

Best Practices Protocol for the Prevention of Perinatal HIV Transmission

At-Risk Pregnant Women

1. Encourage and offer HIV and pregnancy testing for all women of childbearing age who are sexually active and/or engage in other risk behaviors.
2. Educate physicians/OB/GYN's and their staff about testing, referral, local AIDS Service Organizations, and Healthy Start Care Coordination support.
3. Negotiate family planning and safe sex practices with all women who come forward for testing and provide information about HIV and pregnancy.
4. Florida law mandates that health care providers counsel and offer HIV testing to all pregnant women at the initial prenatal care visit and again at 28 – 32 weeks gestation if the first test is negative. Women who appear at delivery with no record of an HIV test during pregnancy should be counseled and offered HIV testing.
5. Encourage testing of male partners.
6. Provide women with information about HIV and pregnancy. Discuss all risk factors thoroughly.
7. Women who test positive for HIV during their prenatal care should be linked immediately to a case manager at either the AIDS Coalition (386) 252-3032 or the Outreach Community Care Network at (386) 255-5569.
8. Case management will make a referral to a physician who can coordinate HIV care and link with other needed support services.
9. Women who are in the HIV medical and case management care system and are within child bearing age with no established family planning strategy should be routinely offered a pregnancy test to ensure early intervention and prenatal care if they are pregnant.

HIV-Positive Pregnant Women

Women who test positive during the course of their prenatal care should be linked to the following activities:

1. Coordinated referral to HIV case management.
2. Case manager will obtain consent for all related services.
3. Case manager will refer to Healthy Start Care Coordination via a Healthy Start prenatal risk assessment screen.
4. Referral and linkage to HIV medical care and prenatal services. Consultation should occur between the OB/GYN and the physician providing HIV care. Service staff can initiate this action by calling HIV primary care physician. Keep participant informed at all times of who you are contacting and why, and ensure you have her consent in writing. Offer testing to all biological children and partner/spouse.
5. Women with a history of AOD use should be screened and referred if indicated.
6. Signing of consent forms to all local hospitals/birthing centers as well as other agencies responsible for their care. Whenever possible, an integrated release form will be used. 3-10-00
7. Provide reassurance that they will develop treatment plan with their physician that includes special medications aimed at significantly reducing transmission of the HIV virus to their infant.
8. Provide information about the risk of HIV transmission associated with birth and breast-feeding.
9. Provide information about Ryan White Case Management, HOPWA, and other resources available to provide support.
10. Provide information about preventative health care, including immunizations, exercise, nutrition, dental and eye care, etc.
11. Encourage decision-making about future family planning methods including tubal ligation. In order to get a tubal at the time of the birth, a consent must be signed with the OB/GYN at least 30 days prior to the baby's due date.
12. Staff the case monthly throughout the pregnancy with HIV Primary Care Physician, Healthy Start Care Coordinator and OB/GYN. Include Pediatric

services for existing exposed/infected children and staff for pediatric services in the third trimester of pregnancy.

13. Hospital/Birthing center should be notified (with client's consent) to ensure medical protocols are followed during birth.
14. Infant should be referred to Children's Medical Services at (386) 238-4980. Exposed children will remain patients of CMS for a minimum of 18 months.
15. Infant should not be discharged from the hospital without appropriate medications and instructions for dispensing at established intervals.
16. Ongoing pediatric care is essential to ensure optimal health and developmental outcomes for all children. Follow-up by all providers should occur to ensure missed appointments are rescheduled and children have a medical home.

Best Practices Protocol for the Prevention of HIV Transmission to Youth

1. Provide HIV education to youth in multiple sectors over multiple segments of time.
2. Educate community leaders and local policy-makers about issues associated with HIV that impact youth
3. Encourage and offer HIV testing for all youth who are sexually active and/or engage in other risk behaviors.
4. Educate physicians and their staff about testing, referral, and local AIDS Service Organization support.
5. Educate community leaders about the impact of HIV and youth and engage their support for education, testing and appropriate care for the target population.
6. Negotiate Family Planning and safer sex practices with all youth who come forward for testing and provide information about HIV and pregnancy.
7. Youth who test positive for HIV should be linked immediately to a case manager at one of the following AIDS Coalition (386) 252-3032 or the Outreach Community Care Network at (386) 255-5569. West Volusia may also be linked to ACT Corporation at (386) 947-3600. Additional linkage to Children's Medical Services (upon parental involvement)
8. Case management will make a referral to a physician who can coordinate HIV care and link with other needed support services.
9. Negotiation of partner notification and parent or guardian notification should be a routine part of follow-up with youth who are identified as being HIV positive.
10. Youth who fail to follow up for routine care should be linked to an outreach mechanism whenever possible with consent.