under the name *Retrovir* (10mg/ml).
- Transfer the Zidovudine (AZT) medication to Special Care Nursery or the ward with the baby.

**Important:** if the infant vomits within 30 minutes of receiving an oral dose of their antiretroviral medication, repeat the dose.

## INVESTIGATIONS FOR THE INFANT

- Within 24 hours of birth, take bloods from the infant for (in order of priority):
  1. HIV proviral DNA (0.5 mL EDTA – purple top tube).
  2. FBC ( 0.5mL EDTA- purple top tube).
  3. LFTs (0.5mL lithium heparinised – green top tube).
- **Do not use cord blood.**

## OTHER MEASURES

- **No breastfeeding**
- Do not give BCG vaccination
- Naso/orogastric tubes should only be used if absolutely indicated and **should be inserted by experienced staff.**