HIV POSITIVE WOMAN: MANAGEMENT OF THE BABY

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 (The allocated Consultant will be charted on the infant’s “Antiretroviral Regime and Management Plan for Neonate” form (MR409)).
  - **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.

- The neonate is *usually* given Zidovudine (AZT). However, the antiretroviral regimen is decided on a case-by-case basis and in certain circumstances other anti-retroviral medications are given in addition to AZT. Refer to the neonate’s “Antiretroviral Regime and Management Plan” (MR 409), located in the front of the mother’s medical record, for their individualised antiretroviral regime.
- The infant’s Antiretroviral Regime and Management Plan Form (MR 409) must be transferred from the Mother’s medical record to the infant’s medical record once the baby is born.
- For doses of antiretroviral medications and for infants who cannot tolerate oral Zidovudine Ref to Clinical Guideline Management of the HIV positive Woman and her Neonate and PMH (CAHS) guideline on Management of Infants born to HIV Positive Women
- Antiretroviral therapy must be started as soon as possible after birth and always within 4 hours of birth. Antiretroviral therapy is continued for 4 weeks.
- 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 NEONATE**

Within 24 hours of birth, take bloods from the neonate for (Not cord blood):

*Refer to the infant’s “Antiretroviral Regime & Management Plan” (form MR 409) to confirm which HIV test (Proviral DNA or RNA PCR) should be ordered for the neonate.*

**In order of priority**

1. HIV testing
   - HIV proviral DNA (0.5 mL EDTA – purple top tube)
   - HIV RNA PCR (HIV Viral Load) (3mL EDTA purple top)

**A minimum of 3mL EDTA must be collected for an HIV Viral Load. If less than 3mL is collected the neonate will need to be re-bled.**

**If taking blood via venous access:** collect in 1 x 4mL EDTA purple top tube.

**If collecting via a heel prick:** collect the blood in 6 X 0.5mL EDTA microcontainer tubes (must have 0.5mL of blood collected in each tube).

2. Full Blood Count (0.5mL EDTA purple top tube).

3. LFTs (0.5mL lithium heparinised – green top tube).

If the samples are collected outside of normal working hours, send the blood samples immediately to the Women and Children’s Pathology 24 hour laboratory. During normal working hours send as soon as possible to the Central Specimen Reception.

**OTHER MEASURES**

• No breastfeeding

• Naso/orogastric tubes should only be used if absolutely indicated and should be inserted by experienced staff.

• Other medications and immunisations are to be given as indicated or required.